



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 25 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 Human Services' licensing inspection on July 29, 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.

Your regular license for the period October 8, 2015 to October 8, 2016 was issued on June 19, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director */s/*

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		
<b>Certificate(s) of Occupancy</b>		
C-2 LP	Other	
07/29/2002	07/06/2010	
PA Dept of L&I	Township of Bethlehem	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 84	Waking Staff: 63
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
07/29/2015: Foulkes, Kimberli; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity: 64</b> <b>Number of Residents Served: 42</b> <b>Secured Dementia Care Unit in Home: Yes</b> <b>Area: n/a</b> <b>Secured Dementia Unit Capacity, if Applicable: 64</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable: 42</b> <b>Number of Current Hospice Residents: 1</b> <b>Number of Hospice Residents in past year: 0</b>		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income: 0</b> <b>Are 60 Years of Age or Older: 42</b> <b>Have Mental Illness: 0</b> <b>Have an Intellectual Disability: 0</b> <b>Have a Mobility Need: 42</b> <b>Have a Physical Disability: 0</b>

Violation Report: 23788 - 07/29/2015 - 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 4/27/2015 resident # 1 fell and was treated at St. Luke's Hospital for a laceration. This incident was not reported 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 Managers will be re-trained on policy and procedures and Abuse reporting guidelines (Attachment A) by 8/19/15. All staff are trained on resident abuse annually and will respond immediately to any situation involving possible abuse. All future incidents will be reported to DHS as per DHS guidelines and Country Meadows Abuse Reporting Policy (Attachment B). The Campus Executive Director will monitor all future incidents for continued compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	07/30/2014	09/30/2014
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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	August 14, 2015
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of	8/19/15 (Date)	Plan of correction implementation status as of	8/19/15 (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 - 07/29/2015 - Foulkes, Kimberli  
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 7/19/15 resident #2 had an extra reading in the glucometer of 168 that was not documented on this resident's medication administration record. Resident #3's glucometer did not have a 9pm reading on 7/19/15 and 168 was recorded on resident #3's medication administration record.

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 Medication Associates and Nurses will be re-educated on correctly documenting blood glucose (BG) readings and glucometer use (Attachment C - 8 pgs.) by 8/19/15. The Director of Nursing Operations reviewed all resident care guidelines for diabetes monitoring on 8/13/2015. All Medication Associates have been required to check MAR documentation and verify all BG readings after each med pass. Per the request of the DHS, proof of residents #2 and #3's "free of communicable diseases" by Primary Care Physicians are attached (Attachment D - 2 pgs.) The Assistant Director of Wellness will monitor going forward to ensure compliance.

*- Glucometers Replaced  
 - Verified K.F. day of inspection 7/29/15*

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Printed Name and Title of Legal Entity Representative Michelle Hamilton  
 (Required on EVERY Page) Chief of Senior Living Operations      Date August 14, 2015

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Violation Report: 23788 - 07/29/2015 - Foulkes, Kimberli  
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

**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**  
 According to the home's fire drill log during the fire drill of 3/13/15, 42 of the 43 residents in the home evacuated to public thoroughfare or a fire safe area. On this date a resident was located in their room during roll call.

**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 fire drill was originally run 3/23/15, not 3/13/15. The fire drill was successfully re-run 3/24/15 (Attachment E). On 3/24/15, all staff were re-trained on the Fire Policy and Procedure and the importance of ensuring the safety of all residents (Attachment F). The Campus Executive Director will monitor for continued compliance.

The administrator shall monitor and assure that all residents shall evacuate the entire building to a public thoroughfare or fire safe area as designated in writing (within past year) by a fire safety expert and within the period of time specified in writing by the fire safety expert. The administrator shall be responsible for ongoing compliance in 8/19/15

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Printed Name and Title of Legal Entity Representative: Michelle Hamilton  
 Chief of Senior Living Operations      Date August 14, 2015

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Violation Report: 23788 - 07/29/2015 - Foulkes, Kimberli  
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

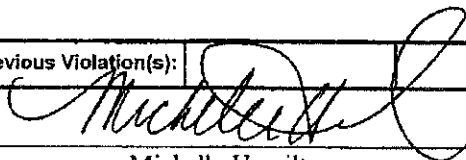
1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber,

2a. DESCRIPTION OF VIOLATION  
 Resident #4 is prescribed Hemorrhoidal ointment, apply twice daily as needed. On 7/29/15 this medication was not available in the home.

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 Hemorrhoidal ointment for Resident #4 was re-ordered and obtained 7/29/15 (Attachment G).  
 Nurses were re-trained on the procedure for checking new admission medications and the checklist to be followed (Attachment H). All medications will be reviewed and checked against the MAR to ensure compliance with all prescriptions. The Associate Director of Wellness will monitor for continued compliance.

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Violation Report: 23788 - 07/29/2015 - Foulkes, Kimberli  
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. **REGULATION 55 Pa.Code §2600**  
 2600.252 - Each resident's record must include the following information: (1) through (26)


2a. **DESCRIPTION OF VIOLATION**  
 The record of resident # 5 did not indicate the resident's eye color.

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 #5's record was corrected on the date of inspection (7/29/15) to include eye color (Attachment 1).  
 The Wellness Secretary will monitor the resident records to include appropriate information. All resident files will be reviewed by the Campus Executive Director for compliance.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michelle Hamilton Chief of Senior Living Operations	August 14, 2015

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