



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 17 2017

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' annual licensing inspection on February 1, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF WYOMISSING II		License Number: 20504
Address: 1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610		County: Berks
Administrator: William D'Andrea		Region: NORTHEAST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy		
C-2 LP 03/04/1997 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 161	Waking Staff: 121
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
02/01/2017: Harvey, Jason; Yellenic, Cindy		
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: 166	Number of Residents who:	
Number of Residents Served: 117	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 117	
Area: First Floor Connections	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 60	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 44	Have a Mobility Need: 44	
Number of Current Hospice Residents: 5	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 16		

Violation Report: 20504 - 02/01/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's current medical evaluation dated 10/25/16 was completed more than 12 months after the previous medical evaluation completed on 10/1/15.

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.

On 2/6/2017, all staff persons involved with the medical evaluation process were educated on the required time frame and content of the medical evaluation. Utilization of a tracking spreadsheet is in place and will be monitored per the time frames specified in 141(b)(1) to ensure compliance. The campus Director of Wellness (DOW) and the Administrator will monitor for ongoing compliance.

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

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 February 16, 2017

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

The above plan of correction is approved as of <u>3/28/16</u> (Date)	Plan of correction implementation status as of <u>3/28/16</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: 20504 - 02/01/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order to have a blood glucose (BG) test administered 4 x daily. The resident is capable of testing his/her BG outside of the facility. On the following days and times, the resident's Medication Administration Record had the following BG discrepancies: on 1/23/17 at 9:43am the resident's BG #307 was recorded in the MAR as 115; on 1/24/17 at 2:03pm the resident's BG#342 was recorded in the MAR as 384; on 1-25-17 at 10:17am the resident's BG#206 was recorded in the MAR as 78; on 1/28/16 at 7:53pm the resident's BG#393 was recorded in the MAR as 407; and, on 1/30/17 at 11:56am the resident's BG#496 was recorded in the MAR as 500+.

The Medication Administration Record for resident #6 was not correctly documented indicating that the resident received 10 units of Humalog insulin on 1/31/2017 at 12:15pm. Resident's #6's blood glucose number was 197 and received 4units of insulin on 1/31/2017 at 12:15pm.

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.

Resident #1 had an order to do own blood sugar monitoring and was responsible for reporting results to the nurse for appropriate insulin coverage. Resident #1 was non-compliant in using only one glucometer and insisted on using two or more glucose monitoring devices. The nursing department was providing insulin coverage based on blood sugar levels reported to the nurse and logged in the glucometer. The glucometer readings may not match due to Resident #1 using multiple devices. On 2/7/17, Resident #1 was re-educated on the importance of using one glucometer to track blood her glucose level to ensure consistency and safety (see next)

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



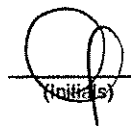
Printed Name and Title of Legal Entity Representative Michelle Hamilton (Required on EVERY Page) Chief of Senior Living Operations	Date February 16, 2017
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 (Date)

Plan of correction Implementation status as of 3/28/17
 (Date)

The above plan of correction was approved by



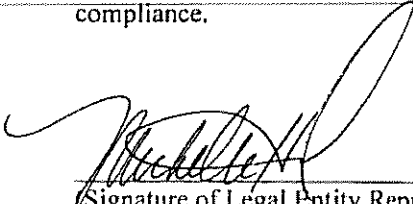
(Initials)

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

P 3A 8 6

(2600.187(a) – (Continued)
when staff is monitoring [redacted] blood glucose levels. Resident #1 continued to be non-compliant and was given a 30-day notice. Resident #1 is schedule to move out at the end of [redacted] 2017.

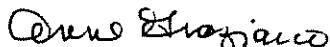
On 2/7/17, the staff members involved were counseled on proper documentation and completion of physician's orders, and retrained on the proper use of glucometers. The campus Director of Wellness (DOW) and Assistant Director of Wellness (ADOW) will monitor for ongoing compliance.



(Signature of Legal Entity Representative)

Michelle Hamilton
Chief of Senior Living Operations

Date: February 16, 2017


03/28/17

Violation Report: 20504 - 02/01/2017 - Harvey, Jason
 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 a physician's order to have a blood glucose (BG) test administered 4 x daily with insulin coverage based on a sliding scale. On 1/24/17 at 4:30pm, the resident's BG#342 required the resident receive 12 units of insulin. The resident received 15 units of insulin. On 1/28/17 at 8:30pm, the resident's BG#393 required the resident receive 15 units of insulin. The resident received 6 units of insulin.

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 physician's orders were followed as outlined by the blood glucose levels that Resident #1 reported to the staff. Country Meadows will verify the resident's self-reported glucose levels to ensure accurate dosage of insulin in administered.


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

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 31, 2017

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The above plan of correction is approved as of 4-3-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4-3-17
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 20504 - 02/01/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's (date of admission [redacted] 16) Resident Assessment and Support Plan (RASP), dated [redacted] 16, was not signed by the resident and the box on the RASP was checked the resident's "signature provided below".

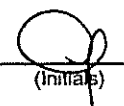
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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 individual responsible was retrained by the DOW on the requirements per regulation 2600.227(g) on 2/6/2017. The Administrator will monitor for ongoing compliance.

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Printed Name and Title of Legal Entity Representative Michelle Hamilton (Required on EVERY Page) Chief of Senior Living Operations			Date February 16, 2017

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Violation Report: 20504 - 02/01/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident #3 (date of admission [redacted] 15) and Resident #4 (date of admission [redacted] 15) had correction fluid over the date on a sheet in their respective contracts titled, "Conversion of Trial/Respite to Permanent Sale".
 Resident #5 (date of admission [redacted] 16) had correction fluid over the date in the contract on pg.27.

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.

On 2/9/17, the individual responsible was retrained by the Administrator per the requirements of 2600.251(b) and how to properly identify an error if the wrong date was documented. The Administrator will monitor for ongoing compliance.

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 February 16, 2017

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