

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

April 11, 2023

[REDACTED], VP 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 03/07/2023, 03/08/2023 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:** 03/26/2024
Address: 1802 TULPEHOCKEN ROAD, WYOMISSING, PA 19610
County: BERKS **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [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:** PA L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 87 **Waking Staff:** 65

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 03/08/2023

Inspection Dates and Department Representative

03/07/2023 - On-Site: [REDACTED]
03/08/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 166 **Residents Served:** 87

Secured Dementia Care Unit

In Home: Yes **Area:** Connections **Capacity:** 60 **Residents Served:** 36

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 87
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

03/07/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/03/2023

04/03/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/03/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 04/07/2023

Inspections / Reviews *(continued)*

04/11/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

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

Resident # 1 was admitted to the home on [REDACTED] and discharged on 1 [REDACTED]. During the time that the resident resided in the home, the resident had 13 falls. 3 of those falls resulted in injury and/or hospitalization. Between [REDACTED] and [REDACTED] Staff "A" informed family that the resident needs extra supervision and that the home could not provide 24-hour supervision. The family declined. The home did not begin the discharge process after recognizing that the home could not provide the supervision that the resident needed. On 1 [REDACTED] 2, the resident sustained injuries from a fall that resulted in a fractured left shoulder and spent 6 days in the hospital. After resident's final fall, resident was discharged from the hospital to a higher level of care.

Repeat Violation 10/19/22

Plan of Correction

Accept [REDACTED] - 04/03/2023)

- Resident experienced first fall on [REDACTED]. Following this fall a letter was sent to the resident's emergency contact, to establish the initial step in collaboration between community and resident's responsible party informing of fall risks.
- Facility recommended private duty care for 1:1 supervision, family declined.
- Facility Recommended short-term rehabilitation post hospitalization on [REDACTED], family declined.
- To mitigate fall risk resident was receiving Physical Therapy, Occupational Therapy and Speech Therapy services to focus on treatment related to falls.
- Fall on [REDACTED] resulted in resident injury. Resident's injury was managed by personal physician who made referral to orthopedic physician
- On [REDACTED], resident's Legal Guardian provided Country Meadows written notice they would place resident in skilled nursing community and resident was discharged on 12/30/22 directly from hospital.
- Effective 1/1/23 all Residents will be assessed for fall risk during the pre-screen process to ensure appropriate admission to Country Meadows in an effort to prevent future incidents of this nature.
- Effective 1/1/23 the Assistant Director of Nursing, Campus Director of Nursing or designee will be responsible to continue to work with each resident's physician and Responsible Party to determine appropriate interventions that ensure the safety and appropriateness of all residents to reside at Country Meadows. Interventions may include discharge to a higher level of care in an appropriate timeframe.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented [REDACTED] - 04/11/2023)

103c - Food Protected

2. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

103c Food Protected (continued)

Description of Violation

The home utilized two chest freezers to store their large containers of ice cream. The ice cream stored was not covered.

Plan of Correction**Accept (████ - 04/03/2023)**

- A new lid was placed on the ice cream container inside the ice cream freezer to immediately correct the violation the day of the inspection 3/8/23.
- Additional lids were purchased on 3/14/23 to prevent future incidents.
- A sign was placed next to ice cream freezer on 3/8/23 reminding those accessing ice cream not to discard the lids and to replace lid after use.
- Effective 3/8/23 monitoring of the ice cream freezer is conducted on the daily dining room cleaning schedule for Dining Associates.
- The Dining Room Manager and Dining Director will monitor for ongoing compliance.
- The Dining Director is responsible as of 3/8/23 to conduct weekly audits of kitchen and dining area. Monitoring that the ice cream container lids are properly in place will be part of this audit. Weekly audits to be provided to DHS for the month of March.

Licensee's Proposed Overall Completion Date: 03/29/2023

Implemented (████ - 04/11/2023)