



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: July 3, 2014

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

RE: Country Meadows of Bethlehem V
4025 Green Pond Road
Bethlehem, Pennsylvania 18020
License # 200750

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's licensing inspection on June 4, 2014 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 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20075 - 06/04/2014 - Patton, Leslie
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 5/28/14 at approximately 12:15am resident #1 drank "Tide" brand laundry detergent which the resident had stored in an empty Diet Coke container. The resident was subsequently transferred to a local hospital for medical treatment. A review of the resident's support plan (dated 1/22/14) states, "the resident is unable to handle poisonous materials safely such as cleaning products." The resident's current medical evaluation (dated 5/12/14) also indicates the resident has a diagnosis of Psychosis with Alzheimer's disease. Staff person A, who is the home's administrator, stated it is the home's policy that all poisonous materials, regardless of a resident's ability to utilize poisonous materials safely, are to be kept locked at all times.

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.

A walkthrough of the building was completed by the Executive Director and Associate Executive Director, and all rooms checked for unsafe materials on 5/29/2014. A schedule was established for consistent checks and follow through to ensure resident safety. Supervisors and staff were inserviced on regulation 82(a)-(c) on 5/29/2014. Follow-up inservices will be conducted through the month of June. Plans have been put into place to educate current residents and incoming residents before the move-in process. The Executive Director will review room check documents regularly.

The administrator shall monitor for ongoing compliance.

m
 7/1/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Patti Rohrbach*

Printed Name and Title of Legal Entity Representative PattiAnn Rohrbach
 (Required on EVERY Page) Vice President of Operations Date June 30, 2014

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/1/14
 (Date)

The above plan of correction was approved by m
 (Initials)

Plan of correction implementation status as of 7/1/14
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented