



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 19 2016

Ms. Heather Hetrick, Personal Care 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' annual licensing inspection on September 1, 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,

A handwritten signature in black ink that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

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: Heather Hetrick		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	I-1 12/06/2004 Borough Wyomissing	C-2 LP 07/27/1998 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/01/2016: Novak, Ryan; Rushin, Julienne		
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: 55	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 55	
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: 5	
Number of Current Hospice Residents: 1	Have a Physical Disability: 4	
Number of Hospice Residents in past year: 8		

Violation Report: 20535 - 09/01/2016 - Novak, Ryan
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa. Code §2600.2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A hired [redacted] 08 did not receive training in resident rights, The Older Adult Protective Services Act and fire safety from a fire safety expert or someone trained by a fire safety expert for training year 2015.

Direct care staff persons B hired [redacted] 12 and C hired [redacted] 13 did not receive training in fire safety from a fire safety expert or someone trained by a fire safety expert for training year 2015.

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.

Target Date by Which correction will be implemented	Plan of Correction 65(g)
10/13/16	Staff member [redacted] completed training on Resident Rights & OAPSA, Abuse, & Neglect.
11/30/16	Fire Safety Training will be completed by the community's local fire marshal or someone trained by our local fire marshal for all staff in conjunction with our online training video that is currently used.
11/30/16	An audit will be completed to ensure all staff members have received training in conjunction with regulation 65g(1-6) for Training Year 2016.
12/31/16	All incomplete training will be completed by staff persons, as required.
Annually	Audit will be completed prior to training year end to ensure all staff have completed all required training, allowing for opportunity to comply with regulation if initially found to be incomplete. <i>Training missore must be made up. Op. 11-2-16</i>

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 *10/15/16*

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

The above plan of correction is approved as of 11-2-16 (Date)

Plan of correction implementation status as of 11-2-16 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 20535 - 09/01/2016 - Novak, Ryan
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The homes most recent fire safety inspection and supervised fire drill was conducted on 11/10/15, the previous one was conducted on 10/15/14.

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.

Target Date by Which correction will be implemented	Plan of Correction 132(b)
10/19/16	The community agrees with the intention of the regulations and we want to comply. We have a meeting scheduled to meet with our local fire marshal as our fire safety expert in order to comply with regulation 132(b).
11/10/16	The community's annual fire safety inspection and fire drill will be conducted by our fire marshal. This will be within the annual time frame from our 11/10/15 inspection and drill.
Annually	The Administrator created a tickler regarding annual compliance of regulations to ensure regulation compliance is met timely moving forward.

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 *10/15/16*

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The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 11-2-16 (Date)

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

Violation Report: 20535 - 09/01/2016 - Novak, Ryan
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The fire drills conducted from 8/15-6/16 and 8/23/16 note the following exit routes used: 1st & 2nd floor main entrances, exit at 804 and stairwell at 822. The home is not alternating exit routes during fire drills.

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.

Target Date by Which correction will be implemented	Plan of Correction 132(f)
10/19/16	The community agrees with the intention of the regulations and we want to comply. We have a meeting scheduled to meet with our local fire marshal as our fire safety expert in order to comply with regulation 132(f).
9/14/16	Administrator conducted a fire drill using alternate exit routes to fire safe areas.
11/10/16	The community's annual fire safety inspection and fire drill will be conducted by our fire marshal. This will be within the annual time frame from our 11/10/15 inspection and drill.
12/31/16	All staff will be trained in use of alternate exits & fire safe routes to access fire safe areas and/or outside designated meeting areas based on determination made by our fire marshal.

The Adm will review the home's fire drill logs on a monthly basis in order to ensure ongoing compliance. CP. 11-2-16

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 *10/15/16*

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Plan of correction implementation status as of 11-2-16 (Date)

The above plan of correction was approved by  (Initials)

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Violation Report: 20535 - 09/01/2016 - Novak, Ryan
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's administrator reported to licensing representatives that the residents will exit to the doors at the first floor main entrance, the second floor main entrance and the exit at room # 804. The residents will not evacuate to the outside of the building unless it was a true fire event. The letter from the fire safety expert does not clearly identify the area's in the home that are internal fire safe areas based on the physical construction of the home.

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.

Target Date by Which correction will be implemented	Plan of Correction 132(h)
10/19/16	The community agrees with the intention of the regulations and we want to comply. We have a meeting scheduled to meet with our local fire marshal as our fire safety expert in order to comply with regulation 132(h).
10/31/16	Staff will evacuate residents outside in order to comply with the regulation, until our meeting with the fire marshal to determine his expectations regarding fire safe areas and exiting to designated meeting areas.
11/10/16	The community's annual fire safety inspection will be conducted by our fire marshal to determine evacuation procedures and fire safe area recommendations.
12/31/16	All staff will be trained in evacuation to designated meeting places outside of the building and fire safe areas according to the fire marshal's inspection recommendations. The adm will review the home's fire drill logs monthly in order to ensure ongoing compliance. <i>Q</i> 11-2-16

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Hetrick, PC Administrator* Date *10/15/16*

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The above plan of correction is approved as of 11-4-16 (Date)

Plan of correction implementation status as of 11-4-16 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

Violation Report: 20535 - 09/01/2016 - Novak, Ryan
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1's Acetaminophen 500mg was located in the medication cart but is not a current order.

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.

Target Date by Which correction will be implemented	Plan of Correction 183(d)
9/1/16	The discontinued medication was returned to pharmacy.
10/31/16	Policy on medication cart audit will be updated to reflect expectation that individual completing the audit will remove each individual's medication from cart. Audit will take place from EMAR to Cart rather than cart to EMAR. This process will allow complete view of resident medication drawer area and any remaining medication not on EMAR will be removed and evaluated for disposal, reorder, and discontinuation.
10/31/16	Staff will be trained on updated medication cart audit policy.
Monthly	Medication Train-the-Trainers & Practicum Observers will review medication cart audit process during each staff person's MAR review
Quarterly	DON or designee will perform quarterly audit to establish that policy is followed properly and medication with no current order are not present in drawer
11/30/16	Arrangements will be made with outside pharmacy to perform quarterly medication cart audits.

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 *10/15/16*

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The above plan of correction is approved as of 11-2-16
 (Date)

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 (Date)

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