

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY MEADOWS ASSOCIATES

LEGAL ENTITY

To operate COUNTRY MEADOWS OF WYOMISSING I

NAME OF FACILITY OR AGENCY

Located at 1800 TULPEHOCKEN ROAD, WYOMISSING, PA 19610

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 80
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare 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 March 24, 2010 until March 24, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205010**

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 26 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. David Leader, Chief Operating Officer
Country Meadows Associates
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Wyomissing I
1800 Tulpehocken Road
Wyomissing, Pennsylvania 17610

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on January 20, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


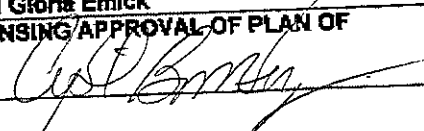
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

| | | |
|--|--|--|
| NAME AND ADDRESS OF PERSONAL CARE HOME Country Meadows of Wyomissing I, 1800 Tulpehocken Road, Wyomissing, Pennsylvania 19610 | | CURRENT LICENSE NUMBER 205010 |
| INSPECTION DATE(S) (Include all dates of the inspection) January 28, 2010 | REGIONAL REPRESENTATIVE Tom Shopay and Gloria Emick | |
| SIGNATURE OF LEGAL ENTITY  | DATE 2/24/2010 | REGIONAL LICENSING/APPROVAL OF PLAN OF CORRECTION  |
| | | DATE 3/1/10 |

| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW | | | | | | | | | | | | |
|--|---|---|--|--|---------|---|---------|---|----------|---|---------|---|----------|----------|---|--|
| 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. | The preadmission screening on file for resident #'s 1, 2, 3, 4 and 5, dated as noted below, were incomplete as other special care needs and behavioral needs were not addressed. | 1/29/2010 | The preadmission screenings for residents 1,2,3,4 & 5 were updated as of 1/29/2010. | Steps have been taken to correct violation; full compliance is not verifiable 3/1/10 Date Initials (DPW) | | | | | | | | | | | | |
| 224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. | <table border="1"> <thead> <tr> <th>Resident #</th> <th>Date of Screening</th> </tr> </thead> <tbody> <tr><td>1</td><td>6/16/09</td></tr> <tr><td>2</td><td>6/29/09</td></tr> <tr><td>3</td><td>12/30/09</td></tr> <tr><td>4</td><td>5/12/09</td></tr> <tr><td>5</td><td>10/30/09</td></tr> </tbody> </table> <p>Repeated Violation – 2/12/09</p> | Resident # | Date of Screening | 1 | 6/16/09 | 2 | 6/29/09 | 3 | 12/30/09 | 4 | 5/12/09 | 5 | 10/30/09 | 3/1/2010 | The Executive Director will hold an in-service on 3/1/2010 on the new procedure to complete the areas of 'other special care needs' and 'behavioral needs' on the preadmission screening.. If no needs are noted or necessary at the time of the screening, it will be noted on the preadmission screening document as "No needs at time of screening." | |
| Resident # | Date of Screening | | | | | | | | | | | | | | | |
| 1 | 6/16/09 | | | | | | | | | | | | | | | |
| 2 | 6/29/09 | | | | | | | | | | | | | | | |
| 3 | 12/30/09 | | | | | | | | | | | | | | | |
| 4 | 5/12/09 | | | | | | | | | | | | | | | |
| 5 | 10/30/09 | | | | | | | | | | | | | | | |
| | | ongoing | Routine, random audits of resident files will be conducted by the Executive Director and Director of Wellness to ensure continued compliance. | | | | | | | | | | | | | |

MAR 12 2010

Adult Residential Licensing