



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 03 2018

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' (Department) annual licensing inspection on February 13, 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.

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 - 02/13/2018 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF WYOMISSING I

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Centrum silver was not labeled with the residents name.

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.

Resident # 1's OTC Centrum Silver was labeled on 2/13/2018. All nurses will review the OTC medication procedures by 3/27/2018. The Campus Director of Wellness (DOW) and Assistant Director of Wellness (ADOW) will monitor for ongoing compliance.

The Administrator will oversee to insure ongoing compliance.

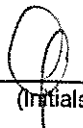
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Elaine Bussoletti*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elaine Bussoletti Vice President of Operations	Date March 26, 2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-3-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 4-3-18
 (Date)

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

Violation Report: 20501 - 02/13/2018 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF WYOMISSING I

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2's PRN Robafen DM was listed on the MAR but is not a current order.

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 02/13/2018 Resident #2's PRN Robafen DM was removed from the current MAR. All nurses will review the PRN medication procedures by 3/27/18.

The Campus Director of Wellness (DOW) and Assistant Director of Wellness (ADOW) will monitor for ongoing compliance.

The Administrator will oversee 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) *Elaine Bussoletti*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Elaine Bussoletti Vice President of Operations

Date March 26, 2018

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

The above plan of correction is approved as of 3-4-3-18
 (Date)

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

Plan of correction implementation status as of 4-3-18
 (Date)

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