



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: October 7, 2013

Mr. David C. Leader, COO
Country Meadows Associates
830 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 (Department) licensing inspection on August 20, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure

**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: Michele Olivier		Region: NORTHEAST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy		
I-1 12/08/2010 Borough Wyomissing	I-2 12/08/2010 Borough Wyomissing	C-2 LP 03/06/1998 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 153	Waking Staff: 115
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
08/20/2012: 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: 166	Number of Residents who:	
Number of Residents Served: 112	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 112	
Area: N/A	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 60	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 41	Have a Mobility Need: 41	
Number of Current Hospice Residents: 3	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 8		

Violation Report: 20504 - 08/20/2012 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/18/13 Resident #1 slapped Resident #2 across the face. The home did not report the incident to the Area agency on Aging of the physical assault.

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.

Appendix B:55 Pa. Code 2600.16 pg. 239 #9

Homes do not need to report "Any act of physical violence by one resident against another resident where the victim does not sustain an injury."

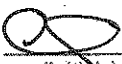
Resident #2 did not sustain an injury so we therefore did not feel that a report to Area Agency on Aging was necessary.

All incidents of physical altercations will now be reported whether an injury is sustained or not. Appropriate staff was in-serviced as the requirements for abuse reporting.

The Executive Director and or designee will monitor for on-going compliance.

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)		Date
Michelle Hamilton, Senior VP and Chief of Operations		September 16, 2013

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

The above plan of correction is approved as of <u>10-04-13</u> (Date)	Plan of correction implementation status as of <u>10-04-13</u> (Date)
The above plan of correction was approved by  (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: 20504 - 08/20/2012 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

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
 On 3/18/13 Resident #1 slapped Resident #2 across the face. The home did not submit an incident report to the Department of the physical assault.

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.

Appendix B:55 Pa. Code 2600.16 pg. 239 #9

Homes do not need to report "Any act of physical violence by one resident against another resident where the victim does not sustain an injury."

Resident #2 did not sustain an injury so we therefore did not feel that a report to Department of Public Welfare was necessary.

All incidents of physical altercations will now be reported whether an injury is sustained or not. Appropriate staff was in-serviced as to the requirements for abuse reporting.

The Executive Director and or designee will monitor for on-going compliance.

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: Michelle Hamilton,
 (Required on EVERY Page) Senior VP and Chief of Operations Date: September 16, 2013

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