

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

November 13, 2024

[REDACTED]  
COUNTRY MEADOWS OF WYOMISSING LLC  
[REDACTED]

RE: COUNTRY MEADOWS OF  
WYOMISSING II  
1802 TULPEHOCKEN ROAD  
WYOMISSING, PA, 19610  
LICENSE/COC#: 20504

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** COUNTRY MEADOWS OF WYOMISSING II      **Licen e #:** 20504      **Licen e Expiration:** 03/26/2025

**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:** L & I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 149      **Waking Staff:** 112

**Inspection Information**

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

**Reason:** Incident      **Exit Conference Date:** 10/23/2024

**Inspection Dates and Department Representative**

10/23/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**Licen e Capacity:** 166      **Re ident Served:** 109

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** unit      **Capacity:** 40      **Re ident Served:** 33

**Hospice**

**Current Re ident :** 2

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 109

**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 40      **Have Physical Disability:** 0

**Inspections / Reviews**

10/23/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/16/2024

Inspections / Reviews (*continued*)

## 11/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/15/2024

## 11/13/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The reportable incident that occurred on [redacted] at 4:20pm and was not reported to DHS until [redacted] at 7:00pm which is more than the required 24 hours.

Plan of Correction

Accept [redacted] - 11/12/2024)

- On 9/29/2024 at approximately 4:20pm, resident was observed to have sustained an unwitnessed fall in resident’s apartment. Due to cognitive impairment, resident was unable to state how or when fall occurred. Nurse assessed resident for injury and noted a laceration to the back of [redacted] head. First aid administered at time of incident. As a precautionary measure, resident was transported to Tower Health Hospital for further evaluation.
- On 9/30/2024 at approximately 12:24am, Tower Health Hospital made nurse aware that resident’s laceration required suturing.
- On 9/30/2024 at 7:00pm Northeast Regional Office received Reportable Incident of resident sustaining a serious bodily injury or trauma requiring treatment at a hospital or medical facility.
- On 11/7/2024, Executive Director provided education and training on regulation 2600.16 and Country Meadows Incident Reporting Policy to those identified to be responsible for submitting Reportable Incidents. Documentation attached.
- Executive Director will evaluate each Reportable Incident for compliance.
- Executive Director will review all campus event reporting with Quality Management Plan for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented [redacted] 11/13/2024)