



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: January 18, 2013

Sent via email to [REDACTED]

Ms. Tracy 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 January 3, 2013 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.

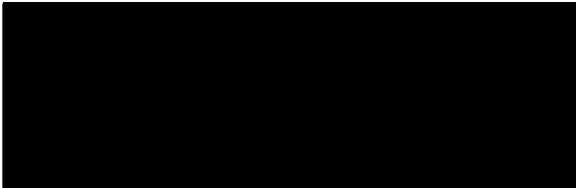
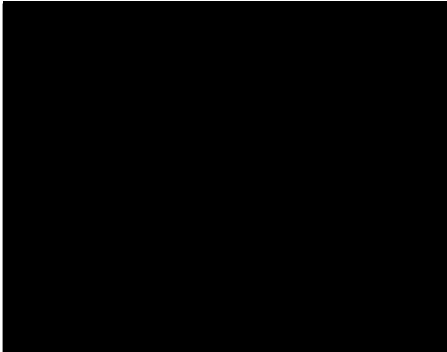
Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

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: Tracey Aungst		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 Wyomissing Borough	C-2 LP 08/03/2004 L&I	C-2 LP 07/27/1998 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/03/2013: Novak, Ryan; 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: 75 Number of Residents Served: 54 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 20535 - 01/03/2013 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The following doors are equipped with a magnectic locking system:
Adjacent to upper level elevator
Adjacent to room # 804
~~Adjacent to room # 811~~
The door at the bottom of the stairwell leading from the upper level

Staff member A reported that only half of the residents living in the home would be capable of operating the key pad to unlock the magnetic locks.

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 Maintenance Staff has disarmed the keypad secured doors to allow immediate egress to all residents. The doors will remain unlocked.


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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) TRACEY AUGUST Date 1/14/13

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

The above plan of correction is approved as of 1-15-13
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 1-15-13
(Date)

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

Violation Report: 20535 - 01/03/2013 - Novak, Ryan
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Juice Plus garden, orchard and vineyard blend supplements were not labeled with Resident #1's name

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 above medications have been labeled with the resident's name.

The Director of Nursing and Administrator retrained the Shift Supervisors to the attached policy (HPC-13) relating to Medication Storage and Medication Cart Maintenance. Supervisors have retrained their staff to this policy (as also attached.) Special attention was given to procedural point number nine, as it specifically relates to the storage of OTC/CAM medications.

Quality Assurance checks, as outlined in procedural point number five of the attached policy, will be completed by the Charge Nurse and submitted to the Director of Nursing on a weekly basis to assure ongoing compliance with this issue.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TRACY AONEST, Administrator* Date *1/14/13*

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

The above plan of correction is approved as of 1-15-13
 (Date)

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

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