



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 23 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' annual licensing inspections on September 8, 2015 and September 28, 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,


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: 20075
Address: 4025 GREEN POND ROAD, BETHLEHEM, PA 18020		County: Northampton
Administrator: Tonya 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		
I-2 03/25/2013 City of Bethlehem	C-2 LP 05/20/2002 PA Dept of L&I	C-1 03/26/1999 DOH
Staffing Hours		
Resident Support: 0	Total Daily Staff: 94	Waking Staff: 71
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/08/2015: Foulkes, Kimberli 09/28/2015: Foulkes, Kimberli		
Off-Site Inspection Dates and Inspectors, if Applicable 09/14/2015: Foulkes, Kimberli 09/16/2015: Foulkes, Kimberli 09/18/2015: Foulkes, Kimberli 09/21/2015: Foulkes, Kimberli 09/29/2015: Foulkes, Kimberli		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 126 Number of Residents Served: 79 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: 1 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 79 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 10

Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

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 9/2/15, resident #1's Fentanyl DIS 25 MCG/HR was to be administered at 6:00am. It was administered by staff person A at 7:41am resulting in a medication error. 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.

On 9/8/2015 the medication error was discovered upon inspection completed by DHS. Prescriber and POA notified of medication error upon discovery. All future incidents will be reported to DHS as per DHS guidelines and Country Meadows reporting policy. All managers were re-trained on policy and procedures pertaining to reportable incidents and conditions by 10/29/15. The Administrator will monitor all future incidents for future 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: November 6, 2016

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The above plan of correction is approved as of <u>11/10/15</u> (Date)	Plan of correction implementation status as of <u>11/10/15</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: 20075 - 09/08/2015 - Foulkes, Kimberli
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 9/6/15 resident #1's family member reported to the home that on 9/5/15 resident #1 was observed being visibly upset upon their arrival. At that time resident #1 informed the family member that staff person A yelled at them, "You should be sent back to the nursing home!"
 On 9/5/15 in the dining room a person observed resident #1 sitting at the table visibly upset. This person asked resident #1 what was wrong. Resident #1 informed this person that they "were heartbroken because the staff person was mean to me." This person asked resident #1 if it was staff person A and resident #1 replied "yes". Later, this person observed staff person A getting into resident #1's face and speaking to the resident in a very "sarcastic and condescending manner". This person observed staff person A turn around and walk away, very loudly stomping their feet, saying to another staff person, "I can't wait for resident #1 to get kicked out of here, he/she is testing my patience". Resident #1 was observed being shaken up, on the verge of tears, and really didn't eat.

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.
 On 9/16/15 the facility took the report from the family member and self-reported the complaint to DHS. The home followed both DHS regulatory requirements as well as the facility procedures for investigation, including suspending the suspected staff person and completing a formal investigation. Facility also reported the complaint to Area Agency of Aging as appropriate, which concluded after their investigation that the incident was unfounded.
 All staff persons present during the interaction between Staff Person A and resident #1 were interviewed. All staff persons reported that there was an exchange with the residents, but in their opinion the interaction did not rise to the level of not treating the resident with dignity and respect. The account of the incident from the facility investigation and questioning of the resident does not match the description of the events listed in the violation description.
 The incident has been addressed with Staff Person A and she has been transferred to another facility on the campus to avoid any uncomfortableness on the part of the resident and [redacted] family. All care staff were retrained on resident rights on 10/12/15, 10/8/15, 10/11/15 and 10/21/15 (Attachment B).
 The administrator will continue to monitor for ongoing compliance and will continue to report any suspicion of abuse in a timely manner to DHS and Area Agency of Aging.

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		November 6, 2015

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		<input type="checkbox"/> Partially Implemented - Inadequate Progress	<input type="checkbox"/> Not Implemented

Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberl
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

Blue laundry detergent pods contained in a plastic Hygen Wipe Box located in the home's laundry room across from resident room 34 were not in their original labeled container. The U.S. Consumer Product Safety Commission issued a warning regarding single load laundry packets stating, "if swallowed or exposed to the eye, immediately call Poison Help".

