



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to COUNTRY MEADOWS ASSOCIATES II LP
LEGAL ENTITY

To operate COUNTRY MEADOWS OF FORKS
NAME OF FACILITY OR AGENCY

Located at 175 NEWLINS ROAD WEST, EASTON, PA 18040
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Assisted Living-Special Care
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 90
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 45

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 29, 2016 until August 29, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226550

Robert E. Robinson
ISSUING OFFICER

Jay Baur
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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SEP 13 2016

Mr. G. Michael Leader, CEO
Country Meadows Associates II, LP
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Forks
175 Newlins Road West
Easton, Pennsylvania 18040
License #: 226550

Dear Mr. Leader:

As a result of the Department of Human Services' licensing inspection on August 23, 2016, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2800 (related to assisted living residences), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Rowe".


Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

LICENSING INSPECTION SUMMARY
 Assisted Living Residences - 55 Pa. Code § 2500

FCM Name: Country Meadows of Forks		License Number: 226550
Address: 175 Newlin Road West Easton, Pennsylvania 18040		County: Northampton
Administrator: Patricia Rohrbach		
Legal Entity Name: Country Meadows Associates II, LP		
Legal Entity Address: 830 Cherry Drive Hershey, Pennsylvania 17033		
Certificate(s) of Occupancy: 1-1 (Forks Twp.) 7/12/16		
Type of Inspection: Partial		
Reason(s) for Inspection(s): New		
On-Site Inspection Dates and Department Representatives On-Site: August 23, 2016 Doug Hoover		
Off-Site Inspection Dates and Inspectors, If Applicable: NA		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 90 Number of Residents Served: 0 Secured Dementia Care Unit in Home: Yes Area: Reflections Secured Unit Capacity, If Applicable: 45 Number of Residents Served in Secured Dementia Care Unit, if applicable: 0 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

LICENSING INSPECTION SUMMARY
 Assisted Living Residences - 55 Pa. Code § 2800

Regulation 131c - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen of the residence. The kitchen extinguisher must meet the requirements for one floor as required in subsection (a).	
Violation A fire extinguisher was not located in the "Reflections" kitchen.	
Plan of Correction An appropriate fire extinguisher was installed in the service kitchen of Connections on the day of the survey (8/23/16). All fire extinguishers will be monitored monthly by the Maintenance Director. The Executive Director will continue to ensure ongoing compliance. See Exhibit A	
Printed name and Title of Legal Entity Representative (Required on all pages) <u>Michelle Hamilton, Chief of Senior Living Operations</u>	
Signature of Legal Entity Representative (Required on all pages) 	Date <u>August 30, 2016</u>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>8-31-16</u> <small>(Date)</small>	Plan of correction implementation status as of <u>8-31-16</u> <small>(Date)</small>
The above plan of correction was approved by <u>BE</u> <small>(Initials)</small>	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residence - 55 Pa Code § 2800

Regulation 133e1 - Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
Violation Exit signs for the exit door in the Lafayette Room and the exit door in the lobby leading out to the front patio were not placed in the residence.
Plan of Correction Exit signs were placed at the exits for the Lafayette Lounge and the door to the patio on 8/23/16. All exits will be monitored by the Executive Director to ensure compliance. See Exhibits B and C.

Printed Name and Title of Legal Entity Representative (Required on all pages) Michelle Hamilton, Chief of Senior Living Operations

Signature of Legal Entity Representative (Required on all pages) *Michelle Hamilton* Date August 30, 2016

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

The above plan of correction is approved as of <u>8-31-16</u> <small>(Date)</small>	Plan of correction implementation status as of <u>8-31-16</u> <small>(Date)</small>
The above plan of correction was approved by <u>SE</u> <small>(Initials)</small>	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

<p>Regulation 233c - if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.</p>
<p>Violation The gate in the "Reflections" courtyard is secured by a magnetic key-locking device. Directions were not posted by the lock preventing immediate egress.</p>
<p>Plan of Correction A key pad was installed on the Connections courtyard gate on 8/30/16 along with appropriate directions for operation. The Connections Manager and the Executive Director will continue to monitor for ongoing compliance. See Exhibit D.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) <u>Michelle Hamilton, Chief of Senior Living Operations</u>	Date <u>August 30, 2016</u>
Signature of Legal Entity Representative (Required on all pages) <u><i>Michelle Hamilton</i></u>	

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The above plan of correction was approved by <u>GE</u> <small>(Initials)</small>	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented