



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: mamoroso@countrymeadows.com;
dponterio@countrymeadows.com

Mailing Date: March 10, 2020

Mr. William D'Andrea
Campus Executive Director
Country Meadows Associates
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Wyomissing I
1800 Tulpehocken Road
Wyomissing, Pennsylvania 19610
License #205010

Dear Mr. D'Andrea:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 8, 2020 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 that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: COUNTRY MEADOWS OF WYOMISSING I
Address: 1800 TULPEHOCKEN ROAD,, WYOMISSING, PA 19610
County: BERKS **Region:** NORTHEAST

License Number: 20501

Administrator

Name: Marie Amoroso **Phone:** 6103740300 **Email:** mamoroso@countrymeadows.com

Legal Entity

Name: COUNTRY MEADOWS ASSOCIATES
Address: 830 CHERRY DRIVE, HERSHEY, PA, 17033

Certificate(s) of Occupancy

Type: C-2 LP **Date:** **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 52 **Waking Staff:** 39

Inspection

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

Inspection Dates and Department Representative

01/08/2020 - On-Site: Ryan Yankow, Amy Deluca, Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 **Residents Served:** 52

Secured Dementia Care Unit

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

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 52
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

16c - Written Incident Report

Regulations

2600. 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 did not receive the prescribed medications on 1/1/2020 at 4:30 pm and 9:30 pm, the home did not submit an incident report to the Department regarding the medication error.

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 medication errors will be reported in a timely manner in compliance with the regulation. Nurses and managers will receive retraining on this regulation on or before 3/1/2020. Sign in sheets will be provided to the department once the retraining is completed.

The Executive Director and/ or designee will monitor compliance with submitting an incident report when required per regulation 2600.16c.

Legal Entity Representative

Diana Pontero
Signature

Diana Pontero Sr VP 2/19/20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3-2-2020 (Date) Plan of correction implementation status as of 3-2-2020 (Date)
 Implemented
 Not Implemented
The above plan of correction was approved by ag (Initials)

64c - Annual Training

Regulations

- 2600. 64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator A hired 4/7/08 completed 23.5 hours of the required 24 hours of annual training for training year April 2018 - March 2019.

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.)

Administrator A reviewed the annual training requirements for administrators and is now fully aware that she is required to have 24 hours annually as well as what the Department approved trainings include.

The Campus Administrator will monitor this annually to ensure that she has all the required training hours and topics ongoing.

Through June of 2020 the Administrator will make of the 0.5 hour of training for 2019 and mark the training as such. The remaining training will be allocated to the 2020 training year as usual. 3-2-2020

Legal Entity Representative


Signature

Diana Pontorio Sr-VP 2/19/20
Printed Name and Title Date

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 (Date) Implemented (Date)
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 (Initials)

182b - Prescription Medication

Regulations

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member B's most recent annual practicum was completed 6/2019. The 2018 annual practicum did not include any medication administration observations.

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.)

Practicum observer and staff member B will review the required time frame pertaining to medication administration observations on 02/18/2020. Practicum Observer will observe medication administration for staff member B within the required time frames going forward.

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

Legal Entity Representative

Signature

Diana Fonteno Sr VP 2/19/20

Printed Name and Title

Date

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(Date)

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(Date)

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(Initials)

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 did not receive the prescribed medications on 1/1/2020 at 4:30 pm and 9:30 pm.

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.)

- Medication Associates and Nurses will review the medication process pertaining to documentation, notification and completion of physician's orders on 2/19/2020. The Director of Nursing and Assistant Director of Nursing will monitor medication administration records for ongoing compliance.
- The coworker sign in sheet will be provided following this meeting on 02/19/2020.

Legal Entity Representative



Signature

Diana Pontero Sr VP 2/19/20

Printed Name and Title

Date

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188b - Medication Error Reporting

Regulations

2600. 188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 did not receive the prescribed medications on 1/1/2020 at 4:30 pm and 9:30 pm, the home did not notify the prescriber regarding the medication error.

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.)

Medication Associates and Nurses will review the medication process pertaining to documentation, notification and completion of physician's orders on 2/19/2020. The Director of Nursing and Assistant Director of Nursing will monitor to ensure proper reporting to prescriber for ongoing compliance.

The coworker sign in sheet will be provided following this meeting on 02/19/2020.

Legal Entity Representative



Signature

Diana Pontero Sr VP 2/19/20

Printed Name and Title

Date

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