



DEC 12 2012

Ms. Tracey Aungst, Administrator
The Highlands at Wyomissing, Inc.
The Highlands at Wyomissing Personal Care Facility
2000 Cambridge Avenue
Wyomissing, Pennsylvania 19610

Dear Ms. Aungst:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 25, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

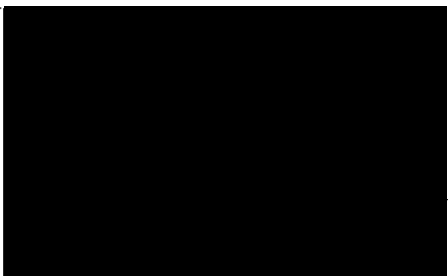
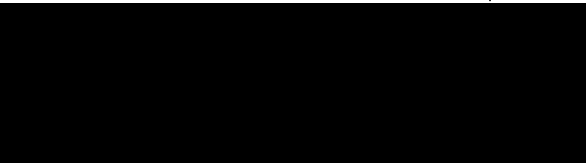
Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
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 <i>Tracy Aungst</i>	Region: NORTH	
Legal Entity Name: THE HIGHLANDS AT WYOMISSING INC		
Legal Entity Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610		
Certificate(s) of Occupancy		
I-1 12/06/2004 Borough of Wyomissing	C-2 LP 03/03/2004 PA L&I	C-2 LP 07/27/1998 PA L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Renewal	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/25/2012: O'Haire, Anne; Bloch, Betty		
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 who:	
Number of Residents Served: 52		
Secured Dementia Care Unit in Home: No		
Area:		
Secured Dementia Unit Capacity, if Applicable:		
		

Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 At approximately 9:15 am on the date of inspection, a medication cart located in the hall nearest to resident room # 825 was found to have unattended with the residents' MAR's lying on top of the cart. The resident's MAR' Contained information pertaining to resident's medication, diagnosis and personal information was made available to the unauthorized individuals.

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 staff member responsible for this breach in resident confidentiality was counseled and retrained to the attached policy, with specific attention to #3 under the Procedure section.

Personal Care staff were informed and inserviced regarding this citation at a mandatory meeting on 10/2/2012.

Routine, random audits will be conducted by the Shift Supervisors, Director of Nursing and Administrator to address ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TRACY AUNGST* Date *11/8/12*

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

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
The above plan of correction was approved by <u>[Handwritten Initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The middle section of the rectangular-shaped grab/assist bar on right-side of the bed located in room #602 had an uncovered opening which measured approximately 7" x 10". This posed a possible entrapment hazard to the resident.

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.

A protective covering was placed around the assistive device to prevent entrapment. The resident discharged permanently on 10/4/2012.

The Therapy and Nursing Department have designed a permanent covering to avoid any potential for resident harm with the use of assisted devices/grab bars. We currently have no other residents using such equipment.

Personal Care staff were informed and inserviced regarding this citation at a mandatory meeting on 10/2/2012.

Periodic room audits, using the attached Room Audit form, will be conducted to ensure ongoing compliance

The Housekeeping Department has been notified of this auditing need and will assist the Direct Care staff in monitoring for uncovered devices as they clean the room weekly. They will also assist the Nursing staff in monitoring for any changes or damage to coverings after installation.

Identified hazards will be addressed immediately by the Nursing Supervisor or Director of Nursing.

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

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
TRACEY AUNGST	11/8/12

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		<input type="checkbox"/> Partially Implemented - Inadequate Progress
		<input type="checkbox"/> Not Implemented

Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 Two plastic trash containers located in the kitchen did not have lids on them which covered the entire tops of the cans. The lids' design had approximately an 8" hole in the middle of the tops where garbage could be dropped into them.

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.

New solid lid covers have been purchased and will be delivered on 11/11/12. These coverings will remain securely in place during times when the kitchen is not in operation, per the regulation.

The Dining Room Staff will ensure ongoing compliance with this regulation.

The administrator will monitor for ongoing compliance.

