

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

Located at 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610

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 November 16, 2011 until November 16, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205350

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

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 - 01/11



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

ADULT RESIDENTIAL LICENSING

NOV 17 2011

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

Mr. James E Adamawicz, President  
The Highlands at Wyomissing, Inc.  
The Highlands at Wyomissing Personal Care Facility  
2000 Cambridge Avenue  
Wyomissing, Pennsylvania 19610

Dear Mr. Adamowicz:

As a result of the Department of Public Welfare's licensing inspection on October 4, 2011 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.

The license indicates the home's recent change in the name from The Highlands at Wyomissing Assisted Living Facility to The Highlands at Wyomissing Personal Care Facility.

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 "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Director

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 Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Ann Homan, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah A. Homan</i>	DATE <i>10/17/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dave Graziano</i>	DATE <i>11-8-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A (hired 6/28/11) did not complete the mandatory orientation training required to be completed prior to or during the staff person's first day of work.  <b>RECEIVED</b>  OCT 20 2011  SCRANTON FIELD OFFICE Adult Residential Licensing	<i>10/31/11</i>	<i>Staff member received training as per policy and DPW requirements 10/11/11. Future/new employees will have a checklist on file to verify completion of required training. Checklist will be completed and signed by Staff member and P.C. Administrator or designee. See attachment ①</i>	<i>Steps have been taken to correct violation; full compliance is not verified.</i> <i>DPW</i> Date _____ Initials (DPW) _____

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610.		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Michael A. Hansen</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene Graziano</i>	DATE 11-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<i>see page #1 of 12</i>	Steps have been taken to correct violation; full compliance to be verified. Date: <i>11-8-11</i> Initials (DPW): <i>DPW</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Deborah A. Norman</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Graziano</i>	DATE 11-8-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person A (hired 6/28/11) did not complete the mandatory orientation training required to be completed within the staff person's first 40 hours of scheduled work.	10/31/11	Staff member received required training 10/11/11. H.R. department and P.C. Administrator have implemented a checklist to verify completion of required training for all new hires. Checklist is signed by staff member and P.C. Administrator or designee. Copy maintained with P.C. Annual training Binder. Original maintained in employee file. see attachment (1)	Steps have been taken to correct violation; full compliance is not verifiable 11-8-11 Date: Initials: (Date)

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Wendy A. Domsen</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Hrazian</i>	DATE 11-8-11

REGULATION 55 Pa. Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
			<i>See page # 3 of 12</i>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verified.</p> <p style="text-align: center;">Date: <u>11-8-11</u> Initials: <u>OP</u></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Deborah A. Norman</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Andrew Rogias</i>	DATE 11-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home does not have a fire safe area or a time specified in writing by a fire safety expert in which occupants of the home may safely evacuate to a public thoroughfare that has been written within the last year by a fire safety expert.	10/31/11	On Monday 10/17/11, Robson Forensic Inc conducted a supervised fire drill with total evacuation of P.C. building. They were provided a copy of the DPW template for Fire Evacuation Time/Fire Safe Area Designation and Supervised Fire Drill and Fire Safety Inspection. Once facility receives updated information, a copy will be forwarded to DPW regional office. P.C. Administrator will schedule annual follow-up	Steps have been taken to correct violation; full compliance is not verifiable Date: 11/8/11 Initials (DPW):

