

Department of Human Services
Bureau of Human Service Licensing

May 12, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

RE: THE HIGHLANDS AT WYOMISSING
PERSONAL CARE FACILITY
2000 CAMBRIDGE AVENUE
WYOMISSING, PA, 19610
LICENSE/COC#: 20535

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2021, 11/17/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *THE HIGHLANDS AT WYOMISSING PERSONAL CARE FACILITY* License #: *20535* License Expiration: *11/16/2022*

Address: *2000 CAMBRIDGE AVENUE, WYOMISSING, PA 19610*

County: *BERKS*

Region: *NORTHEAST*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1*

Date: *11/16/2021*

Issued By: *Borough of Wyomissingh*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *98*

Waking Staff: *74*

Inspection Information

Type: *Full*

Notice: *Unannounced*

BHA Docket #:

Reason: *Renewal*

Exit Conference Date: *11/17/2021*

Inspection Dates and Department Representative

11/16/2021 - On-Site: [REDACTED]

11/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75*

Residents Served: *58*

Secured Dementia Care Unit

In Home: *Yes*

Area: *n/a*

Capacity: *45*

Residents Served: *35*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *58*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *40*

Have Physical Disability: *1*

Inspections / Reviews

11/16/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/30/2022*

02/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/10/2022*

04/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/08/2022*

05/12/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract dated [redacted] was not signed by the resident.

Plan of Correction

Accept

Resident #1's contract was reviewed and signed by resident on [redacted], please see attached. Contracts were audited and there were no more contracts found to be missing the resident's signature. All contracts will be reviewed for resident signature going forward and will be audited periodically for compliance by the Administrator or designee.

Completion Date: 01/30/2022

Document Submission

Implemented

This POC was accepted

25c4 - Payment Responsibility

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

4. The party responsible for payment.

Description of Violation

Resident #1's contract dated [redacted] and Resident #2's contract dated [redacted] does not indicate who the payor is.

Plan of Correction

Do Not Accept

Still working on updating the contract, waiting for new contract to be given. Need time more time to submit this plan.

Completion Date: 02/11/2022

Update: 02/28/2022

Please submit an acceptable POC in the Step 2 timeframe that will be 10 days from now.

AG, 2-28-22

Plan of Correction

Accept

Please see attached contract addendum that will be used until we are able to update our full contract to include the financial responsible person's signature. Contract addendums have been sent to all families and anticipate that we will have contract addendums signed for all existing residents by March 31, 2022. Contract addendums will be used for all new contracts going forward.

Completion Date: 03/31/2022

Update: 04/01/2022

Document Submission

Implemented

This POC is now accepted

130f - Testing Smoke Detectors

1. Requirements

130f - Testing Smoke Detectors (continued)

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home's smoke detectors and fire alarms were not tested from March 2020-August 2020 & December 2020.

Plan of Correction**Accept**

Due to the suspension of the fire drills the smoke detectors and fire alarms were not tested for operability once a month when the fire drills were not being conducted. Security department is responsible for the drills and a policy has been implemented that states that when fire drills are not being conducted that there will still be testing of the fire alarms and smoke detectors. Please see attached.

Completion Date: 01/30/2022

Document Submission**Implemented**

This POC was accepted

131f - Fire Extinguisher Inspection**1. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher located in the meadow house pantry kitchen was last inspected 6/2020.

Plan of Correction**Accept**

The fire extinguisher in the Meadow House pantry was inspected November 2021. Please see attached photo. When the annual inspection of the fire extinguishers has been completed, the administrator will audit extinguishers to ensure that they have all been properly inspected and tags are updated with current dates.

Completion Date: 11/24/2021

Document Submission**Implemented**

This POC is now accepted

132a - Monthly Fire Drill**1. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home did not conduct a fire drill in December 2019.

Plan of Correction**Accept**

There is no record found of the fire drill for December 2019. Fire drills have been conducted in all months in which they were required since December 2019 and will continue monthly as long as the regulation is not suspended by the Department of Human Services. Record of fire drills is kept by the Administrator and is reviewed with each annual inspection by The Department of Human Services for completeness.

Completion Date: 12/01/2021

Update: 02/28/2022

Please submit a copy of the Home's fire drills held since December of 2021 with the Step 2 of verifications of the

132a - Monthly Fire Drill (continued)

POC for fulfillment of this regulation #.
AG, 2-28-22

Document Submission**Implemented**

Please see attached. We did recently find the fire drill from Dec 2019. Also, we have attach the fire drill log since the inspection completed in November 2021.

