



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 11, 2015

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 March 31, 2015 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 23788 - 03/31/2015 - Hummel, Jesse
 PCH Name: MEADOWS LIVING CENTER

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

On 3/7/15 at 7:45am resident #1 who resides in the Secured Dementia Care facility was practicing putting golf balls in the hallway in front of the resident's room. Resident #2 who resides in the room with resident #1 exited their room. Resident #2 crossed over the putting "green" of resident #1. Resident #1 became very upset and agitated. At this point resident #1 began yelling and pushed resident #2 off of the "green," causing resident #2 to fall. Resident #1 then took the golf club and hit the container containing golf balls. Resident #1 does not have any prior history of aggression. The facility failed to update the resident's assessment finalized on 3/8/15 to indicate the resident's recent history of physical aggression.

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 assessment has been updated. All future assessments will include the history of aggression. Connections manager and assistant director of wellness will ensure future documentation of any significant changes.

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			May 1, 2015

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

The above plan of correction is approved as of <u>6-9-15</u> (Date)	Plan of correction implementation status as of <u>6-9-15</u> (Date)
The above plan of correction was approved by <u>OP</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 - 03/31/2015 - Hummel, Jesse
 PCH Name: MEADOWS LIVING CENTER

1. REGULATION 55 Pa.Code §2600

2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

On 3/7/15 at 7:45am resident #1 who resides in the Secured Dementia Care facility was practicing putting golf balls in the hallway in front of the resident's room. Resident #2 who resides in the room with resident #1 exited their room. Resident #2 crossed over the putting "green" of resident #1. Resident #1 became very upset and agitated. At this point resident #1 began yelling and pushed resident #2 off of the "green," causing resident #2 to fall. Resident #1 then took the golf club and hit the container containing golf balls. Resident #1 does not have any prior history of aggression. After the incident the facility placed resident #1 on 1:1 supervision where staff observed the resident every 5 minutes in order to ensure the safety of the resident as well as the other residents. The facility failed to update the support plan finalized on 3/8/15 to include the resident's increased level of 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.

Support plan has been updated. All support plans will document interventions that have been put into place. Connections manager and assistant director of wellness will ensure future documentation of any significant changes.

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) Michelle Hamilton Chief of Senior Living Operations		Date May 1, 2015

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