

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

April 23, 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 03/13/2026 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:** 03/26/2027
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:** dept L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 212 **Waking Staff:** 159

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 03/13/2026

Inspection Dates and Department Representative

03/13/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 166 **Residents Served:** 144

Secured Dementia Care Unit

In Home: Yes **Area:** Connections **Capacity:** 60 **Residents Served:** 43

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 114
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 68 **Have Physical Disability:** 0

Inspections / Reviews

03/13/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/13/2026

Inspections / Reviews *(continued)*

04/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/23/2026

04/23/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Staff interviews determined that on [REDACTED] at approximately 9:20 p.m., Resident [REDACTED] was involved in a verbal altercation with Resident [REDACTED]. Staff person A reported that during the incident, Resident [REDACTED] pushed Resident [REDACTED] causing Resident [REDACTED] to fall to the floor. Resident [REDACTED] was evaluated at a local hospital and diagnosed with a [REDACTED].

Following the fall, Resident [REDACTED] reported right hip pain and initially refused medical evaluation on [REDACTED] and [REDACTED]. EMS educated Resident [REDACTED] on potential health risks on [REDACTED] at 11:00 p.m. On the evening of [REDACTED] Resident [REDACTED] was evaluated at a local hospital and diagnosed with a [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] 04/21/2026)

Resident [REDACTED] was immediately sent to the hospital for emergency medical care and treatment post incident and again following continued complaints of pain.

Indefinite one to one supervision was immediately put in place for resident [REDACTED] to ensure no further incident.

Resident [REDACTED] primary care physician was immediately contacted and orders received for medication changes and laboratory testing. Psychiatrist evaluated resident on 3/12/26 regarding inappropriate and aggressive behaviors with additional medication changes.

Resident [REDACTED] and Resident [REDACTED] 2 plan of care updated.

[REDACTED] Executive Director of Memory Services provided training to coworkers on 3/19/2026 regarding deescalating behaviors in residents with dementia and building a plan of care around behaviors.

Resident [REDACTED] scheduled for discharge from Country Meadows on 4/9/2026.

Documentation of training completed on 3/19/2026 provided.

Licensee's Proposed Overall Completion Date: 04/09/2026

Implemented [REDACTED] - 04/23/2026)