



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 13 2015

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 Human Services' licensing inspection on February 6, 2015 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, 2015 to March 26, 2016 was issued on December 8, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Jones".

Matthew J. Jones  
Director <sup>LSW</sup>

Enclosure  
License Inspection Summary



Violation Report: 20504 - 02/06/2015 - O'Haire, Anne  
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

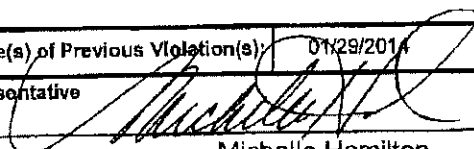
**1. REGULATION 55 Pa.Code §2600**  
 2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

**2a. DESCRIPTION OF VIOLATION**  
 The path which leads to the gate which exits the courtyard from the home's secure dementia unit is covered with snow.

**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 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 during any inclement weather by the Executive Director and Maintenance Director to ensure safe egress.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/29/2014

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative: Michelle Hamilton  
 (Required on EVERY Page)      Chief of Senior Living Operations      Date: March 5, 2015

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

The above plan of correction is approved as of 3/12/15  
 (Date)

The above plan of correction was approved by M  
 (Initials)

Plan of correction Implementation status as of 3/12/15  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20504 - 02/06/2015 - O'Haire, Anne  
 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 currently has 57 residents living in the home with mobility needs in the event of an emergency. The letter to the fire department dated 11/30/14 does not specify the bedroom location of the 17 residents living in the pathways neighborhood 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 has been updated to include the location of the bedrooms, including room number ranges of the 17 residents living in the Pathways neighborhood with mobility needs. The letter was sent by certified mail on 03/4/2015. (See letter attached.) Ongoing the location of bedrooms of residents with mobility needs will be included in the letter to the fire department. The Executive Director will monitor to ensure compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/29/2014

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative: Michelle Hamilton  
 (Required on EVERY Page)      Chief of Senior Living Operations      Date: March 5, 2015

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Violation Report: 20504 - 02/06/2015 - O'Haire, Anne  
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**  
 The fire drill conducted on 2/4/14 at 10:11am does not indicate the exit routes used.

**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 Executive Director reviewed the requirements of the regulations, including the requirement to document exit routes at each drill, with responsible person assigned to conduct regular fire drills. Completed 2/7/2015.

The Executive Director will monitor fire drill logs for consistency to include all needed information per regulation 2600.132 (c)

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)      Chief of Senior Living Operations      Date: March 5, 2015

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|---|---|
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| The above plan of correction was approved by <u>m</u><br>(Initials)     | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 20504 - 02/06/2015 - O'Haire, Anne  
 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  
 Flucanazole Proprinate nasal spray and a bottle of Stratum bone maker was located in resident #1's room unlocked and accessible. The residents DME dated 2/21/14 notes the resident is unable to self-administer medications. Resident #2 manages their own medications and through resident interviews reported they do not secure their medications by locking their room or locking their medications in a lock box when they leave their room. The following medications were observed sitting out on resident #2's counter: Amlodpine 5 mg tab; Aspirin 81 mg. Cerovite senior Vitamin Tab.; Clopidogrel 75 mg tab.; Docusate Sodium tabs.; Lisinopril/HCTZ 20-12.5 tabs; Nateglinide 60 mg tab.; Niacin 500mg tab; Novolog Inj. Flex pen ; Preservation Areds caps; Vytorin 10-40 mg tabs; Clotrim /Beta lot Diprop and Nitrostat Sub. 0.4 mg tabs.

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 Executive Director and Director of Wellness met with resident #1 and resident #2 in regard to the requirement to secure their medications when they are not present in their rooms immediately following the inspection. Both residents agreed to comply with the regulation. The Director of Wellness and/or designee will monitor the resident rooms to ensure compliance. Maintenance staff will monitor to ensure sufficient locking mechanisms are in place for residents who have medication in their rooms. Completed on 02/06/2015.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/29/2014

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Michelle Hamilton  
 (Required on EVERY Page) Chief of Senior Living Operations      Date March 5, 2015

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Violation Report: 20504 - 02/06/2015 - O'Haire, Anne  
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600  
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 was admitted to the home on 1/23/14 and then transferred to the home's secure dementia unit on 9/4/14. The home did not addendum the contract to reflect the no objection statement of the residents transfer to the secure dementia unit.

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 Amendment has been updated to include language defining the Connections Neighborhood is a secured dementia unit and the designated person by signing the amendment does not object to the residents transfer. (See attached.) The Executive Director will monitor all facility transfers to the Connections Neighborhood to ensure proper documentation of the amendment.

The administrator shall audit all secured dementia care unit resident records for the required documentation.  
 The audit shall be completed by 042415. Documentation of the audit shall be maintained by the home.

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