pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ASPIRE FOR WELL-BEING**
LEGAL ENTITY

To operate **ASPIRE FOR WELL-BEING ASSISTED LIVING**
NAME OF FACILITY OR AGENCY

Located at **2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Assisted Living**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **49**
(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 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 27, 2026** until **July 23, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **233050**

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: November 2, 2026

[redacted]
Aspire for Well-Being
[redacted]

RE: Aspire for Well-being Assisted Living
License #: 233050

Dear [redacted]:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2800 (relating to Assisted Living Residences). The approved capacity revision request is an increase from 30 to 49. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
License

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

October 22, 2026

[redacted]
ASPIRE FOR WELL-BEING
[redacted]

RE: ASPIRE FOR WELL-BEING ASSISTED LIVING
2000 CAMBRIDGE AVENUE
WYOMISSING, PA, 19610
LICENSE/COC#: 23305

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2026 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: *ASPIRE FOR WELL-BEING ASSISTED LIVING* **License #**: *23305* **License Expiration**: *07/23/2027*

Address: *2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610*

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

Administrator

Name: [redacted]

Legal Entity

Name: *ASPIRE FOR WELL-BEING*

Address: *2000 CAMBRIDGE AVENUE, WYOMISSING, PA, 19610*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *09/09/2026* **Issued By**: *Wyomissing Borough*

Type: *I-2* **Date**: *09/09/2026* **Issued By**: *Wyomissing Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *60* **Waking Staff**: *45*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *10/01/2026*

Inspection Dates and Department Representative

10/01/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served**: *30*

Special Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *30*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *30* **Have Physical Disability**: *0*

Inspections / Reviews

10/01/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/26/2026*

10/19/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/20/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/26/2026*

Inspections / Reviews *(continued)*

10/20/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/27/2026*

10/22/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2026*

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

85d Trash cans – kitchen/bath

1. Requirements

2800.
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 approximately 10:00 a.m., there was no lid on the garbage receptacle that contained garbage and was not in active use in the home's pantry kitchen.

Plan of Correction ***Accept [redacted] - 10/19/2026)***

2800.85(d) – Trash in kitchens and bathroom shall be kept in covered trash receptacle that prevent the penetration of insects and rodents.
Immediate Correction: Trash can was replaced with another one that had a functioning lid.
Root Cause: Staff did not replace broken lid on trash can or replace trash can to ensure trash was covered.
Systemic Prevention: Audit of trash receptacles in bathrooms/kitchens to be completed weekly for 30 days.
Responsible Person: Assisted Living Administrator
Completion Date: 11/1/26

Licensee's Proposed Overall Completion Date: *11/01/2026*

Implemented [redacted] - 10/22/2026)

100a Exterior – free of hazards

2. Requirements

2800.
100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The outdoor patio has a koi pond that is approximately 2-3 feet deep. There is no barrier or signage limiting resident access to this potential hazard.

Plan of Correction ***Accept [redacted] - 10/19/2026)***

2800.100(a) – The exterior of the building and the building grounds or yard must be in good repair and free of hazards.
Immediate Correction: Pond was roped off and sign placed.
Root Cause: Pond was never roped off and/or signage placed.
Systemic Prevention: Pond was roped off and sign placed.
Responsible Person: Assisted Living Administrator
Completion Date: 10/2/26

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented [redacted] - 10/22/2026)

103g Storing food

3. Requirements

2800.
103.g. Food shall be stored in closed or sealed containers.

103g Storing food *(continued)*

Description of Violation

At approximately 11:35 a.m., in the kitchen freezer there were 3-gallon ice-cream containers with lids that were not properly sealed.

Plan of Correction ***Accept [redacted] - 10/20/2026)***

2800.103(g) – Food shall be stored in closed or sealed containers.
Immediate Correction: Ice cream containers were covered with lids.
Root Cause: Staff did not follow policy
Systemic Prevention: Audit of ice cream freezer will be done daily for 30 days to ensure all containers are covered by lids. Education to staff working in kitchen.
Responsible Person: Assisted Living Dining Supervisor
Completion Date: 11/1/26

Licensee's Proposed Overall Completion Date: *10/19/2026*

Implemented ([redacted] - 10/22/2026)

103i Outdated food

4. Requirements

2800.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 11:30 a.m., in the kitchen's dried storage area there was a dented 3lb can of Cream of Mushroom soup.

Plan of Correction ***Accept [redacted] - 10/20/2026)***

2800.103(i) – Outdated or spoiled food or dented cans may not be used.
Immediate Correction: Dented can of mushroom soup removed from stock
Root Cause: Staff did not follow policy
Systemic Prevention: Audit of perishable foods will be done daily for 30 days by dining supervisor. Education to staff working in kitchen.
Responsible Person: Health Services Dining Supervisor
Completion Date: 11/1/26

Licensee's Proposed Overall Completion Date: *10/19/2026*

Implemented [redacted] - 10/22/2026)

121a Unobstructed egress

5. Requirements

2800.
121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

The 3 emergency exit doors near resident rooms 16, 32, 36, and the gate in the outside courtyard are secured with an electronic badge access system that are not able to be opened by residents and visitors.

121a Unobstructed egress *(continued)*

Plan of Correction ***Accept [redacted] - 10/19/2026)***

2800.128(a) – Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.
Immediate Correction: Wave devices installed
Root Cause: Wave devices not yet installed
Systemic Prevention: Wave devices installed. Gate to courtyard locking mechanism disabled.
Responsible Person: Assisted Living Administrator
Completion Date: 10/6/26

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented [redacted] - 10/22/2026)

162c Menus - posted

6. Requirements

2800.
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 9:30 a.m., the home did not post the facility menus for a full week.

Plan of Correction ***Accept [redacted] - 10/19/2026)***

2800.162(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 residence.
Immediate Correction: Menus placed in a separate binder labeled "Assisted Living Menus" which was placed in the dining room in a conspicuous and public area.
Root Cause: Menus were in a different binder with other documents in a common space, not the dining room.
Systemic Prevention: Director of Wellness will update menus weekly and ensure binder is in correct area
Responsible Person: Assisted Living Director of Wellness
Completion Date: 10/1/26

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented [redacted] - 10/22/2026)

227d Support plan – med/dental

7. Requirements

2800.
227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

227d Support plan – med/dental *(continued)*

Description of Violation

Resident #1 was admitted to the home [redacted]/26 on hospice services, the resident's Assessment and Support Plan dated 9/4/26 does not indicate the services provided to the resident from hospice care.

Plan of Correction ***Accept [redacted] - 10/19/2026)***

2800.227(d) – Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral health services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.
Immediate Correction: Hospice plan of care updated in resident ASP.
Root Cause: Staff did not update ASP with Hospice POC and only documented that resident was receiving Hospice services.
Systemic Prevention: Audit completed of all ASPs for residents receiving Hospice services. All ASPs updated with Hospice POC.
Responsible Person: Assisted Living Director of Wellness
Completion Date: 10/2/26

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented ([redacted] 10/22/2026)