

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

April 28, 2025

[REDACTED], ADMINISTRATOR
COUNTRY MEADOWS OF WYOMISSING LLC
[REDACTED]

RE: COUNTRY MEADOWS OF
WYOMISSING I
1800 TULPEHOCKEN ROAD
WYOMISSING, PA, 19610
LICENSE/COC#: 20501

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/03/2025 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 I License #: 20501 License Expiration: 03/26/2026
 Address: 1800 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: 07/25/2003 Issued By: Dept. L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 37 Waking Staff: 28

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 04/03/2025

Inspection Dates and Department Representative

04/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 37

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

04/03/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/24/2025

Inspections / Reviews *(continued)*

04/22/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/27/2025

04/28/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

125a - Combustible Storage

1. Requirements

2600.

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

Description of Violation

At 9:15 a.m., 3 pieces of cardboard and scraps of paper were noted on the floor approximately 6 inches from the hot water heater.

Plan of Correction

Accept () - 04/22/2025)

- The pieces of cardboard and scraps of paper were immediately removed and discarded.
- As of 4/16/2025, the Maintenance and Housekeeping Department is being educated on the importance of this regulation and measures to prevent future incident. Education will be completed by 4/21/2025. See attached documentation.
- Effective 4/16/2024, the locations of heat sources and hot water heaters has been 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: 04/21/2025

Implemented () - 04/28/2025)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:05 a.m., prescription eye drops belonging to resident # 2 were observed to be left on top of an unattended medication cart in the lobby area.

Plan of Correction

Accept () - 04/22/2025)

- The bottle of eye drops was removed immediately from the medication cart and secured.
- As of 4/16/2025 all Medication Associates and Nurses are being trained on the importance of this regulation. Education will be completed by 4/25/2025. See attached documentation.
- Effective 4/18/2025, the assigned nurse or Shift Supervisor will make rounds to audit all medication carts each shift for two weeks and document these audits accordingly. See attached documentation.
- The Campus Director of Nursing will ensure audit effectiveness for prevent future incident.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented () - 04/28/2025)

183e - Storing Medications

3. Requirements

2600.

183e - Storing Medications (continued)

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

An Albuterol Sulfate inhaler currently prescribed for Resident # 1 was noted in the medication cart with an expiration date of April 2024.

Plan of Correction

Accept () - 04/22/2025)

- The expired inhaler was immediately removed from the medication cart and disposed of accordingly.
- As of 4/16/2025 all Medication Associates and Nurses are being trained on the importance of this regulation. Education will be completed by 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: 04/25/2025

Implemented () - 04/28/2025)

185a - Implement Storage Procedures

4. 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

The glucometer for resident # 3 was not calibrated to the correct date. Resident # 4 requires blood glucose monitoring three times daily. On 3/22/25 at 11:36 a.m. the blood glucose reading was 185 but was documented as 182 on the resident's medication administration record.

Plan of Correction

Accept () - 04/22/2025)

- The glucometer for resident #3 was immediately recalibrated to the correct time.
- As of 4/16/2025 all Medication Associates and Nurses are being trained on the importance of this regulation. Education will be completed by 4/25/2025. See attached documentation.
- Effective 4/20/2025, the assigned third shift nurse will conduct weekly glucometer audits to ensure both accurate calibration and documentation.
- To prevent future incident, the Campus Director of Nursing will audit this documentation to ensure effectiveness.

Licensee's Proposed Overall Completion Date: 04/25/2025

Implemented () - 04/28/2025)