

Department of Human Services
Bureau of Human Service Licensing

May 8, 2022

[REDACTED]
THE HIGHLANDS AT WYOMISSING INC
2000 CAMBRIDGE AVENUE
WYOMISSING, PA, 19610

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 02/01/2022, 02/21/2022 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: *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: 6107752300 Email: [REDACTED]

Legal Entity

Name: *THE HIGHLANDS AT WYOMISSING INC*
Address: 2000 CAMBRIDGE AVENUE, WYOMISSING, PA, 19610
Phone: 6107752300 Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: 02/25/2022

Inspection Dates and Department Representative

02/01/2022 - Off-Site: [REDACTED]
02/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 56

Secured Dementia Care Unit

In Home: Yes Area: 2nd floor Capacity: 42 Residents Served: 33

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 39 Have Physical Disability: 0

Inspections / Reviews

02/01/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/09/2022*

04/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/26/2022*

05/08/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident 1 was able to exit the secured dementia unit during a fire drill. Staff failed to count the residents that evacuated during the fire drill and did not discover that Resident 1 was missing until over 2 hours later. The resident was hit by a car over 1 mile from the facility and was treated at a local hospital due to bruising on their elbow. Resident 1 had a previous elopement from the facility less than 1 month prior.

Plan of Correction**Accept**

Resident was placed on 1 on 1 supervision from [REDACTED] after [REDACTED] return to the secure dementia care unit and remained on 1 on 1 supervision until 03/21/2022, when there were alarms and strobe lights that were installed on the emergency button that releases the locks on the memory support doors. This would ensure that staff were alerted if anyone attempted to use the emergency button to leave the unit. Residents support plan was also updated, see attached. Staff were re- educated on the requirement to complete a head count at the conclusion of each fire drill. Please see attached.

Completion Date: 03/21/2022

Update: 04/19/2022

Please attach proof of staff training. 4-19-2022 MM

Document Submission**Implemented**

Please attach proof of staff training. 4-19-2022 MM

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/14/2021, Resident 2 was able to access the kitchen and get a dishwasher detergent pod. This pod was then given to Resident 3 and placed in their mouth. Resident 3 immediately spit it out with no ill effects.

Plan of Correction**Accept**

Staff were educated on what is considered poisonous materials and the importance of ensuring that they are kept locked at all times. A sign was also hung on the door that leads into the kitchen area where the dishwasher detergent tabs are kept as a visual reminder for all.

Completion Date: 08/20/2021

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission**Implemented**

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

A fire drill was done on [REDACTED] at 6:04pm. Staff did not do a count of residents in the fire safe area to determine if all residents were evacuated.

Plan of Correction

Accept

Staff were re-educated on the requirement to complete a head count at the conclusion of each fire drill. The fire drill for January 2022 was re run on 01/27/2022 with a successful resident count. All fire drills since have been completed successfully with ensuring that a resident count is completed each and every time.

Completion Date: 01/27/2022

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission

Implemented

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Update: 05/08/2022

The administrator or designee will be responsible for ongoing compliance. 5-8-2022 MM