133.1 - Exit Signs**1. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the 1st floor sitting lounge exit door. The home currently serves 58 residents.

Plan of Correction**Accept**

The building was renovated between October 2019 and November 2021 and during renovation the exit sign was missed by the fire safety expert as well as the staff of The Highlands at Wyomissing. The missing exit sign was hung during the inspection and attached is a picture of the exit sign. All exits have been checked and no further signs have been found to be missing at this time.

Completion Date: 11/16/2021

Document Submission**Implemented**

This POC was accepted

171b5 - First Aid Kit**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit located in the 2019 Ford Flex Car did not contain a thermometer or CPR breathing shield.

Plan of Correction**Accept**

The first aid kits were reviewed for completeness and missing items were added to all kits that are used for transportation vehicles. Bi- monthly audits have been scheduled by the administrator to ensure that all kits are up to date and include all required contents. Please see picture of completed first aid kit

Completion Date: 11/23/2021

Document Submission**Implemented**

This POC was accepted

231g - Non-Dementia Admission**1. Requirements**

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

231g - Non-Dementia Admission (continued)

3. The individual shall have access to and be able to follow directions for the operation of the key pads or other lock-releasing devices to exit the secured dementia care unit.

Description of Violation

Resident #4 resides on the memory care unit but does not have a need for secured care. The resident did not know how to operate the key locking devices to exit the secured dementia unit.

Plan of Correction**Accept**

The resident was educated on the use of the lock releasing device during inspection. After several attempts to educate resident on the directions to release the lock using the emergency button she continued to not remember how to activate the emergency button. This resident was given her own key fob device that will allow her to unlock the doors to the memory support unit without assistance and was able to show understanding of its use. This education and issue of key fob have been documented in her support plan, see attached.

Completion Date: 01/28/2022

Document Submission**Implemented**

This POC was accepted

233a - Lock Approval**1. Requirements**

2600.

- 233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The approval letter for use of the magnetic locks does not indicate the locking system will automatically and immediately release when the fire alarm system is activated.

Plan of Correction**Accept**

The local building authority has re written the letter indicating specifically that the locking system will automatically and immediately release when the fire alarm system is activated. Please see attached.

Completion Date: 12/07/2021

Document Submission**Implemented**

This POC was accepted

105g - Lint Removal and Duct Cleaning**1. Requirements**

2600.

- 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 lint trap of the dryer located in the lake house had a small accumulation of lint in the trap, the lint poses a possible fire hazard.

Repeat violation: 12/7/20

Plan of Correction**Accept**

Lint was removed and staff were re-educated on the importance of removing all lint in the lint trap at the end of

105g - Lint Removal and Duct Cleaning (continued)

each use of the dryer. There are also signs posted as reminders to staff and residents that use the dryers to ensure that lint is removed from the lint trap after each use. See attached sign.

Completion Date: 12/10/2021

Document Submission

Implemented

This POC was accepted

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #3 has an order for Novolog insulin per a sliding scale, notify the doctor if the blood glucose is 401 or over. On 11/8/21 the blood glucose at bedtime was 416, the doctor was not notified.

Repeat Violation: 10/29/19

Plan of Correction

Accept

Staff have been educated on the need to follow prescribers directions especially orders for insulin with a sliding scale and the need to notify the doctor if there are parameters indicated. Please see attached staff education. MAR's will be audited for physician notification when parameters indicate the need to update the prescriber.

Completion Date: 12/22/2021

Update: 02/28/2022

Please submit signature sheets and a copy of the training used for Step 2.

AG, 2-28-22

Document Submission

Implemented

Please see attached education and signatures of staff that were educated.

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 #2's cognitive prescreen did not indicate the need of the resident to reside in the secure dementia care unit due to Alzheimer's disease or other dementia.

Repeat violation: 12/7/20

231c - Preadmission Screening (continued)**Plan of Correction****Accept**

The preadmission screening was missing a check mark that indicated the need of the resident to reside in the secure dementia care unit. Pre admission screenings have been reviewed to determine if there were any other prescreens that did not indicate the need of the resident to reside in the secure dementia unit and no other prescreens were missing the needed information. Audits will be completed to ensure that prescreens indicate the need for a resident to reside in the secure dementia care unit. The prescreen has been corrected effective 11/17/2021, please see attached.

Completion Date: 12/10/2021

Document Submission**Implemented**

This POC was accepted