pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **NHI OPCO READING PA, LLC**
LEGAL ENTITY

To operate **LAUREL POINTE SENIOR LIVING**
NAME OF FACILITY OR AGENCY

Located at **2900 LAWN TERRACE, READING, PA 19065**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **104**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **July 23, 2026** until **July 23, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **233320**

ISSUING OFFICER

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 04/23

Pennsylvania
Department of Human Services

Emailing Date: July 23, 2026

[redacted]
NHI OpCo Reading PA, LLC
[redacted]

RE: Laurel Pointe Senior Living
2900 Lawn Terrace
Reading, Pennsylvania 19065
License #: 233320

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing's (Department) licensing inspections on May 6, 2026 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

July 10, 2026

[redacted]
NHI OPCO READING PA, LLC
[redacted]

RE: LAUREL POINTE SENIOR LIVING
2900 LAWN TERRACE
READING, PA, 19065
LICENSE/COC#: 23332

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LAUREL POINTE SENIOR LIVING* **License #**: *23332* **License Expiration**: *08/06/2026*

Address: *2900 LAWN TERRACE, READING, PA 19065*

County: *BERKS* **Region**: *NORTHEAST*

Administrator

Name: [redacted]

Legal Entity

Name: *NHI OPCO READING PA, LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/17/2014* **Issued By**: *Muhlenberg Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *74* **Waking Staff**: *56*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Provisional* **Exit Conference Date**: *05/06/2026*

Inspection Dates and Department Representative

05/06/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* **Residents Served**: *68*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *68*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *6* **Have Physical Disability**: *0*

Inspections / Reviews

05/06/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/28/2026*

05/27/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/28/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/03/2026*

Inspections / Reviews *(continued)*

06/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A was hired on [redacted]/2026 and their Criminal Background History was not requested until 3/19/2026.
Staff Person B was hired in [redacted]2026 and their Criminal Background History was not requested until 4/20/2026

Plan of Correction ***Accept ([redacted] - 05/27/2026)***

- *Staff person A was hired on [redacted]/2026*
- *Staff person A start date at the community was [redacted]/2026*
- *Staff person A criminal background check was requested on 3/19/2026*
- *Staff person B was hired on [redacted]/2026*
- *Staff person B start date at the community was [redacted]/2026*
- *Staff person B criminal background check was requested on 4/20/2026*
- *Executive Director re-educated the Business Office Director on completing criminal background checks in accordance with the Older Adult Protective Services Act on 5/11/2026.*
- *Business Office Director completed a review of all current staff employee files to ensure the employee's criminal background checks comply with the Older Adult Protective Services Act. on 5/22/2026.*
- *Business Office Director will complete new hire criminal background checks on the date of hire.*
- *Executive Director will review new hire files monthly to verify criminal background checks were done on the date of hire.*

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] - 06/29/2026)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Repeated violation: 12/11/2025.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

- *Resident 1 did not have a source of light that can be turned on/off at bedside, at the time of the inspection on 5/6/2026.*
- *Executive Director educated Resident 1 on having an operable source of light that can be turned on at bedside on 5/11/2026.*
- *Executive Director re-educated the Director of Maintenance on each resident is to have an operable lamp or other source of lighting that can be turned on/off at bedside on 5/11/2026.*

101j7 - Lighting/Operable Lamp (continued)

- *Director of Maintenance checked every resident apartment on 5/20/20260 to ensure each resident has an operable source of lighting that can be turned off/on at bedside.*
- *Director of Maintenance will check random resident apartments monthly to ensure lighting is located at the bedside and is operable.*
- *Director of Maintenance will check resident apartments at the time of move in to ensure a source of lighting has been placed at the bedside and is operable.*
- *Executive Director will monitor compliance monthly during random resident apartment checks.*

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] - 06/29/2026)

103e - Left Overs

3. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At approximately 9:45 a.m., the activities room refrigerator contained 3 Ziploc bags of what appeared to be Oreo cookies that were unlabeled and undated.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

- *At the time of inspection, the activity room refrigerator contained 3 unlabeled and undated Ziploc bags of Oreo cookies.*
- *The 3 Ziploc bags of Oreo cookies were discarded by the Director of Activities on 5/6/26 at the time of the inspection.*
- *Executive Director re-educated Director of Activities on labeling and dating leftover food on 5/11/26.*
- *Director of Activities will check the activity room refrigerator weekly to ensure food is labeled and dated.*
- *Executive Director will check the activity room monthly.*

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented ([redacted] 06/29/2026)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 9:47 a.m., the temperature in the activities room freezer was 5 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

- *The temperature of the freezer in the activities room was 5 degrees Fahrenheit at the time of the inspection on 5/6/2026.*

103f Refrigerator/Freezer Temps (continued)

- *Prior to the inspector checking the temperature of the freezer on 5/6/2026, the Director of Activities had an activity making pinecone bird feeders with peanut butter, having the freezer door open to place them in the freezer.*
- *Executive Director re educated the Director of Activities on frozen food shall be kept at or below 0 degrees Fahrenheit on 5/11/2026.*
- *Director of Activities will monitor and record the temperature of the activity room refrigerator and freezer daily.*
- *Executive Director will review the temperature log for the activity room refrigerator and freezer monthly.*

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] - 06/29/2026)

125a - Combustible Storage

5. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 10:10 a.m., in the maintenance and storage room located on the 1st floor, the following combustible materials were touching the gas furnace, 2 sets of bifold doors, a 2 gallon can of Harmony Interior Acrylic Paint, a blue plastic container, 2 paint rollers, a tan plastic paint tray. In addition, the following combustible materials were within 3 feet of the gas furnace: a 5-gallon bucket of Sherwin Williams Ovation Plus paint, a cardboard box, and 2 plastic sawhorses. There was also a white hand towel lodged in an external duct attached to the gas furnace.

At approximately 10:15 a.m., in the electrical room located on the first floor near the kitchen, the following combustible items were lying against the furnace, a stack of papers, a rolled up interior carpet, a white plastic paint tray, and a tan colored plastic sheet.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

- *During the inspection conducted on the first floor on 5/6/2026, combustible and flammable materials were found stored in close proximity to gas furnaces in both the maintenance/storage room and the electrical room.*
- *All items were immediately removed from the affected areas at the time of discovery on 5/6/2026.*
- *Executive Director re-educated the Director of Maintenance on proper storage requirements and the importance of maintaining required clearance around all heat-producing equipment on 5/11/2026.*
- *Maintenance Director will conduct ongoing monitoring to ensure continued compliance with the fire safety regulations and to prevent recurrence.*
- *Executive Director will check the maintenance and storage rooms monthly to ensure compliance.*

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] - 06/29/2026)

162c - Menus Posted

6. Requirements

2600.

162c - Menus Posted *(continued)*

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

At approximately 10:20 a.m., the home's menu was only posted up until 5/9/26.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

- *At the time of inspection on 5/6/2026, the menu was posted until 5/9/2026*
- *Director of Culinary corrected the deficiency on 5/6/26 and posted the menu for the current and following weeks.*
- *Executive Director re-educated the Director of Culinary on the requirement that menus must be prepared and posted at least one week in advance and accurately reflect the meals being served.*
- *Director of Culinary will post the menu on Fridays to ensure it is posted for 1 week in advance.*
- *Executive Director will monitor compliance by weekly checking the posted menus to ensure the menu posted is 1 week in advance.*

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] - 06/29/2026)

171b5 - First Aid Kit

7. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

At approximately 10:50 a.m., the vehicle used to transport residents did not have a first aid kit.

Plan of Correction ***Accept [redacted] - 05/27/2026)***

- *At the time of the inspection on 5/6/2026, the driver assisting the inspector was unable to locate the first aid kit in the vehicle used to transport residents.*
- *Director of Maintenance immediately on 5/6/2026, located the first aid kit located in the back of the vehicle and presented it to the inspector.*
- *Executive Director re-educated the driver the location of the first aid kit in the vehicle used to transport residents on 5/6/2026.*
- *Driver will check the vehicles weekly to ensure the first aid kits are located in the vehicles.*
- *Executive Director will monitor the location of the first aid kits in the vehicles monthly.*

Licensee's Proposed Overall Completion Date: *05/26/2026*

Implemented [redacted] - 06/29/2026)