



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: March 15, 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 January 22, 2019 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 "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report



**Violation Report:** 20504 - 01/22/2019 - Mendez, Vanessa

**PCH Name:** COUNTRY MEADOWS OF WYOMISSING II

**1. REGULATION 55 Pa.Code §2600**

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

On 07/14/2018, resident #1 was bit by resident #2 and received two sutures on right forearm. Resident #1 was physically injured.

**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.*

Immediate action was taken to ensure Resident #1 safety. Resident #2 was recently admitted to the secure memory support area. Resident #2 had no prior history of behaviors. Adequate supervision was in place at the time of the incident and there was no way to anticipate / predict Resident #2's unexpected behavior. The facility required Resident #2 to move to a private room with 24 hour private duty staff until he could be evaluated per physician's orders on 7/20/2018. The facility immediately notified Area Agency on Aging and filed a report with the Department of Human Services. Resident #2 did not return to the facility after the 7/20/2018 evaluation and was discharged from the facility on 7/24/2018.

Ongoing the facility will continue to take all necessary action to ensure resident safety.

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

(Required on EVERY Page) Diana Ponterio, Sr. VP of Ops / Regulatory Compliance

Date March 4, 2019

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

The above plan of correction is approved as of 3-4-19  
(Date)

Plan of correction implementation status as of 3-4-19  
(Date)

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

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