



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: December 19, 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 Human Services' licensing inspection on October 10, 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: 23788 - 09/30/2014 - Foulkes, Kimberli
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 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 8/3/14, Resident #1 was found outside lying on the ground bleeding from the nose, lip and chin. 911 was called and the resident was sent to the hospital. The resident had a laceration of the chin requiring derma bond. The home did not submit an incident report to the Department.

 On 10/4/14, Resident #1 was found sleeping on the floor. The resident could not explain what happened. Approximately 12 hours later there was a hematoma/bruising noted to the right side of the resident's head. The home called 911. The resident was transported to the hospital. The resident had a diagnosis of bruise, head injury-concussion. The home did not report this incident 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 reportable incidents will be reported 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. The Campus Executive Director will review each incident and ensure that the appropriate notification is made.
 An in-service on reportable incident documentation was presented on 12/05/2014 and again on 12/06/2014 (see attached documentation). 8/3/14 DPW report attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/30/2014
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 December 11, 2014

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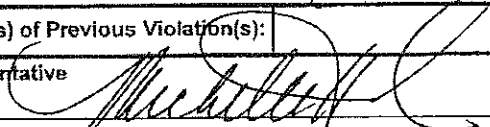
The above plan of correction is approved as of <u>12/18/14</u> (Date)	Plan of correction implementation status as of <u>12/18/14</u> (Date)
The above plan of correction was approved by <u>M</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23788 - 09/30/2014 - Foulkes, Kimberli
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 8/3/14, Resident #1, who requires 24 hour supervision, was found at 2:15pm laying outside on the ground bleeding from the nose, lip, and chin. 911 was called and the resident was sent to the ER. The resident was discharged the same date with a laceration to the chin that required derma bond.
 On 8/15/14, Resident #1, again was unsupervised in the courtyard and had suffered a fall. At approximately 2:30pm the resident was found outside on their stomach bleeding from their nose. 911 was called and the resident was transported to the ER. The resident was admitted to the hospital. The resident was discharged home on 8/18/14 with diagnoses of nasal fracture, facial bruising, syncope and UTI.
 On 9/7/14 resident #1, who is on a 2 hour toileting schedule, was last seen at approximately 6:30pm outside in the courtyard. At 7:30pm staff member A locked the courtyard door. Staff member B went to Administer medication to the resident and the resident was not in their room. The resident was found at approximately 9:00pm in the courtyard, with two other resident's walkers, lying on the cement, with a small pool of blood noted near the resident's head on the left side. The resident was experiencing pain and grimaced when touched. 911 was called and the resident was sent to the hospital. The resident was admitted to the hospital.
 Resident #1 continued to have additional falls on 9/13/14, 9/28/14, 10/3/14, 10/4/14 and 10/30/14. On 10/30/14, the resident again had a fall in the courtyard while unsupervised. It was approximately 3pm during change of shifts when the Activity aide from the 2nd floor had noticed through the window that the resident was laying on the cement in the courtyard flat on their back. 911 was called and resident was sent to the ER. The resident had a contusion near the resident's eye.

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.
 (see attachment)

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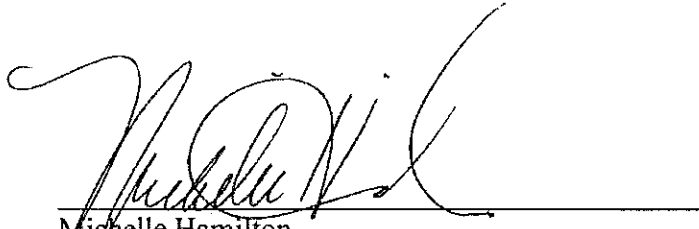
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Violation Report 23788 – pg. 3 of 5
2600.42(b)

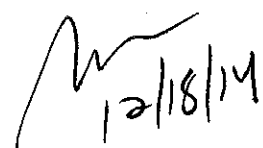
The family and physician were notified after each fall, and appropriate interventions and care were provided as listed below:

