



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

**MAILING DATE: October 22, 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 October 8, 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,

*Michele Moskalczyk*  
Michele Moskalczyk  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**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: Bill D'Andrea		Region: NORTHEAST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
<b>Certificate(s) of Occupancy</b>		
C2LP	I-1 I-2	
09/28/1995	12/08/2010	
L&I	Borough of Wyomissing	
<b>Staffing Hours</b>		
Resident Support: NM	Total Daily Staff: 158	Waking Staff: 119
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
10/08/2014: Patton, Leslie; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 166 Number of Residents Served: 117 Secured Dementia Care Unit in Home: Yes Area: 1st floor Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 41 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 8		<b>Number of Residents who:</b> 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: 41 Have a Physical Disability: 0

Violation Report: 20504 - 10/08/2014 - Patton, Leslie  
 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 support plan dated 9/2/2014 does not address the resident's falls history that took place at the home on 8/20/2014 and 9/15/2014.

**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.*

On 10/08/2014, DPW inspectors were on site to review a reported incident for a resident who sustained a fall. Within the review of the incident and documentation it was noted by the DPW inspectors that the resident's two recent falls were documented and procedures to ensure the safety of the resident were followed, but this information was not reflected on the resident's support plan. Updates to the resident's support plan were made on 10/8 to document the two falls identified in this report that occurred on 8/20/2014 and 9/15/2014. (See attached)  
 Co-workers were inserviced on 10/9/2014 regarding documentation procedures for resident support plans. The Executive Director will monitor resident support plans 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: Michelle Hamilton  
 (Required on EVERY Page)      SR VP & Chief of Senior Living Operations      Date: 10/23/14

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

The above plan of correction is approved as of <u>10/27/14</u> (Date)	Plan of correction Implementation status as of <u>10/27/14</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