



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: March 14, 2019

Ms. Diana Ponterio  
Senior Vice-President of Operations  
Regulatory Compliance  
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. Ponterio:

As a result of the Department's Bureau of Human Services Licensing inspection on December 27, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Violation Report



**Violation Report:** 20504 - 12/27/2018 - Novak, Ryan  
**PCH Name:** COUNTRY MEADOWS OF WYOMISSING II

**1. REGULATION 55 Pa.Code §2600**  
 2600.16(d) - The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

**2a. DESCRIPTION OF VIOLATION**  
 On 11/19/18 the home submitted an initial incident report to the Department regarding Resident #1 being sent to the hospital. The home did not submit a final report to the Department when Resident #1 passed away at the hospital on [REDACTED] 18.

**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.*

In compliance with the regulation, on 11/19/2018, Country Meadows filed a report regarding Resident #1 being sent to the hospital. While in the hospital, Resident #1 was placed on in-hospital Hospice. Soon after, we were notified Resident #1 passed away. We mistakenly did not file a final report.

Executive Director / designee now clearly understand the regulation and will monitor and ensure all reporting is properly submitted.

<b>Repeat Violation:</b> No	<b>Date(s) of Previous Violation(s):</b>		
-----------------------------	--	--	--

**Signature of Legal Entity Representative**  
 (Required on EVERY Page) 

<b>Printed Name and Title of Legal Entity Representative</b> (Required on EVERY Page) Diana Ponterio, Sr. VP of Ops / Regulatory Compliance	<b>Date</b> February 13, 2019
--	-------------------------------

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

The above plan of correction is approved as of <u>3-1-19</u> (Date)  The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>3-1-19</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
--	---