M
 11/14/12

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TRACEY HONEST* Date *11/8/12*

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The above plan of correction is approved as of 11/14/12 (Date)

Plan of correction implementation status as of 11/14/12 (Date)

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

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

Violation Report: 20535 - 09/25/2012 - O'Haire, Anne PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY	
1. REGULATION 55 Pa.Code §2600 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.	
2a. DESCRIPTION OF VIOLATION The bath rugs in the bathrooms adjoining room #s 802 and 837 slipped when the Department Representative stepped upon them: Room #802 - The matting placed underneath the oval rug did not prevent slippage Room #837 - The non-slip surface on the bottom of the rectangular rug was worn off	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The mats in question were removed immediately. The residents, and Responsible Parties, were notified of the hazard and resulting citation.</p> <p>Regular room audits, using the attached Room Audit form, will be conducted by Direct Care staff to assure ongoing compliance with this regulation.</p> <p>Housekeeping staff have also been made aware of this violation and the audit process to assure an interdisciplinary approach to ongoing interventions.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
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Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 9/25/12 at approximately 9:45 am, the lint trap of the Whirlpool dryer located in the Upper Level laundry room was full of lint. The drum of the dryer was cool when touched.

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.

Mandatory Personal Care staff training regarding this citation, and its regulatory enforcement occurred on 10/2/12.

Housekeeping cleaning assignments have been updated to include an AM and PM check of all lint traps. Refer to attached.

Daily Nursing assignments have also been updated to address lint trap checks each shift to further ensure ongoing compliance.

Signage reminding residents, staff, and visitors to clean the lint trap after every use remain posted in the laundry rooms.

Residents were reminded at the monthly Resident meeting on 10/11/12 of the need to clean the traps after each use.

Random audits, in addition to those assigned, will be conducted by the Housekeeping Director, and all Personal Care Managers.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date 11/8/12
 TRACY HUBST

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The above plan of correction is approved as of 11/14/12
 (Date)

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

Plan of correction implementation status as of 11/14/12
 (Date)

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

Violation Report: 20535 - 09/25/2012 - D'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's emergency preparedness plan and the "West Side Regional Emergency Management Agency Plan" were not posted in a public and conspicuous area of the home. They were kept in the Lower Level medication room, which is a locked area, and the Administrator's office which is locked when the Administrator is not in the office.

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.

This was immediately corrected at the time of survey by moving the book from the First Floor Nurses station to the table across from the Main Entrance.

The administrator will monitor and assure ongoing compliance.

M
11/14/12

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *TRACY BUNGET* Date *11/8/12*

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 (Date)

Plan of correction implementation status as of 11/14/12
 (Date)

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

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

Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The fire extinguisher located near the commercial trash receptacle in the back, Lower Level of the home had an expired Simplex Grinnel inspection sticker on it which expired in October 2011.

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 identified fire extinguisher was removed from this location at the time of survey. Several years ago, the area was a designated smoking location. The Highlands at Wyomissing is now a smoke free campus; consequently, the extinguisher will not be replaced.

Remaining fire extinguishers are inspected on a monthly basis by the Maintenance staff. They will also continue to be inspected and approved annually by Simplex Grinnell in accordance with the regulatory expectation.

Random audits will continue to be completed by the Maintenance Director.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MACEY ANGST* Date *11/8/12*

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The above plan of correction is approved as of 11/14/12
 (Date)

Plan of correction implementation status as of 11/14/12
 (Date)

The above plan of correction was approved by *M*
 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2609
 2600.132(d) - 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.

2a. DESCRIPTION OF VIOLATION
 The home went over the allowable time of 11 mins 0 secs. that was designated by the home fire safety expert on the following dates:
 1. 01-15-2012 17 minutes and 22 seconds
 2. 04-26-2012 26 mins 0 secs
 3. 09-19-2012 11 mins 12 secs

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.

Although the noted drills exceeded the established timeframes, these failures offered opportunities for discussion and successful re-education. The success of this education is measured by the fact that the drills were repeated during each of the above mentioned months with successful outcomes.

Staff will continue to be educated to the fire evacuation protocols. They will also continue to be required to participate in monthly drills, as per regulatory standards. This will prevent future failures in meeting timely evacuation parameters.

Our Fire Professional will be visiting the Community on 11/14/12 to further evaluate these outcomes.

The administrator will monitor for ongoing compliance.
mm
11/14/12

Repeat Violation: No.	Date(s) of Previous Violation(s):	10/04/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Tracey AUNGST</i>	<i>11/8/12</i>

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Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was admitted to the home on 7/20/12. The resident's medical evaluation was completed on 5/3/12.

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.

Resident #1 was admitted on 7/20/12. The DME was completed on 7/12/12. After further instruction from the DPW Licensing Representatives at the time of inspection, the Administrator and Director of Nursing have been educated to the parameters regarding use of the new DME form. This includes the requirement that the resident be physically evaluated by a medical professional within the 60/30 regulatory parameters.

