



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2013

Ms. Michelle Hamilton, Chief of Senior Living Operations
Country Meadows of Northampton Associates LP
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Meadows Living Center at Country Meadows of Bethlehem
4005 Green Pond Road
Bethlehem, Pennsylvania 18020

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's licensing inspection on August 8, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 8, 2013 to October 8, 2014 was issued on July 21, 2013. Your regular license remains in good standing.

Sincerely,

Ronald Melusky
Director

Enclosure
License Inspection Summary

Violation Report: 23788 - 08/08/2013 - Harvey, Jason
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The letter from the fire safety expert dated 12/7/2013 granted the facility an evacuation time of 12 minutes based upon the construction of the home. The fire drill on 1/30/2013 had an evacuation time of 15minutes and 43 seconds.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Any fire drill that is not completed within the evacuation time that is designated by the fire safety expert will be run again. Any concerns will be addressed and corrected in order to meet the required time frame. Staff will be inserviced on fire safety procedures as needed. Ongoing compliance will be monitored by the Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michelle Hamilton</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Hamilton, Senior VP and Chief of Operations			Date September 13, 2013

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The above plan of correction is approved as of <u>9/27/13</u> (Date)	Plan of correction implementation status as of <u>9/27/13</u> (Date)
The above plan of correction was approved by <u><i>M</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23788 - 08/08/2013 - Harvey, Jason
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
 Resident #1 had two physical altercations with resident #2 in February and April of 2013. Resident #1 had another physical altercation with resident #3 in May 2013, and a final physical altercation on 7/31/2013 with resident #4. The home has not implemented adequate positive intervention to modify or eliminate a behavior that endangers other residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All incidents were reported to AAA and DPW, and investigations were conducted. Staff had implemented regular checks and the physician made medication changes. On 5/24/13, Resident #1 was admitted to the Behavioral Unit at Sacred Heart Hospital. After her return to Country Meadows she was monitored for behaviors. The Executive Director began discussions with the family regarding other placement, and on 7/1/13, Home Care was started from 1 p.m. – 8 p.m. daily. The family was waiting to move the resident when the final incident occurred. Home Care was in place from 8am-8pm until her discharge on 8/23/13.
 Any future incidents will be evaluated to determine the circumstances/events leading up to the incident. A plan will be developed that will include appropriate interventions such as regular staff checks, private duty aides or psychiatric consults. All incidents will be reviewed with the physician and family members, and all co-workers involved in the care of the resident. In the event the interventions are not successful, other placement will be recommended. All co-workers will be inserviced on the plan, and progress will be monitored by the Assistant Director of Wellness and the Executive Director. All incidents will be monitored by the Executive Director going forward.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Michelle Hamilton, Senior VP and Chief of Operations		September 13, 2013

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