

Department of Human Services
Bureau of Human Service Licensing

April 25, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]

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 01/11/2022, 01/14/2022 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: *COUNTRY MEADOWS OF WYOMISSING II* License #: *20504* License Expiration: *03/26/2023*
Address: *1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610*
County: *BERKS* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

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: *163* Waking Staff: *122*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *01/14/2022*

Inspection Dates and Department Representative

01/11/2022 - On-Site: [REDACTED]
01/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *166* Residents Served: *103*

Secured Dementia Care Unit

In Home: *Yes* Area: *First Floor* Capacity: *60* Residents Served: *38*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *103*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *60* Have Physical Disability: *0*

Inspections / Reviews

01/11/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/27/2022*

03/15/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/22/2022*

04/01/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/08/2022*

04/25/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 1/11/21 at 9:30am, the exit door located in the River room did not open freely due to ice blocking the egress.

Plan of Correction

Accept

Ice at exit door was removed immediately upon discovery to ensure means of egress. All exterior exit doors are included in campus snow and ice removal plan executed by campus maintenance team. Salt is available at exit doors for co-workers to access in between maintenance rounds and during times when temperature is below freezing. Maintenance Director and associates will inspect all exits in snow and ice conditions to ensure egress is not blocked at any time.

Completion Date: 02/22/2022

Update: 03/15/2022

Please submit your evidence of compliance in Step 2.

AG, 3-15-22

Document Submission

Implemented

Photo attached.

224c - Preadmission Screening

1. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The preadmission screening for Resident #1, dated [REDACTED], did not indicate if the resident's needs can be met by the PCH or a date that the preadmission screening was completed.

Plan of Correction

Accept

The violation was corrected immediately upon discovery of an error in completion of the pre-admission screening form. The resident remains appropriate for personal care and needs are currently being met. Education provided on 1/11/22 to co-workers completing admission paperwork. Ongoing, the Office Manager will ensure all paperwork is completed and in place with final authorization by Executive Director to ensure resident record is in compliance.

Completion Date: 02/22/2022

Update: 03/15/2022

Please submit your evidence of compliance in Step 2.

AG, 3-15-22

Document Submission

Not Implemented

Training information attached.

Update: 04/01/2022

The corrected form for Resident # 1 has not been submitted for review. Please submit as evidence of compliance.

224c - Preadmission Screening (continued)

AG, 4-1-22

Document Submission

Implemented

Attached.