- On 8/5/14, Resident #1 was seen by Dr. [REDACTED] after the fall for follow-up.
- On 8/18/14, a therapy screen was requested.
- Therapy started in September after consent was received.
- On 9/7/2014, 15-minute checks were initiated for 10 days.
- On 9/13/14, Resident #1 was tested for balance and gait training 3x per week.
- From 9/15/14 to 10/10/14, Physical Therapy was provided.
- From 9/16/14 to 10/15/14, Occupational Therapy was provided.
- On 10/5/14, a verbal order was given for Urinalysis and Culture & Sensitivity.
- On 12/5, 12/6, & 12/7/14, In-services were held for staff to review Abuse/Neglect and Reportable Incidents (see attachment)
- On 12/6/14, 15-minute checks on Resident #1 were reinstated.
- On 12/8/14, the family of Resident #1 agreed to provide 24-hour care through Traditions of Hanover. The family is also completing paperwork for transfer to a higher level of care. Expected transfer by the end of the week (12/12/14).

All future incidents will be evaluated to determine the circumstances/events leading up to the incident. Plans will be developed that will include appropriate interventions such as regular staff checks, private duty aides or therapy consults. All interventions will be reviewed with the physician, 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 educated on interventions and fall prevention (see attachment) on 12/11/2014. All co-workers were in-serviced on the policies related to Regulation 2600.42 on 12/5, 6, & 7 (see documentation). The Campus Executive Director and Campus Director of Wellness will monitor to ensure ongoing compliance.



Michelle Hamilton
Chief of Senior Living Operations


December 11, 2014
Date

Violation Report: 23788 - 09/30/2014 - Foulkes, Kimberli
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1 experienced 9 falls from 8/13/13 through 10/3/14. 5 of the 9 falls resulted in the resident being sent out to the hospital due to injuries. 4 of the 9 falls were while unsupervised in the patio/courtyard area. The home did not complete an updated assessment to reflect the residents needs regarding falls and supervision.

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.

Assessments will be updated to include all significant changes that occur prior to the annual assessment to ensure the Assessment reflects the resident's needs, plans and/or interventions that are to be put in place to ensure safety. Campus Executive Director and Assistant Director of Wellness will monitor all Assessments and ensure that they are reviewed as changes are made, ensuring that the residents reside in the correct level of care. Resident #1's Assessment was updated 12/6/14 to reflect family agreement for high level of care.

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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

The assessment dated 7/16/14 for resident #1 indicates the resident has a need for 24 hour supervision. The resident's support plan does not document how this need will be met. The resident also had a physicians order dated 8/18/14 for Physical Therapy. The resident's support plan does not document how this need will be met.

The assessment dated 9/12/14 for resident #1 indicates the resident has a history of frequent falls and is being evaluated by PT/OT. The resident was evaluated on 9/13/14 and was to be seen 3 times per week by Genesis. The resident's support plan does not document how this need will be met.

The assessment dated 9/12/14 for resident #1 indicates the resident was admitted to the hospital on 9/7/14 after a fall. The support plan indicates that the resident will be checked every 15 minutes by staff due to a fall on 9/7/14 that occurred in the courtyard. The frequency is indicated as 10x per day (24 hours) private duty non billable. This is not accurate due to every 15 minutes does not equal 10x per day. Per the home's Administrator and other staff interviewed the home had stopped doing the 15 minute checks about 10 days post incident. The support plan dated 9/12/14 still indicated that there should be 15 minute checks and was not updated to reflect the resident's 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.

All services that have been provided to the resident, ensuring that their needs have been met will be documented on the Support Plan. Documentation on the Support Plans will accurately reflect the services that are being provided. All data from outside services will be documented on the Support Plan. Executive Director and Assistant Director of Wellness will ensure that the documentation is accurate and prompt. Co-workers will be educated on the importance of Support Plans and how to utilize this tool to provide excellent care. These trainings will be ongoing during the month of December. Resident #1's Support plan was updated 11/25/14 to reflect therapy intervention, and on 12/11/14 to reflect 24-hour supervision provided by Traditions of Hanover until Resident #1 is moved to a higher level of care.

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