



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 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 annual inspection on January 24, 2019 of the above facility, the violations 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.

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
Violation Report

Violation Report: 20504 - 01/24/2019 - Deluca, Amy
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.


2a. DESCRIPTION OF VIOLATION
 The dryer located in the home's memory care unit laundry room had a layer of lint in the lint trap of the dryer.

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.

All co-workers using any dryers will check the lint traps and drum prior to use and clean the lint out after use. Personal Care Associate meetings are scheduled on 02/13/2019 for personal care co-workers and on 02/20/2019 for Personal Care Associates dedicated to working in the facility's memory care unit to formally review and reeducate co-workers regarding regulation 2600.105(g)(1). Sign in sheets from the co-worker meetings will be provided following the meetings.

Ongoing maintenance director / designee will ensure lint traps and drums are checked regularly.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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 February 13, 2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2-21-19
 (Date)

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

Plan of correction implementation status as of 2-21-19
 (Date)

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

Violation Report: 20504 - 01/24/2019 - Deluca, Amy
 PCH Name: COUNTRY MEADOWS OF WYOMISSING II

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 refused some medications on 1/12/19, 1/13/19, 1/16/19, and 1/18/19. The home did not have documentation that the resident's physician was notified or that the physician does not wish to be notified of the resident's refusals. Resident #2 has a physician's order for Biotene moisture mouth spray to be administered 3 times daily prior to meals. The resident refused this medication 1 to 3 times per day during the time period from 1/1/2018 through 1/24/2018. The home did not have documentation that the physician was notified that the resident was frequently refusing the medication.

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.

Physicians were made aware of the refusals for resident #1 and resident #2. A nursing co-worker meeting is scheduled to be conducted on 02/20/2019 to review proper reporting procedures per 2600.187(c). The co-worker sign-in sheet will be provided following this meeting on 02/20/2019.

Campus Director of Nursing and Assistant Director of Nursing will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 February 13, 2019
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The above plan of correction is approved as of <u>2-21-19</u> (Date)	Plan of correction implementation status as of <u>2-21-19</u> (Date)
The above plan of correction was approved by <u>MM</u> (Initials)	<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

Violation Report: 20504 - 01/24/2019 - Deluca, Amy
PCH Name: COUNTRY MEADOWS OF WYOMISSING II

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

2a. DESCRIPTION OF VIOLATION

Resident #3 has a physician's order for Tamsulosin .4mg to be administered twice daily but held if the resident's diastolic blood pressure is less than 60. On 1/21/2019 the resident's diastolic blood pressure reading was 58. According to the resident's Medication Administration Record (MAR), the medicine was not held at that time.

Resident #4 has orders for Digoxin and Metoprolol with specific instructions for when the medication should be held according to the resident's heart rate, pulse and systolic blood pressure. The order also indicates the physician is to be notified if the medication is held. The home did not have documentation that the physician was being notified about the numerous times the medication was held due to the administration parameters.

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.

The physician was made aware of the medications being held per parameters for resident #4. The co-worker who did not hold the medication for residents #3 on 1/21/2019 works as a PRN co-worker and will be counseled regarding this incident on 02/13/2019 when this co-worker is next scheduled to work. A nursing co-worker meeting is scheduled to be conducted on 02/20/2019 to review proper reporting procedures and following parameters as directed by the prescriber. The co-worker sign-in sheet will be provided following this meeting on 02/20/2019 along with documentation showing the meeting was conducted with the co-worker related to the incident from 01/21/2019.

Campus Director of Nursing and Assistant Director of Nursing will monitor for ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Diana Ponterio

Printed Name and Title of Legal Entity Representative

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

Date February 13, 2019

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