



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: wdandrea@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 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 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: 20504 - 08/23/2017 - Hummel, Jesse  
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

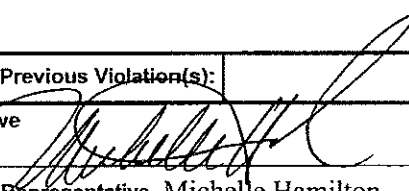
2a. DESCRIPTION OF VIOLATION  
 On 6/14/17 the facility determined that staff person A took a picture of resident #1. The resident was sleeping and not fully dressed. Staff person A saved the picture on the staff person's mobile device and showed the picture to other staff members. Staff person A violated resident #1's right to privacy.

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.

Immediate action was taken to ensure the residents safety. Staff person A was terminated from employment on 6/20/2017 (prior to their next scheduled shift) for violating the resident's rights. Education and training will continue to be provided to all co-workers on the subject of resident rights. Training and education will be monitored by the Executive Director and/or Training Coordinator. The Administrator will ensure ongoing compliance.

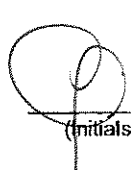
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)



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 <u>12-6-17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>12-6-17</u> (Date)  <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
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