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Delores A. Doman</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Delores Doman</i>	DATE 11-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/22/2011</td><td>02:12 PM</td><td>4min</td><td>No</td></tr> <tr><td>Feb</td><td>02/18/2011</td><td>08:38 PM</td><td>9min</td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2011</td><td>04:20 AM</td><td>4min</td><td>No</td></tr> <tr><td>Apr</td><td>04/12/2011</td><td>05:59 AM</td><td>16min</td><td>No</td></tr> <tr><td>May</td><td>05/13/2011</td><td>08:34 PM</td><td>4min</td><td>No</td></tr> <tr><td>Jun</td><td>06/29/2011</td><td>05:40 AM</td><td>5min</td><td>No</td></tr> <tr><td>Jul</td><td>07/29/2011</td><td>02:26 PM</td><td>4min</td><td>No</td></tr> <tr><td>Aug</td><td>08/11/2011</td><td>07:57 PM</td><td>4min</td><td>No</td></tr> <tr><td>Sep</td><td>09/28/2011</td><td>05:09 AM</td><td>6min</td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/22/2011	02:12 PM	4min	No	Feb	02/18/2011	08:38 PM	9min	No	Mar	03/30/2011	04:20 AM	4min	No	Apr	04/12/2011	05:59 AM	16min	No	May	05/13/2011	08:34 PM	4min	No	Jun	06/29/2011	05:40 AM	5min	No	Jul	07/29/2011	02:26 PM	4min	No	Aug	08/11/2011	07:57 PM	4min	No	Sep	09/28/2011	05:09 AM	6min	No	Oct				No	Nov				No	Dec				No		see page # 5 of 12	<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: x-small;">Date _____ Initials (DPW) _____</p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/22/2011	02:12 PM	4min	No																																																																	
Feb	02/18/2011	08:38 PM	9min	No																																																																	
Mar	03/30/2011	04:20 AM	4min	No																																																																	
Apr	04/12/2011	05:59 AM	16min	No																																																																	
May	05/13/2011	08:34 PM	4min	No																																																																	
Jun	06/29/2011	05:40 AM	5min	No																																																																	
Jul	07/29/2011	02:26 PM	4min	No																																																																	
Aug	08/11/2011	07:57 PM	4min	No																																																																	
Sep	09/28/2011	05:09 AM	6min	No																																																																	
Oct				No																																																																	
Nov				No																																																																	
Dec				No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Deborah A. Homan</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Hrazian</i>	DATE 11-08-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
132f Alternate exit routes shall be used during fire drills.	The home conducted 11 fire drills between January of 2011 and September of 2011. Of those drills, 11 of them were conducted by using both ends of hallway 600 of the lower ground level; it's not indicated how the first floor residents exit during fire drills. Interview with the administrator indicates residents are using the front exit and first floor hallways.	10/31/11 and ongoing	PC Administrator has revised current Fire Drill and Evacuation Record to include specific Evacuation Exits. Inservice to be scheduled with PC staff and Fire Drill staff on Reg 132f and revised Fire Drill/Evacuation Record. Will incorporate same inservice with new staff. See attachment (2)	Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Deborah A. Hansen</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Amie Higgins</i>	DATE 11-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/22/2011</td><td>02:12 PM</td><td>4min</td><td>No</td></tr> <tr><td>Feb</td><td>02/18/2011</td><td>08:38 PM</td><td>9min</td><td>No</td></tr> <tr><td>Mar</td><td>03/30/2011</td><td>04:20 AM</td><td>4min</td><td>No</td></tr> <tr><td>Apr</td><td>04/12/2011</td><td>05:59 AM</td><td>16min</td><td>No</td></tr> <tr><td>May</td><td>05/13/2011</td><td>08:34 PM</td><td>4min</td><td>No</td></tr> <tr><td>Jun</td><td>06/29/2011</td><td>05:40 AM</td><td>5min</td><td>No</td></tr> <tr><td>Jul</td><td>07/29/2011</td><td>02:26 PM</td><td>4min</td><td>No</td></tr> <tr><td>Aug</td><td>08/11/2011</td><td>07:57 PM</td><td>4min</td><td>No</td></tr> <tr><td>Sep</td><td>09/28/2011</td><td>05:09 AM</td><td>6min</td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/22/2011	02:12 PM	4min	No	Feb	02/18/2011	08:38 PM	9min	No	Mar	03/30/2011	04:20 AM	4min	No	Apr	04/12/2011	05:59 AM	16min	No	May	05/13/2011	08:34 PM	4min	No	Jun	06/29/2011	05:40 AM	5min	No	Jul	07/29/2011	02:26 PM	4min	No	Aug	08/11/2011	07:57 PM	4min	No	Sep	09/28/2011	05:09 AM	6min	No	Oct				No	Nov				No	Dec				No		<i>see page # 7 of 12</i>	Steps have been taken to correct violation; full compliance is not yet attainable. Date: 11-8-11 Initials (DPW): <i>AS</i>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/22/2011	02:12 PM	4min	No																																																																	
Feb	02/18/2011	08:38 PM	9min	No																																																																	
Mar	03/30/2011	04:20 AM	4min	No																																																																	
Apr	04/12/2011	05:59 AM	16min	No																																																																	
May	05/13/2011	08:34 PM	4min	No																																																																	
Jun	06/29/2011	05:40 AM	5min	No																																																																	
Jul	07/29/2011	02:26 PM	4min	No																																																																	
Aug	08/11/2011	07:57 PM	4min	No																																																																	
Sep	09/28/2011	05:09 AM	6min	No																																																																	
Oct				No																																																																	
Nov				No																																																																	
Dec				No																																																																	



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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Nelora A. Norman</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Rene Graziano</i>	DATE 11-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		10/13/11	Res # 1 - medical evaluation dated 9/1/11 was located in chart. Content complete.	Steps have been taken to correct violation; full compliance is not verified. Initials [ ]
		10/13/11	Res # 2 - medical evaluation was completed with current medications as per PCP and documented by LPN	
		10/14/11	Res # 3 - PCP approval to include height/weight on medical eval. LPN documented the same	
		10/13/11	Res # 5 - LPN reviewed current medications with PCP and received approval to document them on current med. eval. Also discussed body positioning and received approval to document "NA".	
			All attachments ④⑤⑥⑦⑧	

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Deborah A. Horn</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dave Graziano</i>	DATE 11-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	The following over-the-counter medications prescribed to the stated individuals were not labeled with the resident's name: Resident #11: "Nature Made" brand CoQ10 100mg Resident #6: "Centrum Silver" brand chewable vitamins Resident #7: "Rite-Aid" brand stool softener Resident #8: "Equaline" brand Aspirin 325mg Resident #9 "Equate" brand Aspirin 325mg	<i>corrected on site and ongoing</i>	<i>Cart/storage Area audits to be implemented on weekly basis. Nursing staff and medication administration trained staff will monitor incoming OTC medications and will identify them resident's name. see attachment ⑨</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>11-08-11</i> Initials <i>DPW</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Highlands at Wyomissing Personal Care Facility, 2000 Cambridge Avenue Wyomissing, PA 19610		CURRENT LICENSE NUMBER 205350	
INSPECTION DATES (Include all dates of the inspection) 10/04/2011		REGIONAL REPRESENTATIVE Leslie Patton, Jason Harvey	
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 <i>Delia A. Hansen</i>	DATE 10/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dee Grayson</i>	DATE 11-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The support plan for resident #5 dated 1/31/2011 was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.	corrected day of survey and ongoing	PC Administrator will implement tracking system to capture "lack of content" of support plans. Inservice to be scheduled for current staff and new hires as they occur. On the job training will occur on "day of discovery"	<i>AG</i> 11-08-11

**RECEIVED**

OCT 20 2011

SCRANTON FIELD OFFICE  
Adult Residential Licensing