



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 16 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 III  
4007 Green Pond Road  
Bethlehem, Pennsylvania 18020  
License #: 232880

Dear Ms. Hamilton:

As a result of the Department of Human Services' annual licensing inspection on September 22, 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,

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

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 23288 - 09/22/2015 - Rushin, Julianne  
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM III

**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 8/21/15 at 8:35pm resident #1 had a fall in the bathroom. The resident was sent to St. Luke's Hospital Anderson campus with a chief complaint of 1) Fall 2) Head injury. The resident was discharged from the hospital with diagnoses of 1) Abrasion, knee 2) Closed injury of the head. 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.*

All future incidents will be reported to DHS as per DHS guidelines and Country Meadows reporting policy. All managers will be re-trained on policy and procedures pertaining to reportable incidents and conditions and Country Meadows Abuse Reporting policy by October 7, 2015 (Attachment A). All staff are trained on resident abuse annually and will respond immediately to any situation involving abuse. The executive director will monitor all future incidents for continuous 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, Chief of Senior Living Ops		Date October 8, 2015

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

The above plan of correction is approved as of <u>10/13/15</u> (Date)	Plan of correction implementation status as of <u>10/13/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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