

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE HIGHLANDS AT WYOMISSING, INC.

LEGAL ENTITY

To operate THE HIGHLANDS AT WYOMISSING ASSISTED LIVING FACILITY

NAME OF FACILITY OR AGENCY

Located at 2000 CAMBRIDGE AVENUE, 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 75
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 September 29, 2010 until September 29, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205350**

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

OCT 01 2010

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

Mr. James E. Adamowicz, President
The Highlands at Wyomissing, Inc.
The Highlands at Wyomissing Assisted Living Facility
2000 Cambridge Avenue
Wyomissing, Pennsylvania 19610

Dear Mr. Adamowicz:

As a result of the Department of Public Welfare's licensing inspection on August 3, 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 The Highlands at Wyomissing Assisted Living Facility, 2000 Cambridge Avenue, Wyomissing, Pennsylvania 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATE(S) (Include all dates of the inspection) August 3, 2010,		REGIONAL REPRESENTATIVE Anne Graziano, Gerard Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Donna Dunderweck</i>	DATE 9/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 9-22-10

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
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has two (2) residents that have mobility needs. These needs were not communicated to the local fire department, including the location of the resident's bedrooms and the type of assistance required.	9/3/10	This was corrected at time of inspection. A letter was faxed to the local fire company regarding the 2 (two) residents with mobility needs, which included location of the residents and their mobility needs. The administrator shall notify the local fire company of any change in resident mobility needs and their location in the home. The administrator will review mobility needs monthly and update as needed.	9-22-10 JH

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SEP 08 2010

Original

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Assisted Living Facility, 2000 Cambridge Avenue, Wyomissing, Pennsylvania 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATE(S) (Include all dates of the inspection) August 3, 2010,		REGIONAL REPRESENTATIVE Anne Graziano, Gerard Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Dennis D'Amico</i>	DATE 9/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 9-22-10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (14) Name and initials of the staff person administering the medication.	Resident # 1, doa 11/11/2009 has an order for ramapril, 2.5 mg. On June 4 at 9:00 am and again at 5:00 pm the MAR was not initialed. Based on staff interview, the medication was administered but not initialed. Resident # 2, doa 04/15/2010, has an order for KLC ER 20 mg 3 x daily. On May 27, 2010 the 1:00 pm dose was administered but not initialed in the MAR based on staff interview. The home's MAR key lists printed name, initials and signature of staff that administer medication, but the key is dated January 2010.	9/1/10 9/1/10 9/1/10	All MARs for residents #1 & #2 were updated and staff inserviced on proper documentation on the MAR. Team Leaders will perform monthly audits of MARs to ensure proper compliance. The MAR key will be updated monthly by Charge nurse and Resident associates. MAR key to be reviewed monthly by Charge nurse during Charge over to ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable 9-22-10 <i>JH</i> Date Initials (DPW)

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Donna D'Amico</i>	DATE 9/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 9-22-10

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
252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.	The record of Resident # 2 does not contain identifying marks. The record of Resident # 3, doa 12/23/2009, does not contain identifying marks. The record of Resident # 4, doa 06/09/2010, does not contain identifying marks.	9/1/10 9/1/10 9/1/10	All records for residents #2, #3, + #4 were updated (see attached) Monthly chart audits to be completed by Team leaders to ensure compliance	9-22-10 <i>JK</i>

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SEP 08 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing