

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

March 7, 2024

[REDACTED], ADMINISTRATOR  
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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/30/2024, 01/31/2024 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]  
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing



Inspections / Reviews *(continued)*

## 03/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 03/07/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85e Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The green dumpster located outside of the home near the mechanical room had an inoperable lid which would not close.

Plan of Correction

Accept [REDACTED] - 03/07/2024)

On 1/30/24 a dumpster was inspected and found to have an inoperable lid. The dumpster was immediately removed from the area and returned. Going forward the Support Services Manager will monitor all dumpsters weekly when emptied by the company to insure dumpsters are fully intact and operable to prevent the penetration of insects and rodents. If any concerns are identified the dumpster will be exchanged.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [REDACTED] - 03/07/2024)

87 Lighting

2. Requirements

2600.

87. Lighting The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The home's emergency exit door located near room 708 in the Meadow Memory Care Unit did not have an exterior light.

Plan of Correction

Accept [REDACTED] - 03/07/2024)

On 1/30/24 an exit door located in the Meadow Memory Care Unit was found not to be in compliance due to inadequate lighting in case of an emergency evacuation after dark. On 1/31/24 an outdoor lighting fixture was purchased and installed on the exterior of the building to meet regulation and for evacuation safety. Going forward all outdoor exits will be monitored for adequate lighting in case of emergency. See attached picture of area.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented [REDACTED] - 03/07/2024)

185a Implement Storage Procedures

3. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 has a PRN prescription for [REDACTED] sublingual tablets. The prescription was not available in the home at the time of inspection.

185a - Implement Storage Procedures (*continued*)**Plan of Correction**

Accept ( [REDACTED] - 03/07/2024)

Staff re-education conducted following survey on 2/1/24-2/7/24 which included Medication Audit Process and importance of availability of PRN medications. Medication audits are completed twice weekly by the 3rd shift med techs. See attached Medication Audit Process and Medication Reordering Sheet. When audits are completed they are given to the DOW to review. If a discrepancy is found while performing audit the medication is reordered using the pharmacy reorder forms. The PRN Nitroglycerin .4mg sublingual tablets that were not available at the time of survey were delivered by pharmacy prior to surveyors departure. See attached picture of delivered RX.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented ( [REDACTED] - 03/07/2024)

## 227d - Support Plan Medical/Dental

**4. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #1 uses an enable bar to help with transfers in and out of bed. The Resident Assessment Support Plan dated [REDACTED] did not note if a cover was required to meet FDA guidelines.

**Plan of Correction**

Accept ( [REDACTED] - 03/07/2024)

Resident #1's RASP was immediately amended to reflect the required FDA guideline requiring a cover. See attached RASP.

All residents that use a "Bedside Mobility Device" have been identified and the RASP's reflects:

\* The specific need for the device

\*The intended use and any risks associated with the use

\*The resident's ability to use the device safely for the purpose it was intended

\*Identification of the specific device to be used and whether cover is required to meet FDA requirements.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented ( [REDACTED] /07/2024)