

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

May 11, 2023

[REDACTED], CAMPUS EXECUTIVE DIRECTOR
COUNTRY MEADOWS OF WYOMISSING LLC
[REDACTED]

RE: COUNTRY MEADOWS OF
WYOMISSING I
1800 TULPEHOCKEN ROAD
WYOMISSING, PA, 19610
LICENSE/COC#: 20501

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2023, 03/22/2023, 03/23/2023 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 I **License #:** 20501 **License Expiration:** 03/26/2024

Address: 1800 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:** 07/25/2003 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 50 **Waking Staff:** 38

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 03/31/2023

Inspection Dates and Department Representative

03/21/2023 - On-Site: [REDACTED]

03/22/2023 - On-Site: [REDACTED]

03/23/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80 **Residents Served:** 50

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 50

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

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

03/21/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/23/2023

Inspections / Reviews (*continued*)

04/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/28/2023

05/11/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/26/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

60a Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

The home currently serves 50 residents. The home is two floors and has two fire safe areas available on each floor of the building. The fire safe areas are located in the stair towers and beyond the building separation fire rated doors to the Independent Living Facility. Staff interviews indicated that the two staff members conducting the overnight sleeping hours fire drill on 3/21/23 at 11:42pm participated in the drill because of not having enough staff available. Interviews with the two staff members scheduled that evening also indicated there was not enough staff in the building for evacuation. The home routinely has two staff members working the overnight shift. The home does not have enough staff on the overnight shift to meet the needs of all of the residents and provide the required supervision needed based on the residents assessments and support plans in the event of an emergency.

Plan of Correction

Accept (████) - 04/26/2023)

- Direct Care staffing will continue to be determined based on the needs of residents as identified in the Residents Assessment and Support Plan during weekly Campus Census Meeting effective 4/18/23.
- To ensure adequate staffing in the event of an emergency, a third direct care staff member has been added to the overnight staffing effective 4/17/2023.
- The Executive Director will be responsible to ensure staffing remains appropriate to respond in the event of an emergency during the weekly Campus Scheduling Meeting effective 4/18/23.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented (████) - 05/11/2023)

65b Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.

Description of Violation

Direct care staff member A hired █████ did not complete training in emergency medical plan until █████, which was not within the first 40 hours worked.

Plan of Correction

Accept (████) - 04/26/2023)

- Investigation revealed that the required training for staff Member A was completed within 47 hours of hire date which was outside of the regulatory requirement.
- The training requirements to be completed within the first 40 hours of employment is completed through an on-line learning program. Effective 4/17/23, these on-line courses have been added to new hire orientation to ensure it is completed prior to a new co-worker starting on the floor training.
- Effective 4/17/2023, the training schedule will be established by the individual department head and the Talent and Development Coordinator. A copy of the training schedule will be given to the new hire to ensure their understanding of the requirement The schedule will identify the date these trainings are due based on hire date to ensure regulatory compliance.

65b - Rights/Abuse 40 Hours (continued)

- *The Talent and Development Coordinator will monitor the on-line learning program for on-going compliance.*
- *The Executive Director will ensure all new hires have completed their training within the required timeframes to ensure compliance.*

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented (████) - 05/11/2023)

132c - Fire Drill Records**3. 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 review of the homes fire alarm activity report indicates the fire alarms were activated at 11:36pm on 3/21/23. The fire drill logs note the alarms were activated at 11:42pm. The fire drill log is incorrectly documented.

Plan of Correction

Accept (████) - 04/26/2023)

- *Campus investigation determined the fire panel was not set to the correct time. It was determined it is not synched with the world clock and is manually set. On 4/18/2023 the time on the campus fire panel was reset to reflect actual time. Therefore, the time captured on the fire drill log was in fact accurate.*
- *The Maintenance Director was educated on 4/18/23 on the importance of accurately recording fire drills and ensuring the fire panel is accurately keeping time.*
- *To ensure on-going compliance, the Maintenance Director will verify the time on the fire panel with weekly audits and address accordingly over the next three weeks.*
- *The Maintenance Director will also verify the fire panel time when initiating the drill to ensure they match over the next three months. He will indicate this was verified on the fire drill log.*
- *The maintenance director and the campus Executive Director will ensure ongoing compliance.*

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented (████) - 05/11/2023)

132e - Fire Drill Sleeping Hours**4. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a sleeping hours fire drill on 2/9/22 at 12:05am and on 9/27/22 at 5:07am. The drills were not conducted within 6 months as required.

Plan of Correction

Accept (████) - 04/26/2023)

- *The Maintenance Director was educated on 4/18/23 on the importance of this regulation to ensure the safety of our residents.*
- *To ensure on-going compliance with this regulation, the Maintenance Director will conduct three overnight fire*

132e Fire Drill Sleeping Hours (continued)

drills in a 12 month time period beginning in April of 2023. This will ensure no more than 6 months will pass between each overnight fire drill.

- The maintenance director and the campus Executive Director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented (████) 05/11/2023)

132h - Designated Meeting Place**5. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Resident and staff interviews indicated that the home is not evacuating to the fire safe areas during fire drills. The residents will congregate outside of the fire safe areas.

Resident #1 refused to evacuate during the fire drill conducted on 3/21/23 at 11:42pm.

Resident and staff interviews indicated that not all of the residents were evacuated during the fire drill conducted on 3/21/23 at 11:42pm.

Plan of Correction

Accept (████) - 04/26/2023)

- Education on the mandatory participation and the importance of this regulation was provided to resident #1 on 3/22/23. Resident #1 expressed understanding and willingness to participate.
- As a result of the failed overnight fire drill on 3/21/23, another drill was conducted on 3/26/23 to reenact the same circumstances. The drill on 3/26/23 was successful and all residents were evacuated to a fire safe area.
- Education on participation in fire drills was given to all Personal Care residents during the 4/18/23 Fireside Chat.
- The Executive Director will monitor on going compliance each month by reviewing fire drill documentation and addressing any concerns noted with each drill.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented (████) - 05/11/2023)

132i - Testing Fire Alarm**6. Requirements**

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

An interview with ancillary staff member B indicated that the fire alarms were silenced half way through the fire drill conducted on 3/21/23 at 11:42pm.

Plan of Correction

Accept (████) - 04/26/2023)

- The Maintenance Director was educated on 4/18/2023 on ensuring the audible fire alarm and strobes lights are engaged with each fire drill. The audible fire alarm is not to be silenced until the conclusion of the evacuation of

132i - Testing Fire Alarm (continued)

residents to a fire safe area.

- The fire drill conducted on 3/26/23 the audible alarm and strobe lights were engaged for the entire time of the drill and not silenced until the conclusion of the evacuation of all residents to the fire safe area.
- The Executive Director will monitor on-going compliance each month by reviewing fire drill documentation and addressing any concerns noted with each drill.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented ([REDACTED] 05/11/2023)