



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2015

Ms. Tracy C. 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 Human Services' annual licensing inspection on September 3, 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.

Sincerely,


Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

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

PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY		License Number: 20535
Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610		County: Berks
Administrator: Tracy Aungst		Region: NORTHEAST
Legal Entity Name: THE HIGHLANDS AT WYOMISSING INC		
Legal Entity Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610		
Certificate(s) of Occupancy		
C-2 LP 03/02/2004 L&I	C-2 LP 07/27/1998 L&I	I-1 12/06/2004 Borough of Wyomissing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/03/2015: Harvey, Jason; Dumas, Gerald		
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: 75	Number of Residents who:	
Number of Residents Served: 45	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 45	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 3		

Violation Report: 20535 - 09/03/2015 - Harvey, Jason
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 8/14/2015 at 8:12 p.m., an agency home health nurse used resident #1's glucometer to test resident #2's blood glucose reading. The glucometer reading for resident #2's indicated a blood glucose reading of 293 at 8:12 P.M. Resident #1 indicated a blood glucose reading of 174 at 9:12 p.m. To prevent the possible transmission of Communicable Diseases residents may not share glucometers.

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 Highlands at Wyomissing is acutely aware of the need to prevent possible cross contamination and communicable disease transmission. The Highlands has a detailed policy in place, as attached, to prevent these types of incidents. As a result of this incident, The Highlands has adopted a new policy that all agency staff will not only be trained on Fire Protocols prior to providing care on our campus, they will also be trained on our Diabetic Supply Policy. This training will occur with all agency staff members since sharing of a glucometer continues in many other healthcare arenas. A sample of this documented training requirement is attached.

Adm / Designee will do periodic reviews of diabetic care to include random audits of glucometers to ensure ongoing compliance. 11-23-15

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TRACEY C. ANNIST	Date 11/2/15
--	--------------

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

The above plan of correction is approved as of <u>11-23-15</u> (Date)	Plan of correction implementation status as of <u>11-23-15</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

Violation Report: 20535 - 09/03/2015 - Harvey, Jason
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the Ford Flex vehicle did not contain eye coverings and a thermometer.

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 items missing from the kit were immediately purchased to bring the kit into compliance, receipt attached.

All resident transport vehicles will be maintained by the Drivers and audited by the Transportation Manager on a weekly basis using the audit sheet, as attached.

The Transportation Manager has trained the Drivers to this requirement.

The Adm / Designee will perform periodic audits of the vehicle(s) First Aid Kits to ensure ongoing compliance.


Q. 11-23-15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>TRACEY C. AUNGST</i>	Date <i>11/2/15</i>
---	---------------------

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

The above plan of correction is approved as of <u>11-23-15</u> (Date)	Plan of correction implementation status as of <u>11-23-15</u> (Date)
The above plan of correction was approved by  (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: 20535 - 09/03/2015 - Harvey, Jason
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 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 initial medication training 6/19/2014, the annual training was not completed within one year of the initial training and did not include a 2nd medication administration observation.

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.

Per the Department's recommendation, the Per Diem staff person, known as Staff Person A, attended a medication recertification class on 9/19/2015 in order to reestablish compliance.

Medication certification documents including medication observation and the medication administration review will have a quality assurance check at least quarterly by the Director of Nursing to assure that all certified staff are meeting the annual practicum criteria, regardless of which of the certified Med Trainers are conducting the staff trainings.

The previous compliance monitoring system has been enhanced to include the original training certification date and due by date rather than just the due by month to avoid surpassing the exact annual practicum compliance date regardless of a staff members work schedule or per diem status. In the event that a per diem staff member is not scheduled to work when the date is approaching, the Director of Nursing will schedule an appointment with the staff member to maintain compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Tracey C. Aungst*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **TRACEY C. AUNGST** Date **11/2/15**

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

The above plan of correction is approved as of 11-23-15 (Date)	Plan of correction Implementation status as of 11-23-15 (Date)
The above plan of correction was approved by <i>[Signature]</i> (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