



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 07 2015

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 Human Services' licensing inspection on September 18, 2014 and September 19, 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 December 8, 2014 to December 8, 2015 was issued on August 22, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF BETHLEHEM V		License Number: 200750
Address: 4025 GREEN POND ROAD, BETHLEHEM, PA 18020		County: Lackawanna
Administrator: Tanya Todaro		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 L&I	I-2 03/25/2013 Bethlehem Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 100	Waking Staff: 75
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/18/2014: Novak, Ryan; Hummel, Jesse		
09/19/2014: Novak, Ryan; Hummel, Jesse		
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: 126 Number of Residents Served: 86 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 14 Have a Physical Disability: 0	

Violation Report: 20075 - 09/18/2014 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

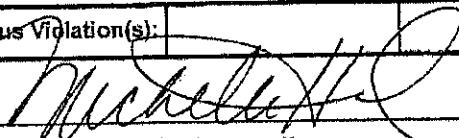
2a. DESCRIPTION OF VIOLATION
 The first aid kit located in the country kitchen did not include a CPR breathing shield.

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 CPR breathing shield was added to the first aid kit immediately on 9/18/2014. The Assistant Director of Wellness will complete a weekly inventory of the contents within the first aid kit, and restock items in the kit as needed. The Executive Director will monitor for ongoing compliance.

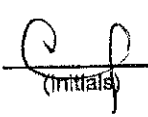
Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Hamilton Chief of Senior Living Operations	Date October 8, 2014
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>12-16-14</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>12-16-14</u> (Date) DCU <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 20075 - 09/18/2014 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

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 homes letter from the fire safety expert dated 12/4/13 designates a maximum safe evacuation time of 12 minutes. On 6/24/14 at 12:09am the home conducted a fire drill. The residents were evacuated in 13 minutes and 27 seconds. On 2/20/14 at 5:50am the home conducted a fire drill. The residents were evacuated in 13 minutes.

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 was in-serviced on fire safety procedures, and on 6/27/2014 at 12:35 a.m., a fire drill was conducted and passed in 10 minutes, 36 seconds. On 2/27/2014 at 5:01 a.m. a fire drill was conducted and passed in 11 minutes, 32 seconds.

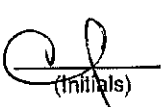
Ongoing compliance will be monitored by the Executive Director.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Michelle Hamilton October 8, 2014
 Chief of Senior Living Operations

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DCU

Violation Report: 20075 - 09/18/2014 - Novak, Ryan
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.


2a. DESCRIPTION OF VIOLATION
 Resident #1's PRN milk of magnesium and Pro air HFA Inhaler was not on hand at the time of the inspection.
 Resident #2's Bisac-Evac PRN suppository was not on hand at the time of the inspection.

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.

It is the policy of Country Meadows to ensure resident medications are available and administered as prescribed by the resident's physician.
 On 9/19/2014, a fax DC'ing Resident # 1's PRN milk of magnesium and Pro air HFA inhaler was received. (see attached).
 On 9/19/2014, a new order for Resident #2's Bisac-Evac PRN suppository was filed (see attached).
 Nursing Staff was in-serviced on 9/20/2014 on Medication Administration compliance. (see attached)
 The Assistant Director of Wellness will ensure that staff follow through on the re-ordering schedule of PRN medications.
 The Campus Director of Wellness 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 (Required on EVERY Page)	Date
Michelle Hamilton Chief of Senior Living Operations	October 8, 2014

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