

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 V OF BETHLEHEM

NAME OF FACILITY OR AGENCY

Located at 4025 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 126
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 December 7, 2010 until December 7, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 200750

Robert E. Robinson

ISSUING OFFICER

Kurt T. 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.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

DEC 30 2010

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

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

RE: Country Meadows V of Bethlehem
4025 Green Pond Road
Bethlehem, Pennsylvania 18020

Dear Mr. Leader:

As a result of the Department of Public Welfare's licensing inspection on September 14, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

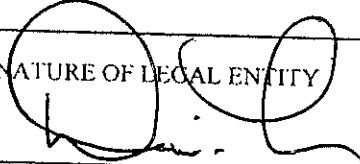
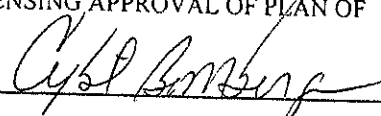
Sincerely,

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

Kevin T. Casey
Deputy Secretary

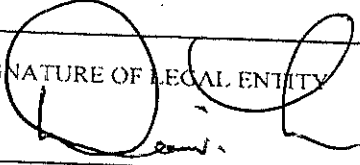
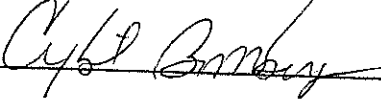
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME COUNTRY MEADOWS V OF BETHLEHEM, 4025 GREEN POND ROAD BETHLEHEM, PA 18020		CURRENT LICENSE NUMBER 200750	
INSPECTION DATES (Include all dates of the inspection) 09/14/2010		REGIONAL REPRESENTATIVE Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) David C. Leader, COO			
SIGNATURE OF LEGAL ENTITY 	DATE 10/5/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/3/10

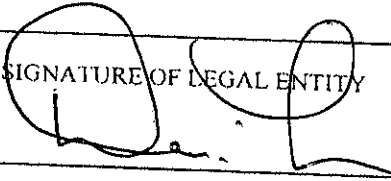
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following:	Direct care staff person "A" hired 7/3/10 is providing direct care services to residents. The employee did not complete the Department's approved direct care on-line training course and competency test.	9/14/2010 9/24/2010 ongoing	Co-worker "A", was contacted immediately after the inspection on 9/14/2010. Coworker had completed the training upon hiring, but did not print the completion certificate, and could not recall the online password to retrieve the initial certificate. As a result, Co-worker "A" re-took and completed the Department's Direct Care Staff Training Course and Competency Testing on 9/24/2010. (Documentation Attached) Routine audits of co-worker files will be conducted by Executive Director/designee and the Employment Specialist in order to ensure all required documentation of training and testing is in place.	Steps have been taken to correct violation; full compliance is not verifiable <u>12/3/10</u> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME COUNTRY MEADOWS V OF BETHLEHEM, 4025 GREEN POND ROAD BETHLEHEM, PA 18020		CURRENT LICENSE NUMBER 200750	
INSPECTION DATES (Include all dates of the inspection) 09/14/2010		REGIONAL REPRESENTATIVE Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 10/5/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/3/10

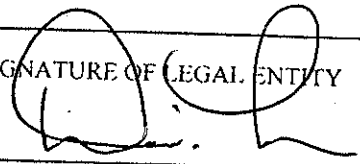
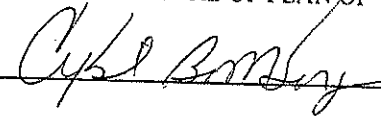
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan.			<u>Cont'd</u>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME COUNTRY MEADOWS V OF BETHLEHEM, 4025 GREEN POND ROAD BETHLEHEM, PA 18020		CURRENT LICENSE NUMBER 200750	
INSPECTION DATES (Include all dates of the inspection) 09/14/2010		REGIONAL REPRESENTATIVE Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 		DATE 10/5/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 12/3/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
(vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) The				

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

NAME AND ADDRESS OF PERSONAL CARE HOME COUNTRY MEADOWS V OF BETHLEHEM, 4025 GREEN POND ROAD BETHLEHEM, PA 18020		CURRENT LICENSE NUMBER 200750
INSPECTION DATES (Include all dates of the inspection) 09/14/2010	REGIONAL REPRESENTATIVE Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY 	DATE 10/5/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 12/3/10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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)	DATE COMPLIANCE VERIFIED BY
requirements of this chapter. (xv) infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<u>Contd</u>	