



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 I
1800 Tulpehocken Road
Wyomissing, Pennsylvania 19610
License #: 205010

Dear Ms. Hamilton:

As a result of the Department of Human Services' annual licensing inspection on February 2, 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: 20501 - 02/02/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING I

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 The walk-in cooler and freezer in the kitchen had the following wrapped food items that were not dated when they were opened: a package of silvered almonds, a package of frozen shrimp, and a frozen pie shell.

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.


All staff persons involved were retrained on 2/8/2017 on the required processes of dating food to ensure proper use based on food expiration. The food storage areas have each been assigned to specific staff persons for monitoring to ensure compliance. The Dining Director and 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>3/28/17</u> (Date)	Plan of correction implementation status as of <u>3/28/17</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: 20501 - 02/02/2017 - Harvey, Jason PCH Name: COUNTRY MEADOWS OF WYOMISSING I	
1. REGULATION 55 Pa.Code §2600 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	
2a. DESCRIPTION OF VIOLATION Resident #1 had a 2oz. tube of Ben Gay in his/her bathroom. The Resident does not have physician's order for the medication or to self-administer the medication.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> Upon speaking with resident #1, the resident claimed to not use the Ben Gay and asked that it be disposed of. The Ben Gay was disposed of per Country Meadows guidelines on the day of inspection. Self-medicating processes were reviewed with the resident on 2/2/2017. The campus Director of Wellness and Assistant Director of Wellness 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 (Required on EVERY Page)	Date
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Violation Report: 20501 - 02/02/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF WYOMISSING I

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The medication cart had a loose pill in the bottom of the second drawer. Staff person A was able to determine the pill was a Glimpiride 2mg. belonging to Resident #2.

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.

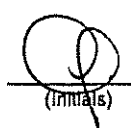
On the day of inspection, the loose pill was disposed of as per Country Meadows guidelines for disposal. On 2/6/17, The Medication Associates and Nurses were retrained on cart organization and how to conduct checks of the medication cart to ensure proper storage and organization of all medications. The campus Director of Wellness and Assistant Director of Wellness 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

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