

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY MEADOWS ASSOCIATES
LEGAL ENTITY

To operate COUNTRY MEADOWS OF BETHLEHEM III
NAME OF FACILITY OR AGENCY

Located at 4007 GREEN POND ROAD, BETHLEHEM, PA 18020
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 100
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 27, 2010 until January 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 232880

Robert E. Robinson
ISSUING OFFICER

Kevin J. Casey
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

JAN 27 2010

Mr. David Leader, Chief Operating Officer
Country Meadows Associates
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Bethlehem III
4007 Green Pond Road
Bethlehem, Pennsylvania 17033

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on November 12, 2009, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

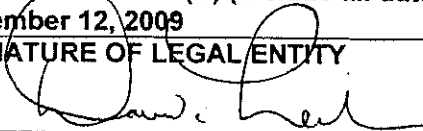

Sincerely,

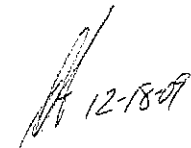
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosure
License

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Country Meadows of Bethlehem III 4007 Green Pond Road Bethlehem, PA 18020		CURRENT LICENSE NUMBER 232880	
INSPECTION DATE(S) (Include all dates of the inspection) November 12, 2009		REGIONAL REPRESENTATIVE Laura Santa Maria and Jaime Erb	
SIGNATURE OF LEGAL ENTITY 	DATE 12/9/2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-18-09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
133a1 If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The sun room, in the east wing on the 1 st floor, has a door that leads to the front parking lot. This door does not have an exit sign. The door in the west wing on the 1 st floor can be seen by standing out in the hallway near the housekeeping room. This door leads to the outside dock area that is open to the front parking lot. This door does not have an exit sign.	11/15/09 ongoing	Exit signs were added to the sun room and west wing doors as of 11/15/09. Routine, random audits of exits will be conducted by the maintenance and housekeeping departments in order to ensure continued compliance.	 12-18-09

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Country Meadows of Bethlehem III 4007 Green Pond Road Bethlehem, PA 18020		CURRENT LICENSE NUMBER 232880	
INSPECTION DATE(S) (Include all dates of the inspection) November 12, 2009		REGIONAL REPRESENTATIVE Laura Santa Maria and Jaime Erb	
SIGNATURE OF LEGAL ENTITY	DATE 12/9/2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-18-09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Resident #1's pharmacy label lists Nitroquick .4 mg, but the Medication Administration Record (MAR) has it listed as Nitroglycerin .4 mg. Resident #1's pharmacy label lists Vitamin D 1000 IU, take one tablet by mouth daily, but the MAR has it listed Vitamin D 1000 IU one by mouth four times daily. Resident #2's PRN Percocet 325 mg was administered on 11/3/09 at 12:00 PM, and it was recorded on the controlled substance sheet as per the home's medication policy. However, staff person A did not initial the MAR that this medication was given.	11/14/2009 11/14/2009 11/14/2009 <<date>>	The MAR for Resident 1 was corrected immediately following the inspection. Med-techs were re-educated immediately following inspection that Medication Administration Records must exactly match medication documentation as to drug names and dosage. The MAR for Resident 2 was updated immediately following the inspection. Staff person A was re-educated as to the requirement to update the MAR in addition to the controlled substance sheet. In-service will be conducted by Regional Director on proper MAR documentation by <<date>>	

ongoing

Routine, random audits of the MAR's will be conducted by the Director of Wellness/designee in order to ensure continued compliance.