

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

January 23, 2023

[REDACTED], VP OF OPERATIONS
COUNTRY MEADOWS OF WYOMISSING LLC
[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 10/19/2022, 11/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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] [REDACTED]

Legal Entity

Name: COUNTRY MEADOWS OF WYOMISSING LLC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/04/1997 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 151 **Waking Staff:** 113

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**

Reason: Incident **Exit Conference Date:** 11/18/2022

Inspection Dates and Department Representative

10/19/2022 - On-Site: [REDACTED]

11/18/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 166 **Residents Served:** 94

Secured Dementia Care Unit

In Home: Yes **Area:** Connections **Capacity:** 60 **Residents Served:** 35

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 94

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 57 **Have Physical Disability:** 22

Inspections / Reviews

10/19/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/10/2023

01/10/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/13/2023

Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/13/2023

Inspections / Reviews *(continued)*

01/23/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/13/2023

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

On [redacted] resident #2 punched resident #3 in the mouth causing a cut on resident #3's mouth.

Plan of Correction

Accept ([redacted] - 01/10/2023)

The incident appeared to have occurred with resident #2 when [redacted] entered resident #3 apartment unwelcomed. Both residents have cognitive impairments limiting their communication and appropriate social awareness. When resident #3 became upset and asked [redacted] to leave the apartment, the altercation occurred. Nurse Supervisor walked past resident #3 apartment as incident was occurring.

On 9/29/22 the Nurse Supervisor immediately intervened and removed resident #2 from resident #3 apartment to ensure the safety of both residents. Resident #3 was assessed by the nurse supervisor and given first aid treatment. Resident #3 and her Power of Attorney declined further evaluation at hospital. Resident #3 was monitored by nurse supervisor to ensure no on-going concerns related to incident.

Promptly following removal of resident #2 from incident, resident was placed on frequent safety checks to monitor resident's activity on unit and prevent interaction with resident #3. Resident #2 primary care physician was contacted to provide medical intervention related to incident such as diagnostic testing (laboratory work up and urine analysis) and pain management. Resident #2 medications were reviewed by physician and was started on Seroquel on 9/30/22 and was periodically adjusted based on effectiveness.

A representative from Area Agency on Aging visited with resident #3 on 10/13/2022 and 10/19/2022 to evaluate incident and potential ongoing effects from incident. Area Agency on Aging offered no further interventions. Resident #3 remained social, engaged with program and appeared to suffer no long-term ill effect from incident. Area Agency on Aging closed investigation on 10/19/2022.

Connections Manager met with resident #2 Power of Attorney on 10/19/2022 to evaluate interventions since incident. Resident #2 Power of Attorney decided to switch primary care physician to in-house physician group for more frequent medical management related to behaviors. In addition to the new primary care was the introduction of onsite psychiatric care for behavioral and disease management.

With ongoing monitoring of resident #2 behaviors, 1:1 supervision was put in place to mitigate behavior escalation. Campus interdisciplinary team reviewed resident #2 behaviors weekly, as well as all residents in the secured dementia unit. Purpose of weekly meeting is to evaluate interventions for effectiveness, co-worker response to incidents, identify educational opportunities and evaluate partnerships with external resident supports.

At risk behaviors, such as aggression, will be assessed during the pre-screen process to ensure appropriate admission to Country Meadows in an effort to prevent future incidents of this nature. The behaviors associated with resident #2 were identified post admission. The Connections Manager, Campus Director of Nursing and Campus Executive Director will be responsible to continue to work with each resident's physician and Responsible Party to determine appropriate interventions that ensure the safety of all residents at Country Meadows. Interventions may include offering redirection based on resident interest, 1:1 supervision, referral for psychiatric therapy/disease management and could include up to discharge to a higher level of care.

At this time, no further incident has occurred.

(*resident #2 no longer resides at Country Meadows, discharged on [redacted])

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented ([redacted] - 01/23/2023)

234b - Support Plan Needs Elements

2. Requirements

2600.

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

Description of Violation

The support plan dated [REDACTED] for resident #3 was missing the following information: all information on pages 10 and 11 regarding the resident's behavioral and cognitive needs.

Plan of Correction

Accept ([REDACTED] - 01/10/2023)

The RASP was fully completed at the time of admission on [REDACTED] however we didn't realize that pages 10 and 11 failed to print correctly. This has been corrected and will be submitted for this plan of correction. Going forward the Director of Nursing and the manager will be responsible for ensuring that every RASP is complete, updated and signed by the resident and properly placed in the chart.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented ([REDACTED] - 01/23/2023)

234d - Support Plan Revision

3. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

On [REDACTED] resident #2 punched resident #3 in the mouth after wandering into resident #3's room. Care notes indicate resident #2 requires 15 minute checks due to numerous incidents of wandering into resident rooms from [REDACTED] through [REDACTED] as well as pouring juice on a resident and attempting to pull a fire alarm. Resident #2's support plan dated [REDACTED] was not updated to reflect the need for 15 minute checks.

Plan of Correction

Accept ([REDACTED] - 01/10/2023)

On [REDACTED] the RASP Addendum for this resident was completed with all the information regarding the frequent checks. It will be submitted for this POC. Ongoing the Director of Nursing and manager will be responsible to ensure that changes to resident care for any resident are immediately noted in the RASP or Addendum to the RASP. The Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 01/09/2023

Implemented ([REDACTED] - 01/23/2023)