



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 20 2017

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' (Department) annual licensing inspection on September 13, 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 that reads "Jacqueline L. 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: Healther 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 PA Dept of L&I	I-1 12/06/2004 Borough of Wyomissing	C-2 LP 07/27/1998 PA Dept of L&I
Staffing Hours		
Resident Support: 4	Total Daily Staff: 62	Waking Staff: 47
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/13/2017: Yellenic, Cindy; Foulkes, Kimberli		
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 Served: 54 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 6	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 4	

Violation Report: 20535 - 09/13/2017 - Yellenic, Cindy
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The facility's 2nd floor kitchen contains a gas stove and oven. There was no carbon monoxide detector located in the kitchen as required by the care facility Carbon Monoxide Alarms Standards Act.

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 18
9-13-17	Maintenance technician installed carbon monoxide detector in kitchen according to the Carbon Monoxide Alarms Standards Act clarifications and regulation, with batteries installed and dated 9-13-17. Inspectors verified compliance before leaving community on 9-13-17.
Semi-annually	Maintenance technician will change batteries in carbon monoxide detector according to preventative maintenance schedule and The Highlands policy regarding the Carbon Monoxide Alarms Standards act.
Weekly	Administrator, or designee, will monitor for compliance during community rounds.

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, PE Administrator

Date 10/31/17

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The above plan of correction is approved as of

11-30-17
(Date)

Plan of correction implementation status as of

11-30-17
(Date)

The above plan of correction was approved by

M
(Initials)

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

Violation Report: 20535 - 09/13/2017 - Yellenic, Cindy
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1, date of admission [redacted] 17, was not signed by the resident.

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 25(b)
4/19/17	Administrator attempted to have resident sign contract on date of admission. However, Resident was anxious and fatigued at time of admission and requested that daughter sign.
9-13-17	On date of inspection, signature page on contract was updated with note stating the same and signed by administrator and witness.
9-30-17	All contracts were audited to ensure that they were signed by resident or reason for refusal was documented.
Ongoing	Administrator, or designee, will audit all new contracts for signature compliance.

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 *10/31/17*

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 (Date)

The above plan of correction was approved by *M*
 (Initials)

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 Partially Implemented - Adequate Progress
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Violation Report: 20535 - 09/13/2017 - Yellenic, Cindy
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The exit door by the 2nd floor kitchen and the exit door by room 836 are difficult to open with force and do not permit easy egress in the event of an evacuation.

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 121(a)
9-13-17	Maintenance technician inspected both doors and completed necessary repairs, ensuring ease of egress. Inspectors verified compliance before leaving community on 9-13-17.
Weekly	Maintenance Manager, or designee, will check all exterior doorways and egress routes for ease of egress and compliance with the regulation. Any issues found will be repaired.
Weekly	Administrator, or designee, will monitor for compliance during community rounds.

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 *10/31/17*

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Violation Report: 20535 - 09/13/2017 - Yellenic, Cindy
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person A's initial medication administration training was completed on 5/23/16. Staff person A's annual practicum was not completed in its entirety as only 3 of 4 medication administration reviews were completed and the annual practicum was not dated, or signed by the medication administration trainer.

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 182(b)
9-13-17	Licensing representatives verified that Staff person A's training was completed in its entirety, as 2 medication administration reviews are required annually and 3 were completed and signed off on. However, because the form was an older form, it had 4 lines for completion. This resulted in the observer not signing the form at the bottom of the page.
9-14-17	Original form was complete in its entirety, signed by certified medication trainer and dated to ensure compliance.
9-14-17 and on-going	Updated forms are now being utilized moving forward
Quarterly	Director of Nursing or Administrator will audit observation records for compliance

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 *10/31/17*

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Violation Report: 20535 - 09/13/2017 - Yellenic, Cindy
 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
 The following expired medications were in the home's first aid kit: 2- sterile saline wipes, exp.11/14; 2- sterile saline wipes, exp.6/16; 2- lubricating jelly packets, exp.7/16; and, 10 - Bacitracin Zinc ointment packets, exp.8/17.

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.

Target Date by Which correction will be implemented	Plan of Correction 183(d)
9-13-17	All expired items were removed from the first aid kit and disposed of.
9-13-17	Director of Nursing created and implemented new audit form, which includes to look for an expiration date. Email was sent to staff to communicate the additional expectation to their process.
11-30-17	Compliance with this regulation and staff's understanding as such will be reviewed formally at next quarterly staff meeting. Any staff who do not attend meeting, will be trained separately.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/01/2016

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 *10/31/17*

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