



Sent via email to: hetrickh@thehighlands.org
MAILING DATE: February 3, 2020

Ms. Heather Hetrick
Administrator of Personal Care
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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 29, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY*
Address: *2000 CAMBRIDGE AVENUE,, WYOMISSING, PA 19610*
County: *BERKS* Region: *NORTHEAST*

License Number: 20535

Administrator

Name: *Heather Hetrick* Phone: *6107752300* Email: *HETRICKH@THEHIGHLANDS.ORG*

Legal Entity

Name: *THE HIGHLANDS AT WYOMISSING INC*
Address: *2000 CAMBRIDGE AVENUE, WYOMISSING, PA, 19610*

Certificate(s) of Occupancy

Type: *1-1* Date: *10/10/2019* Issued By: *Borough of Wyomissing*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

10/29/2019 - On-Site: Amy Deluca, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *37*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *1*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's License inspection summary (LIS) report dated 6/7/2019 was not posted anywhere in the home. Also, the home has a binder with an LIS report dated 9/11/2018 that is stored on the side area of a reception desk with other binders. The home did not display or post the report in a public and conspicuous manner.

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 home shall post, in the cabinet containing the Certificate of Compliance, a sign indicating the location of the LIS binder. The LIS binder shall be updated with the most current LIS. The Administrator or designee shall update binder after each inspection.

Legal Entity Representative


Signature

JOHN R. LOPEZ II PLA 1/10/20
Printed Name and Title Date

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The above plan of correction is approved as of	1-29-2020 (Date)	Plan of correction implementation status as of	1-29-2020 (Date)
The above plan of correction was approved by	MM (Initials)	<input checked="" type="checkbox"/> Fully Implemented pic <input type="checkbox"/> Partially Implemented Adequate Progress <input type="checkbox"/> Partially Implemented Inadequate Progress <input type="checkbox"/> Not Implemented	

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the Carbon Monoxide detector located in the lounge area where the gas fireplace is located were not dated to indicate when the batteries were installed as required by the Care Facilities Carbon Monoxide monitoring act.

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.)

Director of Maintenance dated the batteries after the deficiency was brought to the home's attention.

Additionally, the Administrator of personal care shall review with the director of maintenance the need to date all batteries in use in personal care. An in service with members of the maintenance department was held on 1/7/20 by the Administrator of Personal Care.

Legal Entity Representative


Signature

JOHN R. LOPES II PCA
Printed Name and Title

1/10/20
Date

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Fully Implemented pic/doc

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Partially Implemented Adequate Progress

Partially Implemented Inadequate Progress

Not Implemented

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff persons B and C did not have documentation that the department approved direct care certification test was completed prior to the staff persons performing direct care. Staff person B was hired on 9/10/2019; staff person C was hired on 6/11/2019.

Plan of Correction (POC)

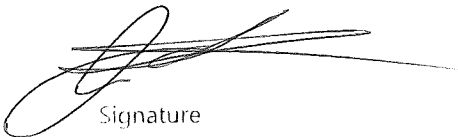
2600.65.d

An audit will be completed by the HR Department to ensure all direct care staff records are current and complete by April 1st 2020

Staff person Direct Care Train Certificates have been attached

Ongoing, prior to providing direct care staff will have a certificate that is maintained in their employee record. Human Resources or designee shall ensure the direct care certification is maintained in the employee files.

Legal Entity Representative


Signature

JOHN R. LOPEZ PLA
Printed Name and Title

1/10/20
Date

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- ~~Ratily implemented x Adequate Progress~~
- ~~Ratily implemented x Inadequate Progress~~
- Not Implemented

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person A did not have training in Instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan for training year 2018.

Plan of Correction (POC)

Training Topics 2600.65.f. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent it from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person A has been educated on meeting the needs of residents as described in the resident's preadmissions screening tool, assessment tool, medical evaluation and support plan. For training years 2018 and 2019.

Ongoing all direct care staff will be trained on the required training topic in 2600.65.f. annually by the Administrator, Director of Nursing or Designee.

Legal Entity Representative


Signature

JOHN R. LOPEZ II, PCA
Printed Name and Title

1/10/20
Date

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

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

In the foyer leading to the home's main exit on the lower level there were 2 uncovered electrical boxes with wiring exposed.

Plan of Correction (POC)

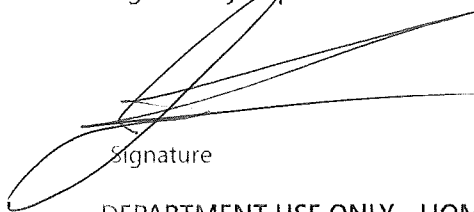
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Furniture and Equipment

2600.95

The 2 uncovered electrical boxes were covered immediately after they were observed by the inspector.

Legal Entity Representative



Signature

JOHN M. LOFES II

Printed Name and Title

1/20/20

Date

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- Partially Implemented Inadequate Progress
- Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 receives blood glucose monitoring checks and has an order for insulin to be administered on a sliding scale 3 times per day before meals. The sliding scale indicates staff is to call the physician for blood glucose readings 381 and above. On 10/22/19 at midday the blood glucose reading was 390 and on 10/28/19 at dinner time the blood glucose reading was 390. The medication administration record did not indicate if insulin was administered on those dates and if so, the amount of insulin units administered. The home did not have documentation that the doctor's orders were followed for these two blood glucose readings.

Plan of Correction (POC)

2600.187.d

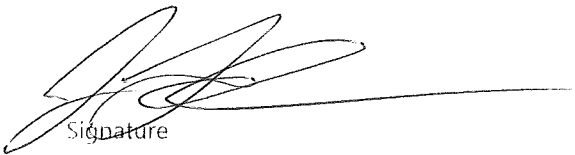
The staff had administered the max dose of insulin and contacted the Doctor to receive further instruction as per past practice with this physician and the resident reviewed. d steps to

The staff person(s) have been coached to properly record all information in the MAR at the time of administration.

The home requested and received updated orders clearly stating to administer the max dose and call the MD for further direction. See attached orders

Legal Entity Representative

SEE BELOW...


Signature

JOHN R. LOPES II PCA 1/10/20
Printed Name and Title Date

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SEE BELOW....

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2600. 187d - cont. Immediately and Ongoing:

The administrator or designee shall AUDIT all physician orders and ensure that the home is following the directions of the prescriber. The AUDIT shall monthly X's 5 months to ensure ongoing compliance with this regulation. 1-29-2020 - MM