



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]  
**MAILING DATE: August 17, 2018**

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's Bureau of Human Services Licensing inspection on May 23, 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.

Sincerely,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing 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: Heather Hetrick		Region: NORTHEAST
Legal Entity Name: THE HIGHLANDS AT WYOMISSING INC		
Legal Entity Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	I-1	
03/02/2004	12/06/2004	
Borough Wyomissing	Borough Wyomissing	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/23/2018: Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 75 Number of Residents Served: 55 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: 1 Number of Hospice Residents in past year: 4		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

Violation Report: 20535 - 05/23/2018 - Novak, Ryan

PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

**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 was found with 5 Exelon patches on the residents body in the Emergency room on 4/25/18. Resident #1 has a history of removing the patches prior to the staff applying the new patch. The home does not have procedures for the safe use of topical patches.

**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 185(a)
5/25/18	The Personal Care Home worked with the pharmacy and campus Skilled Nursing to create new guidelines regarding transdermal medication application and removal. <u>YES</u>
6/5/18 & 6/8/18	Administrator trained staff at staff meetings on new transdermal medication policy and increased expectations regarding safety of residents, increased awareness and severity of issues
5/25/18	Director of Nursing completed audit of all other residents on a transdermal patch. She assessed whether or not residents are safely keeping patches in place, as well as if residents continues to receive benefit from use of patch.
When needed	Staff will notify the physician if residents are found to not be appropriate to continue using transdermal medications.
Monthly	Director of Nursing will complete random audits on staff documentation and follow up with physician regarding transdermal medication guidelines, including MAR observations and progress note documentation.

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 Personal Care Administrator      Date 8/5/18

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

The above plan of correction is approved as of 8-13-18  
(Date)

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

Plan of correction implementation status as of 8-13-18  
(Date)

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

Violation Report: 20535 - 05/23/2018 - Novak, Ryan  
 PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has an order for Exelon patch 9.5mg, apply one patch daily, previous day patch is to be removed before application of new patch. On 4/25/18 Resident #1 was found with 5 Exelon patches on the residents body in the emergency room.

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 187(d)
4/26/18	Resident's care plan and medication record were updated to include completing full body check of resident to ensure location of previously applied patch. Goal was to find patch so it can be removed, per physician's order. In addition, staff began trying a series of interventions to ensure successful dosage of medication be received by resident over the next several days to weeks. This included but was not limited to staff applying tegaderm over the patch to maintain its position, attempting to position patch in areas of the body that resident could not reach.
4/30/18	Staff notified physician that resident continued to remove patch.
5/8/18	Received clarification order from physician to discontinue medication.
5/23/18	Director of Nursing met with staff regarding expectations for researching issues, problem solving, and reporting and communicating issues with Director of Nursing to ensure compliance with physician orders.
Monthly	Director of Nursing will verify transdermal medication application compliance, along with assessing residents for successful use of transdermal medications.


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      Date  
 (Required on EVERY Page) *Heather Hetrick, Personal Care Administrator*      *8/5/18*

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