



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: September 20, 2016

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 August 11, 2016 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**

<b>PCH Name:</b> COUNTRY MEADOWS OF WYOMISSING II		<b>License Number:</b> 205040
<b>Address:</b> 1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610		<b>County:</b> Berks
<b>Administrator:</b> Bill DeAndrea		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> COUNTRY MEADOWS ASSOCIATES		
<b>Legal Entity Address:</b> 830 CHERRY DRIVE, HERSHEY, PA 17033		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	I-1	
03/06/1998	12/08/2010	
L&I	Borough wyomissing	
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 165	<b>Waking Staff:</b> 124
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/11/2016: Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 166	<b>Number of Residents who:</b>	
<b>Number of Residents Served:</b> 105	<b>Receive Supplemental Security Income:</b> 0	
<b>Secured Dementia Care Unit in Home:</b> Yes	<b>Are 60 Years of Age or Older:</b> 105	
<b>Area:</b> n/a	<b>Have Mental Illness:</b> 0	
<b>Secured Dementia Unit Capacity, if Applicable:</b> 60	<b>Have an Intellectual Disability:</b> 0	
<b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 36	<b>Have a Mobility Need:</b> 60	
<b>Number of Current Hospice Residents:</b> 8	<b>Have a Physical Disability:</b> 0	
<b>Number of Hospice Residents in past year:</b> 9		

Violation Report: 20504 - 08/11/2016 - Novak, Ryan  
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

**1. REGULATION 55 Pa.Code §2600**  
 2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1 has an order for 6 units of humalog before dinner. On 6/15/16 the resident received 6 units of levemir instead of humalog.  
 On 7/12/16 the prescriber sent an order to recheck Resident #1's blood glucose one hour after the new orders were received. The home did not complete the above noted blood glucose reading.

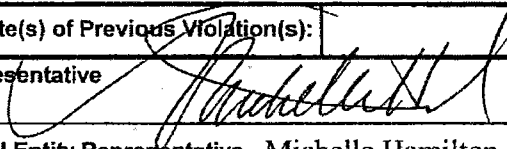
**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

1) An incident reporting form was submitted on 6/16/16 detailing that Resident #1 received 6 units of Levemir instead of Humalog. Follow-up instructions provided by Resident #1's Endocrinologist were carried through per orders. Staff member received retraining on 5 Rights of Medication Administration (see attached).

2) On 7/12/16 Resident #1's blood glucose recheck was not completed per physician's order. The co-worker involved was counseled and retrained on the 5 Rights of Medication Administration (8/11/2016). The Administrator and Director of Wellness (DOW) retrained co-workers involved on 5 Rights of Medication Administration. All other nurses and medication associates were given re-training in the 5 Rights of Medication Administration and following the direction of the prescriber (8/24/2016). The Administrator and DOW will monitor for ongoing compliance.

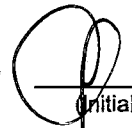
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Michelle Hamilton Chief of Senior Living Operations	Date September 13, 2016
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-17-16</u> (Date)	Plan of correction implementation status as of <u>9-17-16</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