



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**MAILING DATE: February 4, 2016**

Ms. Heather Hetrick, Administrator  
The Highlands at Wyomissing Inc.  
2000 Cambridge Avenue  
Wyomissing, Pennsylvania 19610

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

Dear Ms. Hetrick:

As a result of the Department of Human Services' licensing inspection on October 27, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 20535 - 10/27/2015 - Novak, Ryan  
 PCH Name: THE HIGHLANDS AT WYOMISSING

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

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer was used to test Resident #2's blood glucose on 10/15/15 at 4:52pm.

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.*

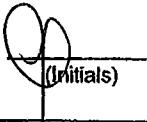
Correction Completion Date	Plan of Correction
10/19/15	Staff Person A was counseled due to her failure to follow policy and potentially causing an "unsafe cross contamination of potential bloodbourne pathogens."
10/30/15	Resident A's physician certified that [redacted] had "no known common blood transmissible diseases". (See Attached Documentation "A").
10/27/15	The Highlands at Wyomissing reviewed and updated our Diabetic Supply Management policy with a focus on reducing the chance of cross contamination between residents and their personal blood glucose testing supplies. (See Attached Documentation "B").
10/27/15-11/4/15	All managers and direct care staff were trained on updates to the Diabetic Supply Management policy (See Attached Documentation "C").
10/30/15	All resident glucometers and testing supplies were moved to each resident's individual room.
11/4/15- On-Going (Twice weekly)	The Director of Nursing or designee conducts audits to compare glucometer history to MAR results. This verifies that no inadvertent sharing has occurred (See Attached Documentation "D").

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Hetrick, PC Administrator* Date *2/3/16*

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

The above plan of correction is approved as of <u>2-4-16</u> (Date)	Plan of correction implementation status as of <u>2-4-16</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 - 10/27/2015 - Novak, Ryan  
 PCH Name: THE HIGHLANDS AT WYOMISSING

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 refused the 12:00 pm blood glucose reading on 10/26/15, the prescriber was not notified of the refusal.  
 Resident #2 refused the 12:00 pm blood glucose reading on 10/22/15, the prescriber was not notified of the refusal.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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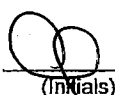
Correction Completion Date	Plan of Correction
10/27/15	The Highlands at Wyomissing reviewed our procedure for notifying physicians of residents' refusal to take medications as prescribed, as well as our procedure for documenting the physician notification.
11/12/15-12/9/15	All managers and direct care staff were trained on updates to the medication refusal procedures (See Attached Documentation "D").
11/12/15- On-Going (Daily)	All managers and/or supervisors review medication refusals through our 24-hour report and ensure medication refusals were notified to the resident's physician and it was documented accordingly.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Hetrick, PC Administrator*      Date *2/3/16*

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