



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: mamoroso@countrymeadows.com
Mailing Date: December 8, 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' licensing inspection on August 23, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20501 - 08/23/2017 - Hummel, Jesse
 PCH Name: COUNTRY MEADOWS OF WYOMISSING I

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


Direct care staff person A did not receive training in Fire Safety completed by a fire safety expert during the facility's most recent training year which started on 4/1/16 and ended on 3/31/17.

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.

Staff person A completed Fire Safety training on 9/3/2017. The Executive Director and/ or Training Coordinator will monitor compliance with co-worker training schedules to ensure completion within required timeframes. The Administrator will monitor to ensure ongoing compliance.

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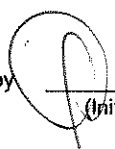
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Hamilton Chief of Senior Living Operations	Date November 13, 2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-6-17
(Date)

Plan of correction implementation status as of 12-6-17
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 20501 - 08/23/2017 - Hummel, Jesse
 PCH Name: COUNTRY MEADOWS OF WYOMISSING I

1. REGULATION 55 Pa.Code §2600
 2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
 The bathroom located in resident room 15 does not have an operable, outside window and does not have an exhaust fan for ventilation.

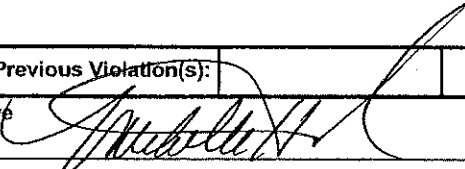
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the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

After the bathroom fan in room #15 malfunctioned on 6/25/17, the area was immediately inspected to ensure safety per fire code requirements and the inoperable fan was removed on 6/25/17. All bathroom fans were inspected and cleaned in the building and new replacement bathroom fans were ordered. The replacement fans arrived at the facility on 8/23/2017 and a fan was installed in room #15 on 8/23/2017. The fans in Building 1 were all replaced by 9/7/2017. The Administrator will monitor to ensure 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

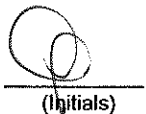
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