



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

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' annual licensing inspection on July 19, 2016 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 blue ink that reads "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 23788 - 07/19/2016 - Novak, Ryan
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

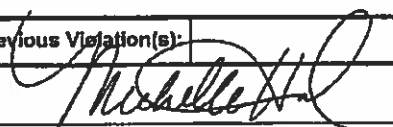
2a. DESCRIPTION OF VIOLATION
 The medical evaluation (D.M.E.), for resident #1 dated 2/24/16 did not include the resident's weight, height, temperature or body positioning.

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 medical evaluation for resident #1 was corrected the same day as inspection (Please see exhibit A). All staff persons involved with the medical evaluation process were educated on the required contents of the medical evaluation. (Please see attached.) Going forward, if a medical form is received incomplete or incorrect, the RN/LPN will contact the person who completed the medical evaluation and obtain permission to correct the medical evaluation form, and indicate the date, time, and person they spoke to on the form next to the correction. All completed Medical evaluation forms will be reviewed by the Connections Manager to ensure compliance. The administrator will review for ongoing compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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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)	Date
Michelle Hamilton Chief of Senior Living Operations	August 11, 2016

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

The above plan of correction is approved as of <u>8-16-16</u> (Date)	Plan of correction implementation status as of <u>8-16-16</u> (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 - 07/19/2016 - Novak, Ryan
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #2's mentholatum ointment was discontinued on 7/8/16 and was still present in the nursing office with the residents other medications.

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 #2's mentholatum was removed immediately and sent back to the pharmacy. All nursing staff were reeducated on the process of ensuring that discontinued medications are returned back to the pharmacy for destruction. The ADOW will conduct monthly audits of the medication drawers to assure only medications ordered by the attending physician are present or removed per physician's orders. The Administrator will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 11, 2016
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Violation Report: 23788 - 07/19/2016 - Novak, Ryan
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

- 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.

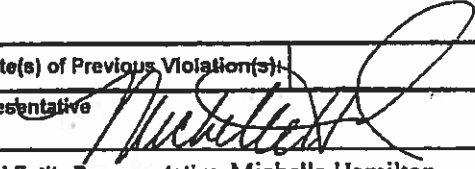
2a. DESCRIPTION OF VIOLATION
 Resident #3 has an order for blood glucose readings twice daily. On 7/14/16 at 6:30am the MAR noted a reading of 107, however there was no reading in the glucometer for that time. The MAR was incorrectly documented.

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.

At the time of inspection, it was determined that an accucheck was not completed on Resident #3. The staff member was counseled on proper documentation and completion of physician order (exhibit d & e). Retraining on proper usage of glucometers was provided to the staff member and additional appropriate staff. Glucometers will be checked daily by the nursing team. The ADOW and Campus DOW will monitor for ongoing compliance.


Repeat Violation: No	Date(s) of Previous Violation(s):
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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 11, 2016
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Violation Report: 23788 - 07/19/2016 - Novak, Ryan
 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 #3 has an order for blood glucose readings twice daily. On 7/14/16 at 6:30am the MAR noted a reading of 107, however there was no reading in the glucometer for that time.

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 individual responsible was counseled and retrained by the DOW on the proper process of administering medications and following the directions of the prescriber (exhibit f & g). Audits will be conducted daily by the ADOW to prevent reoccurrence. The administrator will monitor for ongoing compliance.

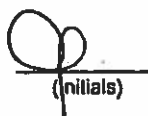
Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/29/2016
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Michelle Hamilton Chief of Senior Living Operations	Date August 11, 2016
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Violation Report: 23788 - 07/19/2016 - Novak, Ryan
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
 The support plan for resident #3 dated 4/11/16, did not include the resident's mobility needs as identified in the resident's assessment.

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 support plan for resident #3 was corrected to include the resident's mobility status. The current date was documented with the addition. Upon completion of the inspection on 7/19/16, the Connections Manager did a complete review of all resident files and made any corrections/updates which were needed.

(Completed 7/21/16)

The Connections Manager will ensure that all support plans have adequate documentation of the immobile status for the residents residing in the secure dementia neighborhood. The Connections Manager and Administrator will monitor for ongoing compliance.

*A monthly review of mobility status is recommended @ the post action fire drill review.
 CP. 9-16-16*

Repeat Violation: No Date(s) of Previous Violation(s):

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 August 11, 2016

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