



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 28 2014

Ms. Michelle Hamilton, Chief of Senior Living Operations
Country Meadows Associates
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Wyomissing II
1802 Tulpehocken Road
Wyomissing, Pennsylvania 19610
License #: 205040

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's licensing inspection on January 29, 2014, 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.

Your regular license for the period March 26, 2014 to March 26, 2015 was issued on December 13, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF WYOMISSING II		License Number: 20504
Address: 1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610		County: Berks
Administrator: Debra Russell		Region: NORTHEAST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy		
C-2 LP	I-1 & I-2	
09/28/1995	12/08/2010	
L & I	Borough of Wyomissing	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 169	Waking Staff: 127
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/29/2014: Harvey, Jason; Dumas, Gerald; Valence, Duane		
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 Served: 121 Secured Dementia Care Unit in Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 42 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 10		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 121 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 48 Have a Physical Disability: 0

Violation Report: 20504 - 01/29/2014 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The outside second floor private balconies accessed by residents from bedrooms #236 and #238 was covered with snow and would be hazardous to residents using these outdoor areas.

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.

Snow was removed from balconies 236 & 238. Doors leading to the balconies have signs above them stating "NOT AN EXIT." Maintenance was counseled to remove snow from balconies in a timely manner.
 The Executive Director will monitor to ensure ongoing 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 Date
 (Required on EVERY Page) Michelle Hamilton, Senior Vice President, Chief of Sr. Living Operations 2/24/2014

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

The above plan of correction is approved as of <u>2/26/14</u> (Date)	Plan of correction implementation status as of <u>2/26/14</u> (Date)
The above plan of correction was approved by <u>M</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: 20504 - 01/29/2014 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

The outside exit area to grade from the first floor River Stair Level -1 stair well area was covered with snow and ice which would prevent residents from safely egressing the building during an emergency. The maintenance person had difficulty opening the exit door to the outside due to snow and ice build-up.

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.

Snow was originally removed immediately after snowfall. The wind blew snow uphill creating a drift outside of entrance. The snow was removed the day of the inspection.

- All snow/ice will be promptly removed during and after each snowfall. Each entrance/exit will be monitored daily by the Executive Director and Maintenance Director to ensure safe egress.

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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) Michelle Hamilton Senior Vice President, Chief of Sr. Living Operations		Date 2/24/2014

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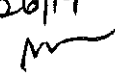
Violation Report: 20504 - 01/29/2014 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.102(d)(2) - Bathrooms and showers must have slip-resistant surfaces.

2a. DESCRIPTION OF VIOLATION
 The private bathroom shower stall floors located in bedrooms # 209, # 214 and # 218 did not have slip-resistant surfaces to prevent injurious falls while residents are bathing.

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.

Safety strips were immediately placed in showers after the inspection. All Housekeeping staff have been given non-skid strips and have been trained to place them in showers as appropriate. Ongoing, all showers will be checked by Housekeeping, and proper skid-resistant strips will be kept in good repair.


* The administrator shall monitor and assure ongoing compliance.
 2/26/14


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: Michelle Hamilton
 (Required on EVERY Page) Senior Vice President, Chief of Sr. Living Operations Date: 2/24/2014

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Violation Report: 20504 - 01/29/2014 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's notification to the local fire department dated 11/20/2013 does not indicated the home's total number of resident's with mobility needs.

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 letter to the fire department has been updated to include the total number of residents with mobility needs. The letter was sent by certified mail on 2/21/14. See letter attached.

- Ongoing, the annual letter to the fire department will include the number of residents with mobility needs.
- The Executive Director will monitor to ensure compliance.

Repeat Violation; No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative Michelle Hamilton
 (Required on EVERY Page) Senior Vice President, Chief of Sr. Living Operations

Date 2/24/2014

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Violation Report: 20504 - 01/29/2014 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 56 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A completed the annual medication administration training on 12/21/2012. The current Annual Practicum to be completed by staff person A on 12/21/2013 was not completed in its entirety as only 2 of 4 medication administration reviews were completed. Staff person A routinely administers medications but is not properly trained to do so.

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.

Co-worker A was retrained on January 29, 2014, retested, and passed the test on January 29th. The Assistant Director of Wellness, a DPW Medication Course trainer, has been retrained in her responsibilities for monitoring training requirements. Her training was completed by January 29th.

- The Assistant Director of Wellness and the Director of Wellness will periodically audit the Medication Associate training file to ensure ongoing compliance with regulations.

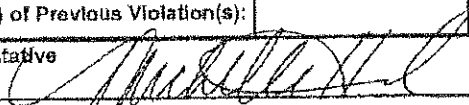
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M
2/26/14

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Violation Report: 20504 - 01/29/2014 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 Resident #2 who resides in a private bedroom is in possession of a bubble pack of oxycodone-IR, 10mg; take 2 tablets orally every 4 hours as needed (PRN) which was dispensed on 1/15/14. This is the only medication that this resident can self-administer and is kept in the bedroom. When interviewed, resident stated that the medication is stored in a nightstand without a lock and that when the resident leaves the bedroom, the bedroom door is not locked. The home has failed to ensure that the resident's medication is locked in a container and/or the resident room is locked at all times when the resident is not present in the room.

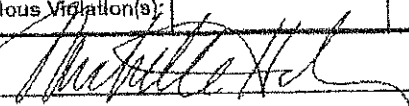
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A lock was placed on the nightstand immediately following the inspection - completed January 30, 2014. The Executive Director and Director of Wellness met with Resident #2 and explained the requirement to secure medication. Resident #2 agreed to comply with the regulation. The Director of Wellness and/or designee will monitor the resident room and nightstand to ensure compliance.

- Ongoing, Maintenance staff will place a lock on nightstands for all residents who have medication in their rooms. Completion date: February 15, 2014.

* The administrator shall monitor for ongoing compliance.
 m
 2/26/14

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Printed Name and Title of Legal Entity Representative: Michelle Hamilton
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 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

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 #1's Resident Assessment Support Plan dated 4/29/2013 and resident #2's (RASP) dated 12/28/2013 does not indicate the home health services which both residents are currently receiving or how the home will assist the resident in meeting these needs.

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 Support plans for Residents #1 and #2 were updated to include home health services. The Director of Wellness, Nursing staff, and program manager were given additional training and guidance to update the Resident Assessment to include additional services. Ongoing, the Director of Wellness will monitor assessments for compliance.

* The administrator shall assure ongoing compliance.

M
 2/26/14

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

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

Printed Name and Title of Legal Entity Representative: Michelle Hamilton
 (Required on EVERY Page) Senior Vice President, Chief of Sr. Living Operations Date: 2/24/2014

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