



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 11 2017

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 14, 2017 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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 23788 - 07/14/2017 - Hummel, Jesse  
 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  
 Department Representatives observed Calcium Antacid in the facility's medication cart with a label indicating it was prescribed to resident #1. It was determined that resident #1 is no longer prescribed this 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.

The Assistant Director of Wellness promptly removed the Calcium Antacid. Nursing Staff was inserviced on 7/24, 7/25 and 7/26/17 on Regulation 2600.183(d) regarding removal of discontinued medication. The inservice detailed the safety this regulation provides for our residents. The inservice also reviewed the applicable Country Meadows policy "Medication Order Management" (see attached.) It is the responsibility of the nurse to ensure that discontinued medication are pulled from the cart. At the nurse's direction, the nurse or Medication Associate will pull the discontinued orders as they are received. The Director of Wellness and the Connections Manager will monitor weekly to ensure ongoing compliance.

*The Administrator will oversee to ensure ongoing compliance. Q. 8-30-17*

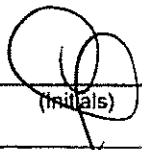
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Date July 28, 2017

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

The above plan of correction is approved as of <u>8/30/17</u> (Date)	Plan of correction implementation status as of <u>8/30/17</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