



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 29 2014

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
License #: 237880

Dear Ms. Hamilton:

As a result of the Department of Public Welfare's licensing inspection on July 30, 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.

Your regular license for the period October 8, 2014 to October 8, 2015 was issued on July 7, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

34

Enclosure
License Inspection Summary

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

| | | |
|--|---|-----------------------|
| PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM | | License Number: 23788 |
| Address: 4005 GREEN POND ROAD, BETHLEHEM, PA 18020 | | County: Northampton |
| Administrator: Una Walsh | | Region: NORTHEAST |
| Legal Entity Name: COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP | | |
| Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033 | | |
| Certificate(s) of Occupancy C-2 LP 07/29/2002 PA L&I | | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 84 | Waking Staff: 63 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 07/30/2014: O'Haire, Anne; Foulkes, Kimberli | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| | | |
| Other Details | | |
| Partial or Full Triggers: | | Random Indicators: |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 64 Number of Residents Served: 42 Secured Dementia Care Unit in Home: Yes Area: Meadows Living Center at Country Meadows of Bethlehem Secured Dementia Unit Capacity, If Applicable: 64 Number of Residents Served In Secured Dementia Care Unit, If applicable: 42 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 42 Have a Physical Disability: 0 | |

Violation Report: 23788 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 56 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 7/25/14, resident #1 fell in the bathroom hitting their head on the wall and was complaining of pain everywhere. The home called 911 and the resident was taken to the ER. The resident was diagnosed with a closed head injury. The home did not submit an incident report to the Department.

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 falls that require the resident to be sent to the hospital will be reported to DPW going forward.
 All Nursing staff and managers were re-educated on falls and the reporting procedure.
 The Executive Director and Assistant Director of Wellness will monitor all falls for needed follow-up and appropriate reporting.

| | | |
|---|-----------------------------------|-----------------|
| 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 Chief of Senior Living Operations | | August 22, 2014 |

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

| | |
|---|---|
| The above plan of correction is approved as of <u>8/25/14</u> (Date) | Plan of correction implementation status as of <u>8/25/14</u> (Date) |
| The above plan of correction was approved by <u>M</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 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.


2a. DESCRIPTION OF VIOLATION
 The contract for resident #1, date of admission 5/14/14, was not signed by the resident.
 The contract for resident #2, date of admission 4/3/14, was not signed by the resident.

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.

Resident agreements with Resident #1 and Resident #2 were reviewed with the residents by the Associate Executive Director on 8/20/2014; both residents signed their agreement on 8/20/2014. All further resident contracts will be signed by the resident's designated person and the resident; if the resident refuses or is unable due to Dementia, a note will be made by the Executive Director and placed in the file. The Executive Director reviewed the regulation and requirements regarding resident signatures with marketing personnel and operational managers. All contracts will be reviewed by the Executive Director for compliance.

| | |
|---|-----------------------------------|
| 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 Chief of Senior Living Operations | August 22, 2014 |

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

| | | | |
|--|---|---|-------------------|
| The above plan of correction is approved as of | 8/25/14 (Date) | Plan of correction implementation status as of | 8/25/14 (Date) |
| The above plan of correction was approved by |  (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 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident #3 was discharged on 5/28/14. The home did not provide the required refund until 7/8/14.

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 refunds will be processed within 30 days of resident's discharge per company policy. The Office Manager will complete all necessary paperwork in a timely fashion and submit for appropriate refund. The Executive Director will review all discharges for ongoing compliance.

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 Michelle Hamilton
 (Required on EVERY Page) Chief of Senior Living Operations Date August 22, 2014

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

The above plan of correction is approved as of 8/25/14
 (Date)

Plan of correction implementation status as of 8/25/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 23788 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident's #1 and #2 records did not contain a statement signed by the resident's acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

The Associated Executive Director reviewed the resident agreements with Resident #1 and Resident #2; both residents signed their agreement on 8/20/2014.
 All further resident contracts will be signed by the resident's designated person and the resident; if the resident refuses or is unable due to Dementia, documentation will be made by the Executive Director and placed in the file. All contracts will be reviewed by the Executive Director for compliance.

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: Michelle Hamilton, Chief of Senior Living Operations Date: August 22, 2014

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

The above plan of correction is approved as of 8/25/14
 (Date)

Plan of correction implementation status as of 8/25/14
 (Date)

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

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

Violation Report: 23788 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.85(b) - There may be no evidence of infestation of insects or rodents in the home.

2a. DESCRIPTION OF VIOLATION
 In the hallway from the emergency exit near room 15 that leads to the courtyard there were over 100 dead bugs that the Administrator identified as Beetles.