The Marketing staff, responsible for obtaining the non-contract residents preadmission paperwork, was inserviced regarding this timeframe on 11/7/11.

DME's will be reviewed at time of admission, by the Director of Nursing, to ensure date compliance. Appointments will be sought with the residents PCP when exceeded timeframes are noted.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *DARCY FURWEGST* Date *11/8/12*

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Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 FCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2 did not have a 2011 annual medical evaluation completed. The 2010 medical evaluation was completed on 12/15/10 and the next one was completed on 5/1/12. One was due by 12/15/11.

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.

Under new management, Resident #2 was found to have medical evaluations completed on 2/17/10, and 12/15/10 without significant changes to the Support Plan. The new Director of Nursing did not find the medical evaluation that was either due 2/11 or 12/11 until April of 2012 (soon after her arrival) when completing an audit of the entire resident population. Therefore, the medical evaluation was completed on 5/1/12.

The Director of Nursing has established a tickler file allowing her to complete/obtain annual Medical Evaluations on a timely basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TRACY AUGUST</i>	Date <i>11/8/12</i>
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Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION
 The preadmission screening form completed 2/16/12 was incomplete for resident # 3. The "Other Special Care Needs" and the "Behavioral Needs" sections of the form were not addressed. Also, the diagnosis was not stated on the form; it indicated to "See Medical Evaluation".

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.

Resident #3 did not have any "Other Special Care Needs or Behavioral Needs" at the time of evaluation. Subsequently, the Marketing staff left these areas blank. The Preadmission Screening Form referenced has been updated by the Department; therefore, the form in question is no longer in use. However, on 11/7/12 the Personal Care Director of Nursing, and Administrator, conducted an inservice with the Marketing staff responsible for obtaining this pre-admission paperwork. The citation was reviewed. Marketing representatives were also trained on the use of the new Preadmission Screening form to ensure long term regulatory compliance. Refer to attached training documentation.

The administrator will monitor for ongoing compliance
M 11/14/12

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracey A. West*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TRACEY A. WEST* Date: *11/8/12*

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Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 An initial assessment was not completed for resident # 3 who was admitted to the home on 2/17/12. The initial assessment (dated 8/3/12) for resident # 1 does not address that the resident self-administers the prescribed medication Levothroxine.

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.

Resident #3 was admitted on 2/17/12. Under new management, a tickler file has been created to establish timely completion of all assessments. This file is maintained by the Director of Nursing to assure that initial, annual and significant change assessments are completed per regulatory guidelines.

The RASP for Resident #1 was updated to reflect [redacted] ability to self-medicate the noted medication. All residents support plans/assessments will continue to be updated regarding any changes in their ability to self-medicate to ensure ongoing regulatory compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tracey AUNGST</i>	Date <i>11/8/12</i>
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Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral-care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident # 3 support plan (dated 2/18/12) does not address the resident's need for the grab/assist bar which is attached to the resident's bed.

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.

This addition was made to the Support Plan for Resident #3 immediately following the annual survey.

In the future, all grab bars/assistive devices will be identified via weekly checks by Housekeeping and room audits by Personal Care staff, using the attached form. Grab bars/assistive devices will be evaluated and included in the Support Planning process for all residents, by the Director of Nursing.

Support Plan audits will be assigned to Shift Supervisors to provide the next level of quality assurance and accuracy in support planning.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
TRACEY PUNEST	11/8/12

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

The above plan of correction is approved as of <u>11/14/12</u> (Date)	Plan of correction implementation status as of <u>11/14/12</u> (Date)
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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 20535 - 09/25/2012 - O'Haire, Anne
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.227(e) - The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

2a. DESCRIPTION OF VIOLATION
 The initial support plan (dated 8/3/12) for resident # 4 does not address that the resident self-administers the prescribed medication Levothroxine.

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.

This violation does not pertain to resident #4. Resident #1's Support Plan has been updated to reflect [redacted] ability to self-medicate the identified medication, as noted in Violation 2600.225. All residents Support Plans will continue to be updated, by the Director of Nursing, regarding changes in a resident's ability to self-medicate thereby ensuring ongoing regulatory compliance.

Support Plan audits will be assigned to Shift Supervisors to provide the next level of quality assurance and accuracy in support planning.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Date

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

The above plan of correction is approved as of 11/14/12 Plan of correction implementation status as of 11/14/12
 (Date) (Date)

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

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