pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [redacted]
MAILING DATE: August 27, 2012

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. Adamawicz:

As a result of the Department of Public Welfare's licensing inspection on July 26, 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,

Michele Moskalczyk

Regional Licensing Administrator

Enclosure
Violation Report

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

PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY	License Number: 205350
Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610	County: Berks
Administrator: Tracy Aungst	Region: NORTH
Legal Entity Name: THE HIGHLANDS AT WYOMISSING INC	
Legal Entity Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610	

Certificate(s) of Occupancy

C-2 LP
03/02/2004
L&I

Staffing Hours

Resident Support: 0	Total Daily Staff: 51	Waking Staff: 38
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)

Complaint

On-Site Inspections Dates and Department Representatives On-Site

07/26/2012: Novak, Ryan

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: 75

Number of Residents Served: 50

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

[redacted]

Number of Residents who:

[redacted]

Violation Report: 20535 - 07/26/2012 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #2 did not receive the prescribed 650mg MAPAP on 7/3/12. The home failed to submit an incident report to the Department of the medication error.
Resident #2 did not receive the prescribed mineral oil on 7/20/12.. The home failed to submit an incident report to the Department of the medication error.

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.

The Medication Error Policy was created and distributed to all employees on 6/18/12. The policy was reviewed at our Monthly Communication Meeting on 6/26/12. The policy includes the mandate that medication errors be reported per regulatory guidelines. The staff member/s involved in this omission have received counseling and individual retraining regarding adherence to this policy.

The policy was reviewed with the Charge Nurse Supervisors again on 8/8/12 to assure that end of shift audits include monitoring compliance with reporting protocols. The policy was also reviewed again at Monthly Communication meeting on 8/16/12 with the reminder that failure to adhere to these regulatory parameters will result in disciplinary action (per the progressive disciplinary protocols) up to and including termination.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/07/2012	

Signature of Legal Entity Representative (Required on EVERY Page) Tracey Furst * The Administrator is responsible for ongoing compliance.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRACEY FURST Administrator

Date 8/16/12 8/24/12

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

The above plan of correction is approved as of 8/24/12 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 8/24/12 (Date)

- ☐ Fully Implemented
- * ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 20535 - 07/26/2012 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation dated 7/5/12 notes resident can self-administer some medications. The following medications were located in Resident #1's room which are not on the list of medications Resident #1 is able to self-administer as determined by a physician:
Guaifensin 100 mg
Glycerin Suppositories
Colgate Perio-guard rinse

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.

The attached Room Audit Tool and attached letter to incoming residents were reviewed at Resident Roundtable Meeting on 8/16/12. The Administrator asked that residents in attendance resign the letter to demonstrate awareness.

Room checks, using the attached audit tool, began the week of 8/13/12 after identifying and training an employee (PCA) task force. After the initial sweep, the task force will meet to create a policy and plan to assure regular auditing.

* The administrator/designee is responsible for ongoing compliance - ASM 8/24/12

Repeat Violation: No	Date(s) of Previous Violation(s):		

Signature of Legal Entity Representative (Required on EVERY Page) Tracey Ly

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tracey August Administrator — Date 8/16/12

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

The above plan of correction is approved as of 8/24/12 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 8/24/12 (Date)

- ☐ Fully Implemented
- * ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 20535 - 07/26/2012 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
The following medications were not initialed as administered on the medication administration record for Resident #2:
Combigan .2%-.5% eye drops on 7/25/12 at 9am
Lexapro 20 mg tablets on 7/5/12 at 9pm

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.

The Medication Assistance / Administration Policy on 6/26/12 to require that the Charge Nurse records the MAR prior to the end of a staff members shift. The policy was distributed to all staff on 6/26/12 and reviewed at the Monthly Communication Meeting on the same date. The policy was reviewed again at the Monthly Communication Meeting on 8/16/12 with the reminder that failure to adhere to the regulatory protocols will result in disciplinary action - per the progressive discipline process - up to and including termination.

The staff members involved in the recording have been individually counseled. * The administrator will monitor for ongoing compliance - TA 8/24/12

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Tracy Augst

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRACEY AUGST — Date 8/16/12

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

The above plan of correction is approved as of 8/24/12 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 8/24/12 (Date)

- ☐ Fully Implemented
- * ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 20535 - 07/26/2012 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #2 did not receive the prescribed 650mg MAPAP on 7/3/12. The home did not notify the physician of the medication error.
Resident #2 did not receive the prescribed mineral oil on 7/20/12.. The home did not notify the physician of the medication error.

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.

The Medication Error Policy was created and distributed to all employees on 6/18/12. The policy was reviewed at the Monthly Communication Meeting on 6/26/12. The policy includes the mandate that medication Errors be reported per regulatory guidelines. The staff member/s involved in this omission have received counseling and individual retraining regarding adherence to this policy.

The policy was reviewed with the Charge Nurse Supervisors again on 8/8/12 to assure that end of shift audits include monitoring compliance with reporting protocols. The policy was also reviewed again at Monthly Communication on 8/16/12 with the reminder that failure to adhere to these regulatory parameters will result in disciplinary action (per the progressive disciplinary protocols) up to and including termination.

Repeat Violation: Yes | Date(s) of Previous Violation(s): 06/07/2012 * The administrator will monitor ongoing Compliance 8/24/12

Signature of Legal Entity Representative (Required on EVERY Page) Stacey by

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRACEY RUNGST Administrator | Date 8/16/12

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

The above plan of correction is approved as of 8/24/12 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 8/24/12 (Date)

- ☐ Fully Implemented
- * ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented