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

November 13, 2026

[redacted], ADMINISTRATOR
EVERGREEN ELDER CARE INC
1201 MUSEUM ROAD
READING, PA, 19611

RE: THE VILLA ST ELIZABETH
1201 MUSEUM ROAD
READING, PA, 19611
LICENSE/COC#: 20576

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2026, 10/19/2026 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: *THE VILLA ST ELIZABETH* **License #**: *20576* **License Expiration**: *11/18/2026*

Address: *1201 MUSEUM ROAD, READING, PA 19611*

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

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EVERGREEN ELDER CARE INC*

Address: *1201 MUSEUM ROAD, READING, PA, 19611*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *02/20/1992* **Issued By**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *42* **Waking Staff**: *32*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *10/08/2026*

Inspection Dates and Department Representative

10/08/2026 - On-Site: [redacted]

10/19/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *92* **Residents Served**: *42*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *42*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *3*

Have Mobility Need: *0* **Have Physical Disability**: *2*

Inspections / Reviews

10/08/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/01/2026*

Inspections / Reviews *(continued)*

11/02/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/12/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/09/2026*

11/13/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/12/2026*

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 9:45 a.m., the home's License Inspection Summary (LIS) dated 2/10/26 was not posted in the home.

Repeated Violation: 02/10/2026.

Plan of Correction ***Accept ([redacted] - 11/02/2026)***

1. Regulation 2600.3(c) is very important because posting the current license, the most recent Licensing Inspection Summary (LIS) and Chapter 2600 lets residents, families and visitors learn the home's regulatory requirements, its compliance status and its plan to correct any violations.

2. A violation may occur when the current license, the most recent LIS or a copy of Chapter 2600 is not posted in a conspicuous and public place, or when posted documents are removed, missing or out of date.

3. The cause of this violation was that a posted copy was removed from the lobby display by an unknown person. The LIS dated 2/10/26 was printed and posted in the lobby display basket on 4/7/26, when it was received electronically. The final LIS for that inspection was received electronically on 4/20/26 at 1:22 p.m. and was printed and posted in the same display basket upon receipt. That copy was later removed from the display basket. Because the display was not checked on a set schedule, the removal was not discovered before the inspection.

4. To fix this violation right away, the administrator reprinted the most recent LIS (the final 2/10/26 LIS issued 4/20/26) and posted it in the lobby display basket while the inspectors were present on 10/8/26.

5. To ensure ongoing compliance with 2600.3(c), the home implemented the following accountability checks on 10/10/2026:

a. The lobby display basket remains in place so residents, families and visitors have easy access to the documents. The display is labeled "Regulatory Documents – Please Do Not Remove. Copies available at the front desk."

b. Extra copies of the current license, the most recent LIS and Chapter 2600 are kept at the front desk so a missing document can be replaced immediately and visitors can take their own copy.

c. The display is checked at the start of each shift by the receptionist or shift supervisor, and the check is recorded with date, time and initials on the Regulatory Posting Log. Any missing document is replaced at the time of the check.

d. Each new or updated LIS is posted within 24 hours of receipt, and the date and time received and posted are recorded on the Posting Log.

e. The administrator reviews the Posting Log weekly and verifies the display during the weekly walkthrough.

f. Posting compliance is reviewed monthly for 6 months, then quarterly, through the Quality Management Plan (2600.26).

Attached: 4/7/26 and 4/20/26 receipt emails, Regulatory Posting Log.

6. The administrator will be directly responsible for ongoing compliance with this regulation, with the Business Office Manager as designated backup.

3c - Post Current License (continued)

Completion Date: 10/8/2026

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented ([redacted] - 11/13/2026)

85d - Trash Receptacles

2. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:26 a.m., there was an uncovered, unattended trash can in the communal bathroom on the first floor of the Cottage.

Plan of Correction ***Accept ([redacted] - 11/02/2026)***

1. Regulation 2600.85(d) is very important because covered trash receptacles in kitchens and bathrooms prevent insects and rodents from reaching trash, which keeps the home sanitary and reduces the risk of illness to residents.

2. A violation may occur when any trash receptacle in a kitchen or bathroom is uncovered or has a missing or broken lid.

3. The cause of this violation was that the lid of the covered receptacle in the first-floor Cottage communal bathroom had broken off, and the damage had not yet been reported to housekeeping or maintenance.

4. To fix this violation right away, the broken receptacle was replaced with a new covered receptacle while the inspectors were on site on 10/8/26.

5. To ensure ongoing compliance with 2600.85(d), on 10/8/26 the property manager checked every kitchen and bathroom receptacle throughout the community and confirmed that all others were covered and in good, serviceable condition. Spare covered receptacles and replacement lids are now stocked in housekeeping for same-day replacement. "Receptacle covered and lid intact" was added to the daily housekeeping checklist and the property manager's daily walkthrough. Staff were in-serviced on 10/8/26 to report broken receptacles immediately.
Attached: receptacle check

6. The property manager and housekeeping supervisor will be directly responsible for ongoing compliance with this regulation.