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 staff have been trained in the handling of poisonous materials and the assurance that they be kept in their original containers. Trainings on the policy and procedure for poisonous materials was completed on 10/8/15, 10/12/15 and 10/21/15 (Attachment C). Weekly checks will be completed by the personal care staff. The Manager and Administrator 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 Operators Date November 6, 2015

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 Clorox Clean up with bleach, with a manufacturer's label indicating "if swallowed call a poison control center or physician", was unlocked and accessible to residents in the country kitchen across from room number 37. Blue laundry detergent pods contained in a plastic Hygen Wipe Box located in the home's laundry room unlocked and accessible to residents across from resident room 34 were not in their original labeled container. The U.S. Consumer Product Safety Commission issued a warning regarding single load laundry packets stating, "if swallowed or exposed to the eye, immediately call Poison Help". Also there were various other cleaning/laundry supplies unlocked and accessible to residents in the laundry room located in the activities room. Not all residents in the home have not been assessed capable of recognizing and using poisons safely.

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 complete walkthrough of the building was completed by the Manager and Administrator. All rooms were checked for poisonous materials on 9/8/15 and materials were either removed or locked. A weekly schedule has been established for consistent checks and follow through to ensure resident safety. Personal care staff will complete the checks. Staff were in-serviced on the policies to be followed regarding poisonous materials on 10/8/15, 10/11/15, 10/12/15 and 10/21/15 (Attachment D). The Administrator will monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michelle Hamilton Chief of Senior Living Operations	November 6, 2015

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Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli
 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 letter from the fire safety expert dated 12/2/14 granted the facility an evacuation time of 12 minutes based upon the safety features and construction of the home. The fire drill held on 10/16/14 at 11:32pm took 13 minutes and 26 seconds to evacuate during the fire drill.

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 of 10/16/14 was in fact, a "failed" fire drill which was documented as such. A fire drill is required within a personal care home to allow staff to learn and respond with proper evacuation procedures. The drills are designed to teach staff and residents how to respond. The drill was repeated on 10/29/14 and was successful (Attachment E). We believe that we are in full compliance with the regulation by completing a second fire drill, which did in fact meet the regulation 2600.132(d) for October, 2014.

The administrator will monitor for ongoing compliance. - and assure that all residents are evacuated to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert identifying the additional evacuation time in writing a maximum of 12 minutes.

The administrator shall be responsible for ongoing compliance. (letter attached)

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/18/2014 *11/10/15*

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Hamilton*

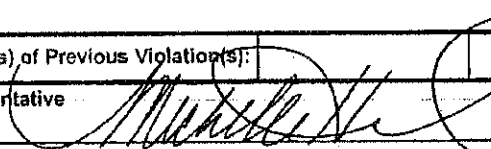
Printed Name and Title of Legal Entity Representative Michelle Hamilton
 (Required on EVERY Page) Chief of Senior Living Operations Date November 16, 2015

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The above plan of correction is approved as of 11/10/15 (Date) Plan of correction implementation status as of 11/10/15 (Date)

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

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

Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli PCH Name: COUNTRY MEADOWS OF BETHLEHEM V	
1. REGULATION 55 Pa.Code §2600 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	
2a. DESCRIPTION OF VIOLATION The written fire drill record for the fire drill held on 5/29/15 at 11:14am indicated 77 residents in the home at time alarm sounded, but only 76 residents evacuated. The written fire drill record for the fire drill held on 12/2/14 at 10:45am indicated 76 residents in the home at time alarm sounded, but only 75 residents evacuated.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> The administrator discussed with the residents the need to participate in the evacuation when the fire alarms are activated. The administrator explained that it is for the resident's safety to participate, and that not participating would lead to the resident not being able to live at Country Meadows. The POA's were notified and the administrator communicated the importance of compliance and resident safety. Fire safety will be a topic of upcoming fireside chats. Drills were re-run successfully on 12/29/14 and 6/5/15 (Attachment G). Staff were inserviced regarding fire safety procedures on 5/30/15 (Attachment H). The administrator shall 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 November 6, 2015	
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Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home's policy states under administration, "Each time a controlled substance is administered, the following information is documented on the controlled medication accountability sheet: date and time of administration, quantity administered and quantity remaining, and signature of person assisting with or administering the drug." On 9/2/15 staff person A did not sign for the administration of resident #1's Fentanyl DIS 25MCG/HR at 7:41am.

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.

Staff person A was counseled for failing to document appropriately for medication given.
 On 10/11/15, 10/12/15 and 10/21/15 all nursing staff were re-trained on the ordering of controlled substances, delivery of medication, storage and inventory of medication, medication administration and the wasting/destroying of controlled substances (Attachment I).
 The Director of Wellness will incorporate this training into her monthly nursing meetings. The 11-7 nursing team will complete nightly checks. The administrator 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 November 6, 2015	

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Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

- 1. REGULATION 55 Pa.Code §2600**
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of administration.
 - (8) Frequency of administration.
 - (9) Administration times.
 - (10) Duration of therapy, if applicable.
 - (11) Special precautions, if applicable.
 - (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
 - (13) Date and time of medication administration.
 - (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION
 Resident #2's medication administration record on 9/8/15 had that the resident's Ammonium Lac Lot 12%, apply topically to affected areas twice daily as needed for dry skin, 7:00am-2:59pm and 3:00pm-10:59pm, was discontinued. It was last administered on 9/1/15 between 7:00am-2:59pm. According to the Administrator the physician's order dated 7/3/15, states the medication should be administered twice daily as needed and this medication was not discontinued.

