



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

Sent via email to: [REDACTED]

MAILING DATE: June 8, 2012

Mr. David C. Leader, COO
Country Meadows Associates
820 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Wyomissing II
1802 Tulpehocken Road
Wyomissing, Pennsylvania 19610

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on April 5, 2012 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.


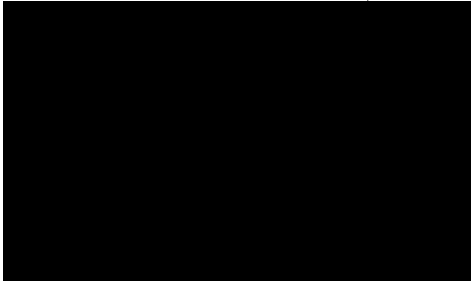
All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Anne Graziano
Regional Licensing Administrator

Enclosure
Violation Report

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

PCH Name: COUNTRY MEADOWS OF WYOMISSING II		License Number: 205040
Address: 1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610		County: Berks
Administrator: Rayann Maxey		Region: NORTH
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy C-2 LP 09/28/1995 Department of L&I		
Staffing Hours		
Resident Support:	Total Daily Staff: 156	Waking Staff: 117
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/05/2012: Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 166 Number of Residents Served: 110 Secured Dementia Care Unit in Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 60 	Number of Residents who: 	

Violation Report: 20504 - 04/05/2012 - Hummel, Jesse

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2. DESCRIPTION OF VIOLATION

On 4/4/11 at 11:15pm the home's clothes dryer located on the first floor began to smoke caused by smoldering linen within the dryer. The fire alarm system was activated. Based upon an interview with staff person A it was determined that the residents located in the secure dementia unit which is located on the first floor were not evacuated to the adjacent fire safe area. It was also determined that the residents that resided in the adjacent fire safe areas were not evacuated from their rooms into the common areas as specified in the fire safety letter from the fire safety expert dated 2/7/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All residents located within the compartment in which the smoke event was occurring were evacuated to a fire safe area. Mandatory trainings on proper procedures will be conducted for all coworkers on May 8 - 11, 2012 by the company Risk and Safety Specialist. Additional drills will be held to ensure proper procedures are being followed.

received training documents 6-8-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Michelle Hammett*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Hammett* Date *4/23/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-8-12
(Date)

Verification of Legal Entity Representative Signature 6-8-12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented