



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: wdandrea@countrymeadows.com
Mailing Date: March 24, 2020

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

RE: Country Meadows of Wyomissing II
1802 Tulpehocken Road
Wyomissing, Pennsylvania 19610
License #205040

Dear Mr. D'Andrea:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 6, 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 II
Address: 1802 TULPEHOCKEN ROAD,, WYOMISSING, PA 19610
County: BERKS Region: NORTHEAST

License Number: 20504

Administrator

Name: William De'Andrea Phone: 6103749966 Email: WDEANDREA@COUNTRYMEADOWS.COM

Legal Entity

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

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/06/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 146 Waking Staff: 110

Inspection

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

Inspection Dates and Department Representative

02/06/2020 - On-Site: Ryan Yankowy, Jason Harvey

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 166 Residents Served: 109

Secured Dementia Care Unit

In Home: Yes Area: n/a Capacity: 60 Residents Served: 37

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 109
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 37 Have Physical Disability: 0

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff member A hired 12/9/19 did not complete training in resident rights, emergency medical plan and reporting of reportable incidents and conitions within the first 40 hours worked. The training was completed on 1/7/20.

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.)

Direct care staff member A reviewed the training requirements and is now aware of training time frames. Direct care staff member supervisor and Training Coordinator will review this regulation on or before 3/6/2020.

Executive Director and Training Coordinator will monitor that all coworkers receive required training within the regulatory time frames going forward.

Legal Entity Representative

Diana Pontero
Signature

Diana Pontero Sr VP *3/3/2020*
Printed Name and Title Date

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The above plan of correction is approved as of 3-10-2020
(Date)

Plan of correction implementation status as of 3-10-2020
(Date)

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

- Implemented
- Not Implemented

141a 1-10 Medical Evaluation Information

Regulations

- 2600.
- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's DME dated 1/24/20 does not indicated body positioning/movement.

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 staff persons involved with the medical evaluation process will review required content of the medical evaluation on or before 3/6/2020. Utilization of a tracking spreadsheet is in place and will be monitored to ensure compliance. Director of Nursing and Administrator will monitor for ongoing compliance. Sign in sheets for this review will follow.

Legal Entity Representative

Diana Pontero

Signature

Diana Pontero Sr VP

Printed Name and Title

3/3/2020

Date

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ag

(Initials)

Implemented

Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 3. Name of medication.

Description of Violation

Resident #2's Nystatin powder PRN was listed on the MAR but is not a current order.

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.)

On 2/6/2020 Resident #2's PRN Nystatin powder PRN was removed from the current MAR. All nurses will review PRN procedures and following physician orders by 3/6/2020. The Director of Nursing and Assistant Director of Nursing will monitor for ongoing compliance. Sign in sheets for this re-training will follow.

Legal Entity Representative

Diana Ponterio

Signature

Diana Ponterio SrVP

Printed Name and Title

3/3/2020

Date

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