pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 0 7 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 annual inspection on September 11, 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,

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: Heather Hetric	**Region:** NORTHEAST

Legal Entity Name: THE HIGHLANDS AT WYOMISSING INC

Legal Entity Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610

Certificate(s) of Occupancy

I-1
12/06/2004
Borough Wyomissing

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 59 **Waking Staff:** 44

Type of Inspection: Full **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

09/11/2018: Novak, Ryan; DeVries, Kristin

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: 51

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: 2

Number of Hospice Residents in past year: 5

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 51

Have Mental Illness: 0

Have an Intellectual Disabliity: 0

Have a Mobility Need: 8

Have a Physical Disability: 0

Violation Report: 20535 - 09/11/2018 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
2 residents refused to evacuate during the fire drill conducted on 5/25/18 at 4:51 pm.

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 132(h)
5/30/18 & Monthly	Administrator repeated fire drill with success, as all residents were evacuated and accounted for in the required time frame (Attachment A).
6/1/18	Employee was counseled (during her next regularly scheduled shift) on the importance of safety of residents and proper procedures for accounting for residents during a fire alarm.
8/20/18	Fire Training for new employees was updated to include a more comprehensive list and review of expectations (Attachment B & C).
Monthly	Fire drills have been completed successfully and will continue to be reviewed monthly by Administrator.

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** 10/19/18

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

The above plan of correction is approved as of 10/24/18 (Date)

The above plan of correction was approved by AG (Initials)

Plan of correction implementation status as of 10-24-18 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 20535 - 09/11/2018 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1's most recent DME was completed on 1/10/18, the previous was completed on 11/10/16.

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 141(b)1
9/25/18	Director of Nursing (D.O.N.) audited all DME's to ensure compliance. No additional issues were found.
10/10/18	D.O.N. trained supervisory staff to ensure understanding of how to complete a DME fully and accurately and the intent of the regulations, including date requirements, including when a DME is needed. Supervisory staff was also trained on D.O.N.'s tickler and tracking system to ensure compliance (Attachment D).
10/10/18	D.O.N. added compliance review to quarterly supervisory team's quality and regulatory audit.
Monthly	As part of the community's Quality Management Plan, the community has a monthly Clinical Outcomes meeting. The agenda has been updated to reflect the expectation that the D.O.N. will review dates of all DME's that have been completed during the previous month, as well as upcoming DME's that are due for annual compliance.
Quarterly	The supervisory team will audit compliance during the quality and regulatory audit. *The Administrator will oversee to ensure ongoing compliance. 10-24-18

Repeat Violation: No	Date(s) of Previous Violation(s):			

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Violation Report: 20535 - 09/11/2018 - Novak, Ryan
PCH Name: THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2's Lantus and Humalog insulin pens did not include the staff persons initials who opened the pen.

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.

See attached

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Target Date by Which correction will be implemented	Plan of Correction 184(a)
9/12/18	Director of Nursing (D.O.N.) spoke to Pharmacy Manager, who was not aware of this Regulatory Clarification. Upon discussion, pharmacy agreed to package each insulin pen individually with all required elements.
9/12/18	D.O.N. sent email to staff to immediately educate them on the expectations as they relate to the clarified regulations (Attachment E).
9/15/18	D.O.N. added to community's bi-weekly medication cart audit and quarterly quality assurance audit to verify compliance with policy and procedures. Any discrepancies are to be brought to the attention of the D.O.N. immediately (Attachment F).
10/16/18	"Medication Assistance or Administration" Policy was updated to reflect addition of initialing and dating insulin pens (Attachments G).
10/16/18-10/17/18	Staff was educated during departmental meeting on updated procedures, according to policy and regulatory compliance (Attachment H).
10/31/18	The Administrator will work with The Department to ensure both Administrator and Director of Nursing are signed up for ListServ to receive all updated regulation clarifications.
When applicable	Administrator and Director of Nursing will review all regulatory clarifications together within 1 week of receiving them to ensure regulatory compliance.
	*The Administrator will oversee this Plan of Correction to ensue ongoing compliance. 10-24-18

AG

Heather Hetrick, 10/19/18

Heather Hetrick, Personal Care Administrator

Violation Report: 20535 - 09/11/2018 - 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 #3 has an order for blood glucose readings 3 times daily. On 9/7/18 at 5pm the MAR noted a reading of 127 but the glucometer noted a reading of 129.

The homes policy for counting narcotics is for the incoming and off going staff members to sign the narcotic count sheet each shift. On 9/2/18 & 9/9/18 2nd shift did not sign at all. On 9/5 & 9/8/18 the off going 2nd shift staff did not sign the sheet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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See attached

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Hetrick, Personal Care Administrator — **Date** 10/19/18

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The above plan of correction is approved as of 10-30-18 (Date)

The above plan of correction was approved by AG (Initials)

Plan of correction implementation status as of 10-30-18 (Date)

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

Target Date by Which correction will be implemented	Plan of Correction 185(a)
9/13/18	Glucometer Readings: Director of Nursing (D.O.N.) contacted agency regarding their employee who made the transcription error and verified that the correct number was in fact 129 so MAR could be corrected to reflect accurate blood sugar result. D.O.N. also requested corrective action be completed with their employee and agency also agreed to notify all of their nurses of expectation and policy.
2 times/week	Staff will continue to complete glucometer vs. MAR comparison review for consistency and give to D.O.N. for review (Attachment I).
At least weekly	Staff will perform random checks at end of shift to detect any transcription errors and ensure immediate correction.
9/11/18	Narcotics (Controlled Substances): Upon findings, Administrator and D.O.N. completed a full audit of all narcotic sheets.
9/15/18	Employees who failed to sign were coached for failure to follow policy and procedure. These employees confirmed the count was correct, even though they failed to sign the log during their shift change.
9/15/18	D.O.N. added to community's bi-weekly medication cart audit and quarterly quality assurance audit to verify compliance with policy and procures. Any discrepancies are to be brought to the attention of the D.O.N. immediately (Attachment F).
9/12/18-10/3/18	Staff were re-trained on the procedure for regulatory compliance, as well as the new audit expectations.
10/16/18	Administrator and Director of Nursing reviewed and updated the Controlled Substance Policy (Attachment J).
10/16/18-10/17/18	Staff was educated during departmental meeting on updated procedures, according to policy and regulatory compliance (Attachment H). *The Administrator will oversee this Plan of Correction to ensure ongoing compliance. 10-24-18

Heather Hetrick, 10/19/18

Heather Hetrick, Personal Care Administrator

AG