



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 27 2018

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' (Department) annual licensing inspection on January 30, 2018 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](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 "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 20504 - 01/30/2018 - Novak, Ryan  
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has an order for blood glucose readings 4 times daily. On 1/26/18 at 8:30 pm a reading of 187 was noted on the MAR, however there was no reading in the glucometer.

**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 staff member involved was counseled on proper documentation and retrained on the medication process on 01/31/2018. The campus DOW and ADOW will monitor for ongoing compliance.

1-31-18  
 document provided.  
 [Signature]

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 20, 2018

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

The above plan of correction is approved as of 3/12/18  
 (Date)

Plan of correction implementation status as of 3-15-18  
 (Date)

The above plan of correction was approved by [Signature]  
 (Initials)

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

Violation Report: 20504 - 01/30/2018 - Novak, Ryan  
 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 #2 is prescribed insulin based on a sliding scale. On 1/28/18 at 4:30pm the blood glucose reading was 134. According to the sliding scale no coverage was needed however 4 units was administered.

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 staff member involved was counseled on proper documentation and completion of physician's orders and retraining on the proper use of glucometers was provided to staff on 1/31/2018. The campus DOW and ADOW will monitor for ongoing compliance.

*training docs provided 3-14-18*


Repeat Violation: Yes	Date(s) of Previous Violation(s): 02/01/2017
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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 February 20, 2018
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The above plan of correction is approved as of <u>3-12-18</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>3-15-18</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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