



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 13 2014

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

RE: The Highlands at Wyomissing Personal Care Facility
License #: 205350

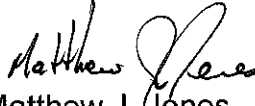
Dear Ms. Aungst:

As a result of the Department of Public Welfare's licensing inspection on September 3, 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 November 16, 2014 to November 16, 2015 was issued on August 6, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director ^{SN}

Enclosure
License Inspection Summary

Violation Report: 20535 - 09/03/2014 - Dumas, Gerald
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
]Resident # 1's Furosemide 20 mg.(take 1 tab by mouth every day as needed) was not on hand for resident # 1 as prescribed.

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.

All medication carts will be audited two times per week, using the attached tool. This will ensure that prn/as needed medications, as prescribed by the physician, are present in the cart. The Shift Supervisor will perform a random quality assurance check on the cart being audited. The Director of Nursing will also perform random quality assurance checks to assure the effectiveness of this process. The Administrator will monitor task completion.

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 ADWIST, Administrator	Date 10/8/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/04/14</u> (Date)	Plan of correction implementation status as of <u>11/04/14</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