

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

May 13, 2025

[REDACTED], ADMINISTRATOR
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 04/09/2025 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: 03/26/2026
 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: 162 Waking Staff: 122

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/09/2025

Inspection Dates and Department Representative

04/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 166 Residents Served: 101
 Secured Dementia Care Unit
 In Home: Yes Area: unit Capacity: 60 Residents Served: 38
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 101
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 61 Have Physical Disability: 0

Inspections / Reviews

04/09/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/03/2025

Inspections / Reviews *(continued)*

04/30/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/07/2025

05/13/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License Inspection Summary Reports dated 5/2/24, et al and 10/23/24, were posted in a glass enclosed bulletin board in the home's lobby. The glass enclosure was locked, requiring residents and guests to request the key to access the license inspection summary reports.

Plan of Correction

Accept (█ - 04/30/2025)

- The cabinet was immediately unlocked to provide immediate access to the license inspection summary reports.
- To prevent future incident, the lock was covered to avert key locking/access to the cabinet.
- The Executive Director will be responsible to ensure the cabinet remains accessible at all times.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█ - 05/07/2025)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 9:15 a.m., a round dining table and four chairs were placed directly in front of the exit door located in the back area of the dining room.

Plan of Correction

Accept (█ - 04/30/2025)

- The dining room table was immediately repositioned so it did not block immediate egress in the event of an emergency.
- Starting 4/16/25, dining coworkers were educated on the importance of this regulation. This was completed on 4/25/25. Please see attached documentation.
- To prevent future incident, starting 4/10/25 the Director of Dining Services will ensure a documented audit of this space is conducted for two weeks.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█ - 05/07/2025)

125a - Combustible Storage

3. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At approximately 9:20 a.m. there was a grey sock found directly behind and close right up against the right corner of

125a - Combustible Storage (continued)

the dryer located in the "Pathways" area laundry room.

Plan of Correction

Accept (█) - 04/30/2025

- *The sock was immediately removed from between the washer and the dryer in the Pathways laundry room.*
- *Starting 4/16/2025, the Maintenance and Housekeeping Department was educated on the importance of this regulation and measures to prevent future incident. This education was completed on 4/25/2025. See attached documentation.*
- *Effective 4/16/2024, the locations of heat sources and hot water heaters was added to the daily maintenance campus rounds for monitoring and will be documented as such for two weeks. See attached documentation.*
- *To prevent future incident, the Director of Maintenance will conduct weekly audits of the maintenance rounding to ensure these areas are being monitored effectively.*

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█) - 05/07/2025

184a - Resident's Meds Labeled**4. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident 1 has a PRN order for Acetaminophen 325. On their Medication Administration Record it states to give the medication every 4 hours as needed for pain, and on the medication label it states to give every 6 hours as needed for pain. The correct order is documented in the Medication Administration Record.

Plan of Correction

Accept (█) - 04/30/2025

- *An "Order Change" sticker was immediately placed on the resident medication label to direct those administering medication there was a change in how the medication was prescribed.*
- *As of 4/16/2025 all Medication Associates and Nurses were trained on the importance of this regulation. Education was completed on 4/25/2025. See attached documentation.*
- *Effective 4/18/2025, a monthly resident medication audit has been added to the Electronic Medication Administration Record for each resident. Audits are documented by the Medication Associate or Nurse assigned to each resident accordingly.*
- *To prevent future incident, the Campus Director of Nursing will audit this documentation to ensure effectiveness.*

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented (█) - 05/13/2025

187b - Date/Time of Medication Admin.**5. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 has a Sliding Scale for insulin medication. The Sliding Scale is as follows:

187b - Date/Time of Medication Admin. (continued)

125-150 – 2 units

151-200 – 4 units

201-250 – 6 units

251-300 – 8 units

301-350 – 10 units

351-400 – 12 units

Over 400 – contact Physician

Resident #1's Medication Administration Record indicates on 04/04/2025, this resident's Blood Glucose level was 213, and was given 6 units of Lispro at 8:30a.m. At 12:30 p m. the Blood Glucose Level was 265 and the resident was given 8 units. However, the Medication Administration Record does not include the initials of the staff person who administered the medication.

Plan of Correction

Accept () - 04/30/2025

- Through investigation of this incident, this violation was identified as a documentation error. Although the glucose level was taken by the same Medication Associate that administered the insulin, the initials of this individual appeared as a (.) period in the Medication Administration Record.
- As of 4/16/2025 all Medication Associates and Nurses were trained on the importance of this regulation. Education was completed on 4/25/2025. See attached documentation.
- Effective 4/18/2025, a monthly resident medication audit has been added to the Electronic Medication Administration Record for each resident. Audits are documented by the Medication Associate or Nurse assigned to each resident accordingly.
- To prevent future incident, the Campus Director of Nursing will audit this documentation to ensure effectiveness.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented () - 05/13/2025

231b - Medical Evaluation

6. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident 2 was admitted to the home's secure dementia unit on () Resident 2's initial Medical Evaluation form dated () did not include a diagnosis of Alzheimer's disease or other dementia.

Plan of Correction

Accept () - 04/30/2025

- This violation was identified as a documentation error as the diagnosis of dementia was identified in other physician documentation at time of admission. A new DME correcting this error was obtained on 4/14/25 and attached to initial DME. See attached documentation.
- On 4/16/2025, those responsible for obtaining the initial DME for admission to a Secured Dementia Unit were educated on the importance of this regulation and processes to prevent future incident. See attached documentation.
- To prevent future incident, the requirement for diagnosis of Alzheimer's disease or other dementia has been added to the existing DME Checklist prior to filing in resident's record. See attached documentation.
- The Campus Director of Nursing will ensure accuracy regarding residents' medical records.

231b - Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented ([REDACTED] - 05/12/2025)