Completion Date: 10/8/2026

Proposed Overall Completion Date: 11/02/2026

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented ([redacted] - 11/13/2026)

131f - Fire Extinguisher Inspection

3. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher at the top of the stairs in the Cottage, has not been inspected by a fire safety expert since March 2025.

Plan of Correction ***Accept ([redacted] - 11/02/2026)***

1. Regulation 2600.131(f) is very important because annual inspection by a fire safety expert, with the date shown on the extinguisher, ensures every fire extinguisher is ready for staff to use during an emergency.

2. A violation may occur when any fire extinguisher has not been inspected and approved by a fire safety expert within the past year, or when the current inspection date is not shown on the extinguisher.

3. The cause of this violation was that the inspection tag was not updated on one extinguisher. ATS Fire Protection Service, the home's contracted fire safety expert, provides semi-annual service for all 24 fire extinguishers in the home and completed its most recent service on 3/6/26. The extinguisher at the top of the Cottage stairs was inspected during that service, but the technician did not replace its inspection tag. As a result, the extinguisher still displayed the March 2025 date.

4. To fix this violation right away, ATS Fire Protection Service replaced the missing tag on 10/12/26. The extinguisher now shows its current inspection date, and the ATS service report for 3/6/26 confirms it was included in that service.

5. To ensure ongoing compliance with 2600.131(f), on 10/12/26 the property manager checked the tags on all 24 extinguishers against the ATS service report and confirmed each shows the current inspection date. The property manager keeps a Fire Extinguisher Inventory listing all 24 extinguishers by location, with the last ATS service date and the next due date. After each semi-annual ATS service, the property manager checks every tag against the inventory within 7 days and has ATS correct any tag that was missed before the service is signed off. Monthly visual checks of tags and gauges are recorded on the inventory, and results are reviewed through the Quality Management Plan (2600.26).
Attached: ATS 3/6/26 service report, photo of updated correct tag

6. The property manager will be directly responsible for ongoing compliance with this regulation.

Completion Date: 10/12/2026

Proposed Overall Completion Date: 11/02/2026

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented ([redacted] - 11/13/2026)

185a - Implement Storage Procedures

4. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed blood sugar testing 2 times daily. A reading of 117 was recorded on the Medication Administration Record (MAR) for 10/03/26 at 7:21 p.m. There was no corresponding blood glucose reading for this date and time on resident #1's glucometer.

Plan of Correction ***Accept (- 11/02/2026)***

1. Regulation 2600.185(a) is very important because safe procedures for the storage, access, security, distribution and use of medications and medical equipment by trained staff ensure that residents receive treatments as prescribed and that medication records are accurate.

2. A violation may occur when a Medication Administration Record (MAR) entry does not match the actual treatment given, or when the home's procedures for documenting medical equipment use are not followed.

3. The cause of this violation was a documentation error. On 10/3/26 at the 7:21 p.m. blood sugar check, resident #1 was out of the facility as recorded in the resident sign-out log. No blood glucose test was performed, so there was no reading on the glucometer. The staff person entered a value of 117 on resident #1's MAR in error instead of documenting that the resident was out of the facility. All of resident #1's other prescribed medications for that same administration period were correctly marked on the MAR as not given because the resident was out of the facility. The administrator's review confirmed that no other glucometer was used and no other resident's MAR or treatment was affected.

4. To fix this violation right away, the MAR entry was corrected on 10/12/26 as a dated and initialed late entry noting the error and that resident #1 was out of the facility. The original entry was not erased. The administrator reviewed resident #1's MAR for the 10/3/26 evening administration period, as well as the 10/3/26 MAR entries and glucometer memory for all residents with blood glucose orders, and confirmed this was an isolated error. Resident #1's prescriber and designated person were notified of the documentation error on 10/12/26. The staff person involved received individual retraining on 10/12/26 and corrective action according to the home's personnel policy.

5. To ensure ongoing compliance with 2600.185(a), the home implemented the following on 10/12/26:

a. Med Techs check the resident sign-out log before each scheduled test or medication pass. When a resident is out of the facility, the MAR is marked with the out-of-facility code (not a value), and the prescriber's instructions for missed checks are followed.

b. A blood glucose value is entered on the MAR only after reading it from the resident's meter at the time of testing (2600.187).

c. The Med Tech supervisor compares each meter's memory to the MAR for every resident with a blood glucose order monthly. Any mismatch is investigated and documented on an incident report.

d. All medication-administering staff were in-serviced on these procedures on 10/14/26, and they were added to annual medication training.

e. Audit results are reviewed through the Quality Management Plan (2600.26).

Attached: resident #1's 10/3/26 MAR (corrected)

6. The administrator and the in-house medication administration trainer will be directly responsible for ongoing compliance with this regulation.

185a - Implement Storage Procedures (continued)

Completion Date: 10/14/26

Proposed Overall Completion Date: 11/02/2026

Licensee's Proposed Overall Completion Date: *11/02/2026*

Implemented ([redacted] - 11/13/2026)