

Department of Human Services  
Bureau of Human Service Licensing

June 23, 2021

[REDACTED] CAMPUS EXECUTIVE DIRECTOR  
COUNTRY MEADOWS ASSOCIATES  
830 CHERRY DRIVE  
HERSHEY, PA 17033

RE: COUNTRY MEADOWS OF  
WYOMISSING II  
1802 TULPEHOCKEN ROAD  
WYOMISSING, PA, 19610  
LICENSE/COC#: 20504

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/18/2021, 03/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** COUNTRY MEADOWS OF WYOMISSING II      **Licen e #:** 20504      **Licen e Expiration Date:** 03/26/2022  
**Addr e :** 1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610  
**County:** BERKS      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 6103749966      **Email:**  
WD'Andrea@countrymeadows.com,  
lindscott@pa.gov, mmoskalczy@pa.gov

**Legal Entity**

**Name:** COUNTRY MEADOWS ASSOCIATES  
**Address:** 830 CHERRY DRIVE, HERSHEY, PA, 17033  
**Phone:** 6103749966      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 116      **Waking Staff:** 87

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Renewal      **Exit Conference Date:** 03/19/2021

**Inspection Dates and Department Representative**

03/18/2021 - On-Site: [REDACTED]  
03/19/2021 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 166      **Residents Served:** 90

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Connections      **Capacity:** 60      **Re ident Served:** 36

**Hospice**

**Current Residents:** 7

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 89  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 26      **Have Physical Disability:** 0

## Inspections / Reviews

03/18/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/01/2021*

4/28/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/30/2021*

6/23/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The refrigerator located in the secured unit dining room and activity area had a red sticky substances spilled on the interior shelves on the door.

Plan of Correction

Accept

The sticky substance identified during the inspection was cleaned on 3/19/2021 the same day the inspector identified the spill on the refrigerator shelf. The staff members responsible for cleaning this area located in the "country kitchen" activity space of the secured memory care unit were provided a review of the following: cleaning schedule for this location and proper sanitary maintenance of kitchen/dining spaces. The Administrator and Manager of the secured memory unit will monitor for ongoing compliance.

Completion Date: 04/27/2021

Update - 04/28/2021

Immediately and Ongoing:

The home will instruct staff to check all areas of the home for unsanitary conditions at least once per shift. Staff will be instructed to remedy any unsanitary conditions immediately upon detection.

Document Submission

Implemented