



OCT 30 2013

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 17, 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 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.

Your regular license for the period November 16, 2013 to November 16, 2014 was issued on August 5, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY		License Number: 20535
Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610		County: Berks
Administrator: Tracey Aungst		Region: NORTHEAST
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	C-2 LP 07/27/1998 L & I	I-1 12/06/2004 Borough of Wyomissing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/17/2013: Harvey, Jason; 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: 53 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 1	

Violation Report: 20535 - 09/17/2013 - Harvey, Jason
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
 The hallway carpet located on the lower level of the building in the 600 room section was lifted and not level, causing the carpet to be unsafe and a tripping hazard.

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 carpet for the Lower Level of Personal Care was ordered prior to survey. The area of carpet in question was professionally removed on 9/30/13; thereby reducing the potential hazard until the new carpet is installed the week of 10/21/13. Maintenance will continue to monitor the carpeting throughout the Community for potential hazards.

The administrator shall monitor for ongoing compliance.

m
10/25/13

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) TRACEY AUNGST, Administrator Date 10/6/13

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

The above plan of correction is approved as of <u>10/25/13</u> (Date)	Plan of correction implementation status as of <u>10/25/13</u> (Date)
The above plan of correction was approved by <u><i>m</i></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 - 09/17/2013 - Harvey, Jason
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

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.

2a. DESCRIPTION OF VIOLATION
 The fire drill log indicates that on 3/28/2013 at 5:30am there were 51 residents residing at the home at the time of the fire drill and only 50 residents evacuated. Notation stated that one resident refused to evacuate.

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.

At the point of annual survey last year, The Highlands received a citation for exceeding the allotted timeframes for drills because of a resident's unwillingness to evacuate. During the months in question, the drills were repeated successfully to guarantee that the monthly evacuation criterion was met. This fact was noted in last year's documentation, was discussed with the Licensing Representative at time of survey, and was referenced on the annual Plan of Correction. The Highlands Administration followed the direction of the 2012 Licensing Representative which resulted in a deficiency this year, for failure to rerun the drill during the month with a successful outcome. Administrator will return to the previous and proper practice, as employed and cited during last survey to avoid additional citations.

The administrator shall monitor and assure that all residents evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.
 The administrator shall assure ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 10/25/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **TRACEY PRUNGT, Administrator** Date **10/25/13**

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Violation Report: 20535 - 09/17/2013 - Harvey, Jason
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1 dated 6/6/2013 did not indicate the resident's medication regimen or ability to self-administer medication.

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.

As the attached documents demonstrate, this citation as written is not correct.

Resident #1 was admitted on 6/6/2013 with a completed and compliant Medical Evaluation.

The resident was sent to the hospital on 7/20/13 for an exacerbation of his primary disease process. He returned to this Community on 7/23/13 with a completed Medical Evaluation that was noted as an Initial Evaluation (which it was not.) This Medical Evaluation was completed at the hospital and should never have been committed to the chart, as it was an unnecessary part of the discharge paperwork.

The 7/23/13 Medical Evaluation is the document being cited, as it is devoid of a notation regarding Resident #1's ability to self-medicate. This document was a superfluous. It did not represent information for an initial because the resident remained on census during this brief hospitalization and already possessed a compliant initial. The resident did not have a significant change in condition and was obviously not due for an annual review.

- The Director of Nursing will continue to conduct quality assurance checks of Medical Evaluations for completeness, accuracy and now to ensure that unnecessary evaluations do not become a part of a resident's medical record.

MH
10/25/13

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *TRACEY PUNGST, Administrator* Date *10/6/13*

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 (Date)

Plan of correction implementation status as of 10/25/13
 (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 - 09/17/2013 - Harvey, Jason
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

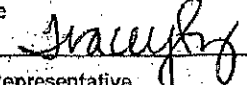
2a. DESCRIPTION OF VIOLATION
Levemir insulin prescribed to resident #2 was opened on 7/14/2013, the manufactures instructions states that the insulin expires 30 days after opening.

Novolog insulin prescribed to resident #2 was opened on 8/9/2013, the manufactures instructions states that the insulin expires 30 days after opening.

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.

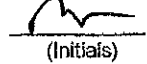
The attached policy, HPC #16 which addresses the insulin expiration (procedural step six), will be reviewed with all Personal Care staff at a Mandatory Staff Meeting on 10/15/13. Weekly medication cart checks, utilizing the attached tool and procedure outlined in HPC #13, will include an audit of expiration dates of insulin stored in the refrigerator. Records of the medication cart checks will be provided to the Director of Nursing weekly. The Administrator and Director of Nursing will also check the refrigerator periodically for 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) TRACY AUGUST, Administrator Date 10/6/13

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Violation Report: 20535 - 09/17/2013 - Harvey, Jason
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 The Medication Administration Record for resident #3 did not indicate a diagnosis or purpose for Miralax powder 17 grams at 9am.
 The Medication Administration Record for resident #4 did not indicate a diagnosis or purpose for Suifameth-Trimeth 800/1600mg at 9am.

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 policy, HPC #16 which addresses the requirement that staff verify diagnosis as part of every medication pass (procedural step three), will be reviewed with all Personal Care staff at a Mandatory Staff Meeting on 10/15/13. Weekly Medication Administration Record checks, utilizing the attached tool and procedure outlined in HPC #13, will include a quality assurance check of medication diagnosis. Records of the MAR checks will be provided to the Director of Nursing weekly. The Director of Nursing and will also conduct audits as part of staff members MAR review as required by The Department to maintain medication administration certification.

The administrator shall monitor for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 10/25/13

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

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *TRACEY AVNGST, Administrator* *10/16/13*

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