

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 II

NAME OF FACILITY OR AGENCY

Located at 1802 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 166
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60

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 April 6, 2010 until April 6, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205040**

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 30 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 II
1802 Tulpehocken Road
Wyomissing, Pennsylvania 17610

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on February 8, 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.

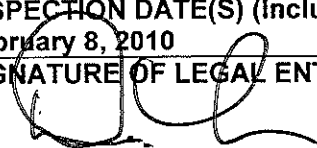

Sincerely,


A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial "K" and a stylized "T" and "C".

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 II, 1802 Tulpehocken Road, Wyomissing, Pennsylvania 19610		CURRENT LICENSE NUMBER 204050	
INSPECTION DATE(S) (include all dates of the inspection) February 8, 2010		REGIONAL REPRESENTATIVE Tom Shopay and Gloria Emick	
SIGNATURE OF LEGAL ENTITY 	DATE 2/24/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/25/10

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
<p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>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.</p>	<p>The preadmission screening on file for resident #'s 1 and 2, dated 6/18/09 and 1/6/10 respectively, were incomplete as the areas of other special care needs and behavioral needs were not addressed.</p> <p align="center">PCH Division Central Region Field Office</p>	<p>2/10/2010</p> <p>3/1/2010</p> <p>ongoing</p>	<p>The preadmission screenings for Residents 1 & 2 were updated as of February 10.</p> <p>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.</p> <p>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."</p> <p>Routine, random audits of resident files will be conducted by Executive Director and Director of Wellness in</p>	<p>3/25/10 </p>

FEB 25 2010

order to ensure continued compliance.

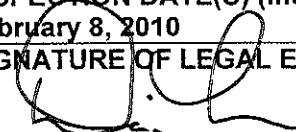
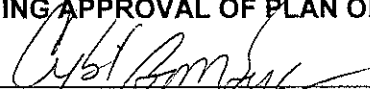
RECEIVED


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SIGNATURE OF LEGAL ENTITY	DATE 2/24/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bumsby</i>	DATE 3/25/10

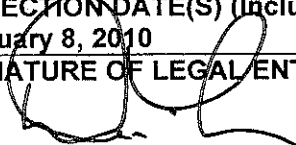
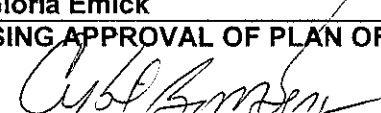
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85a Sanitary conditions shall be maintained.	The home is required to conduct accu checks of resident #'s 1, 3 and 4. The home has one glucometer that is being shared between the three residents. The sharing of glucose monitoring devices increases the potential of infection.	3/15/2010 3/15/2010 ongoing	The Directors of Wellness will contact each resident and family by 3/15/2010 to inform them of the need to order personal glucometers. Nursing staff and med-techs will be trained in the proper use and monitoring of residents' glucometers, as well as the maintenance of control logs for same by 3/15/10. Ongoing compliance will be ensured by routine, random audits of MAR's and glucometer logs by the Directors of Wellness/designees.	Steps have been taken to correct violation; full compliance is not verifiable <i>3/25/10</i> Date <i>CB</i> Initials (DPW)

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100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	The following doors of the home which are marked as exits were not cleared of snow: *Exit door off dining room – concrete slab covered with snow. *Rear exit off main lobby – concrete slab covered with snow- door could not be fully opened. *Rear exit through fire towed of Meadows Unit- concrete slab covered with snow. In addition, the pathway leading to the magnetic locked gate of the Meadows Unit's courtyard was covered with snow.	2/8/2010 2/8/2010 ongoing	Corrected at time of inspection. The requirement to clear all exits and pathways was reviewed with the Maintenance staff by the Executive Director on 2/8/2010. Executive Director and Director of Maintenance will audit all exits and pathways to ensure snow removal is complete to ensure continued compliance with this regulation.	 3/25/10 

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162c 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.	Menus posted in the home were for the week of 1/31/10 to 2/6/10 and 2/7/10 to 2/13/10. The following week's menu (2/14/10 to 2/20/10) was not posted.	2/8/2010 2/8/2010 ongoing	Corrected at time of inspection. The requirement to post menus 1 week in advance was reviewed with the Dining Staff by the Executive Director on 2/8/2010. Director of Dining Services will ensure that menus for both the current week and 1 week in advance are posted in conspicuous, public places in the home as of 2/8/2010 and ongoing.	3/25/10 