



Sent via email to: [REDACTED]
MAILING DATE: December 9, 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 September 18, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF WYOMISSING		License Number: 20504
Address: 1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610		County: Berks
Administrator: WILLIAM D'ANDRA		Region: NORTHEAST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy		
C-2 LP 09/28/1995 LABOR AND INDUSTRY	I-1 12/08/2010 BOROUGH OF WYOMISSING	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 159	Waking Staff: 119
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
09/18/2014: Dumas, Gerald; Yellenic, Cindy		
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: 117 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: 4 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 117 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 42 Have a Physical Disability: 0	

Violation Report: 20504 - 09/18/2014 - Dumas, Gerald
PCH Name: COUNTRY MEADOWS OF WYOMISSING 11

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
 On the day of the inspection, resident # 1's support plan dated, 7/23/2014 was not updated to document a series of the incidents in which resident # 1 was physically and verbally aggressive towards residents and staff. Resident # 1 exhibited two (2) aggressive incidents towards staff. On one occasion, Resident # 1 grabbed staff person A's arm and refused to let go and in another incident, resident # 1 pushed his/her finger in a staff person B's face. A third incident involved another resident on 8/29/14, in which resident # 1 reportedly pushed resident # 2 in the back while the resident was dining. None of these 3 incidents were documented in resident # 1's support plan to identify a pattern of behavior and the home's plan to meet the residents needs related to these behaviors.

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.

Items listed as concerns/incidents have been logged in resident support plan along with staff redirection techniques and de-escalation of behaviors. Staff will continue to monitor ongoing behavior-related issues, and address with the resident up to and including 30-day discharge if behaviors continue. Staff were in-serviced on 9/18/2014 regarding documentation and follow-up after incidents. The Executive Director or designee will monitor for 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 (Required on EVERY Page)		Date
Michelle Hamilton Chief of Senior Living Operations		November 21, 2014

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The above plan of correction is approved as of <u>12-8-14</u> (Date)	Plan of correction implementation status as of <u>12-8-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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