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.

The hallway leading to the courtyard was cleaned and treated by Ehrlich Pest Control 7/31/14 (See attached.)
 The housekeeping and maintenance staff were instructed to begin daily walk-throughs of the area to ensure compliance. The area will be checked daily by housekeeping staff. Maintenance will set up a continuing schedule to ensure control of beetles. The Executive Director will monitor all areas ongoing for evidence of insects or rodents, and follow-up.

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: Michelle Hamilton
 (Required on EVERY Page) Chief of Senior Living Operations Date: August 22, 2014

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

The above plan of correction is approved as of 8/25/14
 (Date)

Plan of correction implementation status as of 8/25/14
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 23788 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 On 7/30/14 at 2:00 pm in the mulch to the right of the visitors parking space there were more than 11 cigarette butts, in the mulch to the right of the main entrance to the home there was 2 cigarette butts, and in the mulch to the left of the main entrance to the home there were 2 cigarette butts. This poses a fire risk.

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 cigarette butts were cleaned up in outside areas of the building. In-services for staff were held on 8/7/2014 to review the smoking policy and importance of fire safety.
 All new co-workers and residents will be educated on Country Meadows' smoking policy during Orientation. The Executive Director and Maintenance Director will continually monitor outside grounds for any signs of smoking.

| | |
|---|----------------------------------|
| 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 Chief of Senior Living Operations | August 22, 2014 |

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

| | | | |
|--|--------------------------|---|--------------------------|
| The above plan of correction is approved as of | <u>8/25/14</u> (Date) | Plan of correction implementation status as of | <u>8/25/14</u> (Date) |
| The above plan of correction was approved by | <u>m</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 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

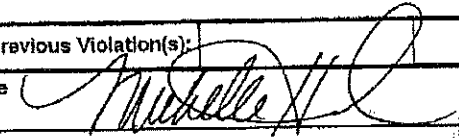
1. **REGULATION 55 Pa.Code §2600**
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. **DESCRIPTION OF VIOLATION**
 Resident's #1 and #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

The Associated Executive Director reviewed the resident agreements with Resident #1 and Resident #2; both residents signed their agreement on 8/20/2014.
 All further resident contracts will be signed by the resident's designated person and the resident; if the resident refuses or is unable due to Dementia, documentation will be made by the Executive Director and placed in the file. All contracts will be reviewed by the Executive Director for ongoing compliance.

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: Michelle Hamilton, Chief of Senior Living Operations Date: August 22, 2014

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

The above plan of correction is approved as of 8/25/14 (Date)

Plan of correction implementation status as of 8/25/14 (Date)

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

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

Violation Report: 23788 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. **REGULATION 55 Pa.Code §2600**
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. **DESCRIPTION OF VIOLATION**
 On 5/28/14, Resident # 1's physician determined that the resident needs Home Health Care/Skilled Nursing to evaluate and treat a leg wound. The resident's support plan does not address how the home will assist the resident in meeting these needs.

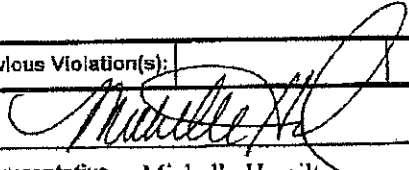
3. **PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which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

Resident #1's Support Plan was immediately updated to include dates of wound care (see attached.)
 Now resolved. All support plans going forward will include any outside services being provided to the resident with regular follow-up. The Director of Wellness, Nursing staff and program manager were given additional training and guidance to update the Resident Assessment to include additional services.

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 Michelle Hamilton
 (Required on EVERY Page) Chief of Senior Living Operations

Date August 22, 2014

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

The above plan of correction is approved as of 8/25/14
 (Date)

Plan of correction implementation status as of 8/25/14
 (Date)

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

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

Violation Report: 23788 - 07/30/2014 - O'Haire, Anne
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 The signature had been whited out on the residents signature line in resident #1 contract, date of admission 5/14/14.

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.

Resident #1 signed the contract on 5/14 and a copy was sent to the family. The copy returned by the family looks like it was whited out. All staff responsible for resident files have reviewed the procedure for signatures and will ensure proper signatures are in files. Nothing will be whited out going forward. The Associate Executive Director will monitor for ongoing compliance.

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 Michelle Hamilton
 (Required on EVERY Page) Chief of Senior Living Operations Date August 22, 2014

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

The above plan of correction is approved as of 8/25/14
 (Date)

Plan of correction implementation status as of 8/25/14
 (Date)

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

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