

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

March 27, 2026

[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 02/04/2026 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

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: 03/06/1998	Issued By: DLI
Type: I 1	Date: 12/08/2010	Issued By: Wyomissing Borough
Type: I 2	Date: 12/08/2010	Issued By: Wyomissing Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 168 **Waking Staff:** 126

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 02/04/2026

Inspection Dates and Department Representative

02/04/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 166		Residents Served: 104	
Secured Dementia Care Unit			
In Home: Yes	Area: Connections	Capacity: 60	Residents Served: 42
Hospice			
Current Residents: 7			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 104	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 64		Have Physical Disability: 0	

Inspections / Reviews

02/04/2026 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/12/2026

Inspections / Reviews *(continued)*

03/23/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/25/2026

03/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/25/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 2:10 p.m. there was an unlabeled razor in the shower of shared room [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/23/2026)

The razor was removed from the shower and placed in the individual resident's locking cabinet and secured with their personal belongings.

Education provided to Personal Care Associates regarding the importance of maintaining sanitary conditions and securing resident personal belongings. Education to be completed by 3/6/2026.

Daily audits of resident bathrooms will be completed by the Personal Care Coordinator, or designee, over a two week period to ensure ongoing compliance and understanding. Completion of audits will be done by 3/20/2026.

Connections Program Manager will monitor status of resident apartments and bathrooms for ongoing compliance.

Documentation of education and daily audits to be provided.

Licensee's Proposed Overall Completion Date: 03/20/2026

Implemented [REDACTED] - 03/27/2026)

100b - Removal Snow/Obstructions

2. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At approximately 9:40 p.m. the door exiting the Secure Dementia Care Unit kitchenette opened enough for the door to open. The remaining walkway was covered in snow and ice.

Plan of Correction

Accept [REDACTED] - 03/23/2026)

Due to snow drifting, the area outside the Connections Dining Room exit became covered with snow. Maintenance cleared the area at time of discovery ensuring immediate egress.

Education provided to Maintenance Team on 3/3/2026 on ensuring proper egress during and after inclement weather.

During inclement weather, Maintenance will conduct daily audits of campus exits to ensure safe egress. These audits will be documented on daily checklists over the course snow or ice being present on the ground.

Documentation of education provided.

Pictures of area in question showing snow removal.

Licensee's Proposed Overall Completion Date: 03/09/2026

100b - Removal Snow/Obstructions (continued)

Implemented () - 03/27/2026

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The 3 external dryer ducts on the outside of the building that exit from the connection's laundry room are caked with lint on and around the ducts. The two ducts closer to the bottom of the building have lint stuck to the side of the building and there is a large area of lint scattered on the ground.

The external dryer ducts on the outside of the building that exit from the personal care laundry room are caked with lint on and around the inside of the ducts.

Plan of Correction

Accept () - 03/23/2026

2/5/2026 external dryer ducts on the outside of the building from the Connections Neighborhood laundry room were cleaned by Maintenance. Debris on the ground below dryer ducts was also cleaned.

Education provided to Maintenance Team on 3/3/2026 on the importance of this regulation.

Audits of these vents has been added to the daily checklist of the Maintenance Team.

Ongoing compliance will be monitored by Maintenance Director to ensure daily checklists are completed and concerns addressed as needed.

Documentation of education provided.

Pictures of area in question showing ducts have been cleaned.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented () - 03/27/2026

121a - Unobstructed Egress

4. 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 9:35 a.m. the gate that exits from the Secure Dementia Care Unit courtyard could not be opened more than 5 inches.

At approximately 9 :20 a.m. the door exiting near the Business Office was blocked with ice and snow. It would only open about 6 inches. The door leads to a grassy area that was covered in snow, which would impede egress.

121a - Unobstructed Egress (continued)

Repeat Violation: 4/9/25

Plan of Correction

Accept [REDACTED] - 03/23/2026)

Due to snow drifting, the area outside the Connections Courtyard and the exit at the Business Office became covered with snow. Maintenance cleared the area at time of discovery ensuring immediate egress.

Education provided to Maintenance Team on 3/3/2026 on ensuring proper egress during and after inclement weather.

During inclement weather, Maintenance will conduct daily audits of campus exits to ensure safe egress. These audits will be documented on daily checklists over the course snow or ice being present on the ground.

Documentation of education provided.

Video of area in question sent to Ryan Yankowy on 2/6/2026 verifying area was cleared.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented [REDACTED] - 03/27/2026)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

At approximately 2:00 p.m. in the Pathway medication cart, there was an undated [REDACTED] PF injectable pen belonging to Resident [REDACTED]. According to the manufacturer's instructions the medication is to be discarded after 28 days.

Plan of Correction

Accept [REDACTED] 03/23/2026)

Resident [REDACTED] medication was immediately returned to the labeled and dated container and stored per manufacturer instructions.

2/4/2026 initial Medication Cart audit completed by Director of Nursing and Assistant Director of Nursing.

2/9/2026 campus nurses were educated on the importance of this regulation and the proper storage of resident medication to ensure compliance.

Starting the week of 2/9/2026, assigned nurse will conduct weekly medication cart and medication administration record audits for (4) weeks. Following those (4) weeks, the assigned nurse will conduct monthly audits to ensure continued compliance.

Documentation of education and audits to be provided.

Licensee's Proposed Overall Completion Date: 03/09/2026

183e - Storing Medications (continued)

Implemented [redacted] - 03/27/2026)

184a - Resident's Meds Labeled

6. Requirements

2600.

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

Description of Violation

At approximately 2:00 p.m. in the Pathway medication cart, there was an [redacted] PF injectable pen belonging to Resident [redacted] that did not have a pharmacy label.

Plan of Correction

Accept [redacted] - 03/23/2026)

Resident [redacted] medication was immediately returned to the labeled container and stored per manufacturer instructions.

2/4/2026 initial Medication Cart audit completed by Director of Nursing and Assistant Director of Nursing.

2/9/2026 campus nurses were educated on the importance of this regulation and the proper storage of resident medication to ensure compliance.

Starting the week of 2/9/2026, assigned nurse will conduct weekly medication cart and medication administration record audits for (4) weeks. Following those (4) weeks, the assigned nurse will conduct monthly audits to ensure continued compliance.

Documentation of education and audits to be provided.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented [redacted] 03/27/2026)

187c - Refusal of Medication

7. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident [redacted] has an order for [redacted] every 8 hours. The resident refused the medication on [redacted] at 2:00 p.m., the prescriber was not notified regarding the refusal.

Plan of Correction

Accept [redacted] - 03/23/2026)

2/4/2026 Resident [redacted] physician was contacted to ensure refusal of medication on 2/3/2026 at 2:00pm was communicated timely.

2/4/2026 initial Electronic Medication Administration Record audit completed by Director of Nursing and Assistant Director of Nursing. Ongoing compliance to be measured by Director of Nursing and Assistant Director of Nursing by review of Missed Medication Report in Electronic Health Record and review of associated progress note

187c - Refusal of Medication (continued)

documentation. Audits of these practices are captured in Monthly Clinical Dashboard review.

2/9/2026 campus nurses were educated on the importance of this regulation and the documentation actions taken to ensure compliance.

Starting the week of 2/9/2026, assigned nurse will conduct weekly medication cart and medication administration record audits for (4) weeks. Following those (4) weeks, the assigned nurse will conduct monthly audits to ensure continued compliance.

Documentation of education and audits to be provided.

Licensee's Proposed Overall Completion Date: 03/09/2026

Implemented ([REDACTED] - 03/27/2026)