



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 20 2017

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 21, 2016 and November 10, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in cursive script that reads "J. Rowe".

Jacqueline L. Rowe  
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, BETHLEHEM, PA 18020		County: Northampton
Administrator: MELISSA CLEMENTONI		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>		
I-2 03/25/2013 CITY OF BETHLEHEM	C-2 LP 05/20/2002 LABOR AND INDUSTRY	C-1 03/26/1999 DEPT OF HEALTH
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 93	Waking Staff: 70
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>		
09/21/2016: Dumas, Gerald; O'Haire, Anne		
11/10/2016: Dumas, Gerald		
<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>		
Licensed Capacity: 126 Number of Residents Served: 85 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 85 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 1	

Violation Report: 20075 - 09/21/2016 - Dumas, Gerald  
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600  
 2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

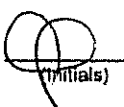
2a. DESCRIPTION OF VIOLATION  
 There is no statement of informed consent from hospice resident # 2, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative ( dated [redacted] 2016 ) regarding resident # 2 not having to evacuate during fire drills. The resident was not evacuated during the fire drill conducted on 1/19/16 at 12:08 a.m.

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 expired on [redacted] 2016. All staff have been re-educated on the policy for the exemption of hospice residents and their participation in a fire drill. All required documentation will be obtained and kept on file. In the future the exempt policy will be implemented and followed for any resident unable to evacuate. The Administrator will review all future exemptions and ensure 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 Operations		Date December 21, 2016

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

The above plan of correction is approved as of <u>12-31-16</u> (Date)	Plan of correction implementation status as of <u>12-31-16</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: 20075 - 09/21/2016 - Dumas, Gerald  
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

**1. REGULATION 55 Pa.Code §2600**  
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**  
 The home failed to date resident # 1's Advair Inhaler when it was opened. The medication's manufacture's direction states it is usable up to 30 days following taking the medication

**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.*

Medication belonging to resident # 1. Advair inhaler was replaced with a new Advair inhaler on 9/21/2016 as prescribed by the physician. The new inhaler was dated appropriately when opened on 9/21/2016. All appropriate staff were re-educated on the process of ensuring that medications are dated appropriately when opened. All nurses will monitor the completion of dates for new inhalers as they are opened. The Campus Director of Wellness will audit monthly. 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)	Date
Michelle Hamilton Chief of Senior Living Operations	December 21, 2016

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