



Emailing Date: January 13, 2021

Mr. Kevin P. DeAcosta
President and CEO
The Highlands at Wyomissing, Inc.
2000 Cambridge Avenue
Wyomissing, Pennsylvania 19610

RE: The Highlands at Wyomissing
Personal Care Facility
License #: 205350

Dear Mr. DeAcosta:

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is an increase in SDCU beds from 0 to 45 and a decrease in personal care home beds from 75 to 30. The total licensing capacity remains unchanged at 75. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosure
License

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY* License #: *20535* License Expiration Date: *11/16/2021*
Address: *2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: *John Lopes* Phone: *6107752300* Email:
lopesj@thehighlands.org, lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: *THE HIGHLANDS AT WYOMISSING INC*
Address: *2000 CAMBRIDGE AVENUE, WYOMISSING, PA, 19610*
Phone: *6107752300* Email: *LOPEJ@THEHIGHLANDS.ORG*

Certificate(s) of Occupancy

Type: *I-1* Date: *06/22/2020* Issued By: *Wyomissing Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *96* Waking Staff: *72*

Inspection

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *12/07/2020*

Inspection Dates and Department Representative

12/07/2020 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *42* Residents Served: *35*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *39* Have Physical Disability: *1*

Inspections / Reviews

12/07/2020 - Partial

Lead Inspector: *Amy Deluca*

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/02/2021*

1/6/2021 - POC Submission

Lead Reviewer: *Michele Moskalczyk*

Follow-Up Type: *Document Submission*

Follow-Up Date: *01/13/2021*

1/8/2021 - Document Submission

Lead Reviewer: *Michele Moskalczyk*

Follow-Up Type: *Not Required*

41c - Rights Poster

1. Requirements

2600.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.

Description of Violation

The home did not have a resident rights poster posted conspicuously in the secure dementia wings Lake House and Meadow House.

Plan of Correction

Accept

The Residents Rights Poster has been posted in both the Meadow House and Lake House and placed in frames hung at an eye level in a public and conspicuous place. See included photos of posting.

Completion Date: 12/28/2020

Update - 01/06/2021

Please attach photos as proof of compliance with this regulation.

Document Submission

Implemented

Please see included photos

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The home did not have emergency phone numbers posted near the phones located next to the common area tv room in Lake House and outside the kitchen located in Meadow House.

Plan of Correction

Accept

The Emergency Phone Number Stickers have been placed on the phone located next to the common area tv room in Lake House and the phone outside the kitchen located in Meadow House. Additionally, a check of all landline phones with an outside line were checked to ensure the Emergency Phone Number Sticker is on them. Ongoing sticker placement will be observed during environmental rounds completed by the Administrator or designee.

See included photos of the phones and stickers

Completion Date: 12/08/2020

Update - 01/06/2021

Please attach photos as proof of compliance with this regulation.

Document Submission

Implemented

Please see included photos

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105g - Lint Removal and Duct Cleaning (*continued*)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The dryer located in the Lake House laundry room contained a layer of lint in the lint trap that was not removed after use of the dryer.

Plan of Correction

Accept

*Signage is posted on the dryers in Lake House to remind users to clean the lint trap after use. Email communication sent to all direct care staff on 12/29/20 remind staff to clean lint traps. Housekeeping staff will provide visual inspections of lint traps during routine cleaning.
See included photos of posting.*

Completion Date: 12/11/2020

Update - 01/06/2021

Please attach photos as proof of compliance with this regulation.

Document Submission

Implemented

Please see included photos

123c - Evacuation Diagrams

1. Requirements

2600.

123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

Evacuation diagrams posted in the Lake House and Meadow House wings did not have pull stations and fire extinguishers labeled on any of the diagrams.

Plan of Correction

Accept

*All the emergency evacuation diagrams in the home have been updated to include the locations of fire extinguishers and pull signals locations for each of the emergency evacuation diagrams.
See included photos of emergency evacuation diagrams.*

Completion Date: 12/15/2020

Update - 01/06/2021

Please attach photos as proof of compliance with this regulation.

Document Submission

Implemented

Please see included photos

124 - Notice to Fire Department

1. Requirements

2600.

124 - Notice to Fire Department (*continued*)

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's most recent notice to the fire department dated 11/14/20 was not updated with the correct layout and capacity of the home. The letter did not reflect that the home now has a secure dementia unit on the 2nd floor with a capacity of 47. The letter did not describe the mobility needs of the residents residing in the secure dementia unit.

Plan of Correction

Accept

An updated fire department notification was sent to the Wyomissing, PA fire department on 12/19/20 notifying the fire department of the home having a secured dementia care unit on the 2nd floor with a capacity of 47 residents. The letter also contains information specifically identifying the upper level of the home as a Secured Dementia Care Unit and the assistance needed in evacuating residents in the event of an emergency. See attached Fire Dept. notification and confirmation of receipt by the Fire Dept.

Completion Date: 12/19/2020

Update - 01/06/2021

Please attach document as proof of compliance with this regulation.

Document Submission

Implemented

Please see included letter and acknowledgment

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home on 11/3/20; the resident's medical evaluation dated 10/28/20 does not include a diagnosis of dementia or indicate the need for a secure dementia unit. As of 11/18/20 resident #1 was residing in the home's secure dementia unit but no updated medical evaluation was completed as required.

Resident #2 was admitted to the home on 8/26/20 and as of 11/18/20 was living in the home's secure dementia unit; resident #2's medical evaluation dated 8/10/20 does not indicate the need for a secure dementia unit.

Plan of Correction

Accept

An updated DME has been completed for both residents 1 and 3 indicating their diagnosis of Alzheimer's disease or other dementia as required and the residents need to be served in a secured dementia care unit has been marked and signed by the Geriatric assessment team representative as required. Completed Updated DME's are in the resident's record.