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.

Attempts were made with the pharmacy and physician to correct the inaccurate order for the Ammonium Lac Lot 12% and this information provided to the inspector on date of inspection. The home will educate the pharmacy and physician on the regulations of DHS. A procedure has been put into place for each nurse to review the MAR's daily to ensure that the medication records are accurately reflected per physician's orders. All nursing staff were re-trained in Medication Administration on 10/11/15, 10/12/15 and 10/21/15 (Attachment J). The Assistant Director of Wellness in conjunction with the Administrator 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) Michelle Hamilton Chef of Senior Living Operations	
Date November 6, 2015	

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Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli
 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 #3 is prescribed Dermacerin Cream as needed. This medication was not available in the home.

On 9/8/15 at 6:00am, staff person B should have administered resident #1's Fentanyl patch. This medication was not available in the home.

On 9/2/15 at 6:00am, staff person A should have administered resident #1's Fentanyl patch. The medication was not administered until 7:41am.

Resident #1 is prescribed Fentanyl DIS 25MCG/HR, apply one patch topically change every 72 hours *remove old patch before applying new* Rotate sites (pain) (CII) 6:00AM. On 9/10/15, in the morning, while assisting the resident with dressing, it was discovered by staff person C that resident #1 had two Fentanyl patches on. The patch that was placed on the resident on 9/5/15 was not removed and another patch was placed on the resident on 9/9/15.

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.

On 9/8/15, the medication error was discovered upon inspection completed by DHS. Prescriber and POA were notified of medication error upon discovery. All future incidents will be reported to DHS as per DHS guidelines and Country Meadows reporting policy.

Staff persons responsible for ensuring that medications are reordered have been counseled and in-serviced on the proper procedures for reordering and administering medication as prescribed by the physician.

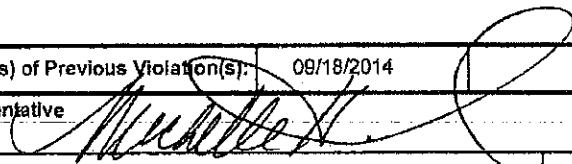
Staff person responsible for not administering the medication correctly has been counseled.

Facility policy is to ensure that resident's medication are available and administered as prescribed by their physicians. All nursing staff and medication associates were in-serviced on Medication Administration Compliance on 10/11/15 and 12/21/15 (Attachment K). The director of wellness will review proper medication reordering and administration procedures during monthly nursing meetings. Daily reordering procedures have been enhanced to ensure that nursing staff monitor medications to ensure all available medications are available in the facility as prescribed.

The Assistant Director of Wellness and Administrator will monitor for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/18/2014

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 November 6, 2015

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11/10/15
 (Date)

Plan of correction implementation status as of

11/10/15
 (Date)

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M
 (Initials)

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Violation Report: 20075 - 09/08/2015 - Foulkes, Kimberli
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed Fentanyl DIS 25MCG/HR at 6:00am. On 9/2/15 staff person A did not administer resident #1's Fentanyl DIS 25MCG/HR until 7:41am. The error was not reported to the resident's designated person or to the prescriber.
 Resident #1 is prescribed Fentanyl DIS 25MCG/HR at 6:00am. On 9/8/15 at 6:00am, staff person B should have administered resident #1's Fentanyl patch. This medication was not available in the home. The error was not reported to the resident or the resident's designated person. The error was not reported to the prescriber until 9/9/15.

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.

On 9/8/15, the medication error was discovered upon inspection completed by DHS. Prescriber and POA were notified of medication error upon discovery. All future incidents will be reported to DHS as per DHS guidelines and Country Meadows reporting policy. On 10/3/15 and 10/6/15 the nursing team was re-trained on the proper documentation of Medication Error Reporting (Attachment L). Any future errors will be reported immediately to the resident, the resident's designated person and the prescriber upon discovery by the nurse or the Assistant Director of Wellness. The administrator will monitor for ongoing compliance with the policy and procedure of Country Meadows and for Regulatory 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: November 6, 2015

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