See attached DME's Resident #2 DME is awaiting Physician's signature

We have submitted all DME's to the providers and will ensure all are returned by 1/11/2021

Completion Date: 01/11/2021

231b - Medical Evaluation (continued)

Update - 01/06/2021

Please send/ATTACH copy of Resident #1 and #2's DME.

Document Submission

Implemented

Please see attached DME's for residents 1 and 2

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home on 11/3/20. As of 11/18/20 the resident was residing in the home's secure dementia unit. The most recent prescreen form completed is dated 10/21/20. No new prescreen form with a cognitive screening was completed within 72 hours prior to the resident's transfer to a secure dementia unit.

Resident #2 was admitted to the home on 8/26/20 and as of 11/18/20 resides in the secure dementia unit. Resident #2's most current pre-screen form is dated 7/31/20; the home did not complete an updated pre-screen form with a cognitive screening within 72 hours of her transfer to a secure dementia unit.

Plan of Correction

Accept

An updated preadmissions screening form has been completed for both residents 1, 2 and 3 and are in the resident's chart indicating the residents need to be served in a secured dementia care unit completed by the geriatric assessment team and signed by the geriatric assessment team representative. Completed Updated Preadmissions screening forms are in the resident's record.

See attached Preadmissions screening forms

We will have all the required Preadmission screening forms by 1/8/2021

Completion Date: 01/08/2021

Update - 01/06/2021

Please send/ATTACH copy of Resident #1 and #2's preadmission screening forms.

Document Submission

Implemented

Please see attached pre screen form for residents 1 and 2

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

231e - No Objection Statement (continued)

Description of Violation

Resident #1 was admitted to the home on 11/3/20. As of 11/18/20 the resident was residing in the home's secure dementia unit. Resident #1's record did not contain a statement from the resident and designated person indicating there is no objection to the secure dementia unit.

Resident #2 was admitted to the home 8/26/20; as of 11/18/20 resident #2 resides in the home's secure dementia unit. The record did not contain a statement from the resident and designated person indicating there is no objection to the secure dementia unit.

Plan of Correction

Accept

All residents in both Meadow House and Lake House have signed the no objections statement form for placement in a secured dementia care unit. All resident's designees have been sent a copy of the form requesting their consent and signature along with a prepaid return envelope.

Received no objections forms are in the resident's record.

See attached signed no objection forms

We will have all the required no objection forms signed and returned by 1/8/2021

Completion Date: 01/11/2021

Update - 01/06/2021

Please send/ATTACH proof of compliance with this regulation.

Document Submission

Implemented

Please see attached consent form for residents 1 and 2

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home has a swipe pad requiring the use of a swipe card to open doors leading from the SDU; there is also an emergency button installed next to the doors that allows egress from the unit after pushing it that must be reset by twisting the button after the emergency button is utilized. The home did not have instructions posted at the emergency buttons instructing visitors to press the button to exit the unit as required.

Plan of Correction

Accept

Directions on the use of the button to allow for immediate egress have been conspicuously posted near the door lock release button.

See attached photos

Completion Date: 12/29/2020

Update - 01/06/2021

Please send/ATTACH photo.

Document Submission

Implemented

Please see included photos

233d - Electronic/Magnetic System

1. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The home has a secure dementia unit located on the 2nd floor of the building. The door located in Meadow House that is used to exit the unit into a lobby area directly in front of another set of doors leading to the back upper level parking lot was not locked at the time of inspection, allowing residents of the unit access to the parking lot.

Plan of Correction

Accept

Currently all doors in the home are unlocked. The home uses both electronic and magnetic locking systems. Upon receipt of the SDCU license all doors will be locked which open into areas such as parking lots and other unsafe areas.

Completion Date: 12/07/2020

Document Submission

Implemented

Currently all doors in the home are unlocked. The home uses both electronic and magnetic locking systems. Upon receipt of the SDCU license all doors will be locked which open into areas such as parking lots and other unsafe areas.

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #1 was admitted to the home on 11/3/20; As of 11/18/20 resident #1 was residing in the home's secure dementia unit. The home did not complete a new support plan within 72 hours of the resident's transfer to the secure dementia unit.

Resident #3 was admitted to the home on 11/10/20; As of 11/18/20 resident #3 was residing in the home's secure dementia unit. The resident's support plan dated 11/23/20 was completed more than 72 hours after the resident's transfer to a secure dementia unit.

Plan of Correction

Accept

Updates support plans have been completed for residents 1, 2 and 3 indicating their current resident's physical, medical social cognitive and safety needs.

See attached support plans.

All updated resident support plans will be completed and in the residents record by 1/8/2021

Completion Date: 01/08/2021

Update - 01/06/2021

Please send/ATTACH proof of Resident #1 and #3's updated RASP.

Document Submission

Implemented

Please see attached documentation

239a - Legal Entity

1. Requirements

2600.

239.a. The legal entity shall submit a written request to the Department's personal care home regional office at least 60 days prior to the following:

1. Opening a secured care dementia unit.
2. Adding a secured dementia care unit to an existing home.
4. Changing the locking system, exit doors or floor plan of an existing unit.

Description of Violation

The home began operating the 2nd floor Lake House and Meadow House wings as a secure dementia unit on 11/18/20. The home's newly constructed secure dementia unit was not inspected until 12/7/20. The home began operating a secure dementia unit prior to being inspected and licensed to do so.

Plan of Correction

Accept

Doors to the secure dementia unit were unlocked in both Meadow House and Lake House.

Completion Date: 12/07/2020

Document Submission

Implemented

Doors to the secure dementia unit were unlocked in both Meadow House and Lake House.