



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 22 2017

Ms. Michelle Hamilton,
Chief of Senior Living Operations
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 Ms. Hamilton:

As a result of the Department of Human Services' annual licensing inspection on August 3, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) 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. 2800 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.

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 black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Licensing Inspection Summary

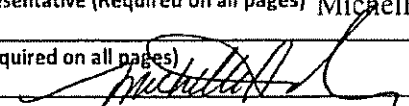

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

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| ALR Name: Country Meadows of Forks | License Number: 226550 |
| Address: 175 Newlins Road West Easton, Pennsylvania 18040 | County: Northampton |
| Administrator: Patti Rohrbach | |
| Legal Entity Name: Country Meadows Associates II, LP | |
| Legal Entity Address: 830 Cherry Drive Hershey, Pennsylvania 17033 | |
| Certificate(s) of Occupancy: I-1 7/12/2016 Forks Township | |
| Type of Inspection: Full | |
| Reason(s) for Inspection(s): Renewal Inspection, Incident Inspection | |
| On-Site Inspections Dates and Department Representatives On-Site: 08/03/2017 Jesse Hummel and Amy DeLuca | |
| Off-Site Inspection Dates and Inspectors, if Applicable: | |
| Resident Demographic Data as of Inspection Dates | |
| Licensed Capacity: 90 Number of Residents Served: 53 Secured Dementia Care Unit in Home: Yes Area: First Floor Wing Secured Unit Capacity, if Applicable: 45 Number of Residents Served in Secured Dementia Care Unit, if applicable: 17 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 8 | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 53 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0 |

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

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| Regulation 2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days' notice or by the community with 30 days' notice in accordance with § 2800.228 (relating to transfer and discharge). |
| Violation Resident #1 was admitted to the facility on [REDACTED] 16. The resident home contract for resident #1 is not signed by the resident. |
| Plan of Correction |

An attempt was made to have resident #1 sign the resident agreement. [REDACTED] was unable to sign due to level of dementia and [REDACTED] has since been discharged to another community. All leases were reviewed for appropriate signatures. Going forward, each lease will be reviewed by the Marketing Director as well as the Office Manager to ensure appropriate signatures. The Executive Director will monitor all resident files upon move-in and on-going to ensure compliance.

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|--|---|
| Printed Name and Title of Legal Entity Representative (Required on all pages) Michelle Hamilton, Chief of Sr. Living Operations | |
| Signature of Legal Entity Representative (Required on all pages)  | Date August 17, 2017 |
| DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE! | |
| The above plan of correction is approved as of <u>8/23/17</u> (Date) | Plan of correction implementation status as of <u>8/23/17</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 |

LICENSING INSPECTION SUMMARY

Assisted-Living Residences – 55 Pa. Code § 2800

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| Regulation 2800.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters. |
| Violation Department Representatives observed the facility's laundry area. Observed directly behind the clothing dryer on top of the dryer ductwork was a combustible micro-fiber cloth. This poses a fire hazard. |
| Plan of Correction |

All housekeeping and maintenance staff were in-serviced on 8/16/17 regarding fire hazards and the need to check laundry areas daily. All lint traps and ductwork will be checked daily by housekeeping and maintenance staff and any harmful materials will be removed to avoid any fire hazards. The Maintenance Director and Executive Director will monitor going forward.

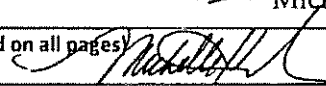
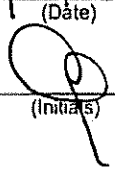
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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

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| Regulation 2800.183(d) - Only current prescription, OTC medications, sample and CAM for individuals living in the residence may be kept in the residence. |
| Violation Department Representatives observed the following medication in the medication cart; Acetaminophen 325mg with a pharmacy label indicating it is prescribed to resident #2. The label indicates to administer 2 tablets every 4 Hours as needed for pain. It was determined that this is not a current order from the resident #2's physician. |
| Plan of Correction |

The Director of Wellness removed the Acetaminophen immediately on the day of inspection. Nursing staff was in-serviced on 8/16 and 8/17/17 on the regulation and policy regarding removal of discontinued medications. The in-service reviewed the applicable Country Meadows Policy "Medication Order Management" as well as the safety this regulation provides for our residents. It is the responsibility of the nurse to ensure that discontinued medications are pulled from the cart. At the nurses direction the nurse or Medication Associate will pull the discontinued orders as they are received. The Director of Wellness and the Connection Manager will monitor weekly to ensure compliance moving forward.

The Administrator will oversee to ensure ongoing compliance. CP. 8/23/17

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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

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| Regulation 2800.184(c) - Sample prescription medications must have written instructions from the prescriber that include the components specified in § 2800.184(a). |
| Violation Resident #1 is prescribed Pentasa 500mg – 2 capsules 2 times daily. The medication being administered to the resident is a sample prescription medication. The medication does not include written instructions from the prescriber. |
| Plan of Correction |

The Pentasa 500 mg was immediately labeled with the physician instructions. All Nursing staff were in-serviced on 8/16 and 8/17/17 regarding the sample medications policy. This in-service detailed the importance of labeling all medications and following the Country Meadows policy for sample medications. It is the responsibility of the nurse to ensure all medications are labeled appropriately with clear instructions for administering the medication. Any sample medications are to be given to the nurse so that a label can be placed on the medication prior to placing it in the medication cart. Moving forward, the Director of Wellness will monitor medications weekly to ensure compliance.

The Administrator will oversee to ensure ongoing compliance of 8/23/17

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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

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| Regulation 2800.185(a) - The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. |
| Violation The glucometer prescribed to resident #3 is not calibrated to the current time. Resident #4 is prescribed Mucinex Fast Liquid – uses as needed. This medication is not on hand at the facility in the event the resident requested this medication. |
| Plan of Correction |

All glucometers were re-calibrated to show the current time. Glucometers are re-calibrated weekly by the 11-7 nursing staff. If at any time a glucometer does not show the correct time, the nurse or medication associate will do the re-calibration immediately. This will be monitored by the Director of Nursing going forward. Resident #4 does not have a liquid order but does receive Mucinex tablets. These tablets are available and have been available. Any medications that are provided by family will be re-ordered through the dedicated Country Meadows pharmacy (Diamond), if not provided in a timely manner by the family. The nurses and medication associates will monitor all medication orders to ensure medications are available at all times. Going forward, the Director of Wellness will monitor medications weekly to ensure all ordered medications are available to be administered.

The administrator will oversee both of these processes to ensure ongoing compliance
Op. 8/23/17

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LICENSING INSPECTION SUMMARY

Assisted Living Residences – 55 Pa.Code § 2800

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| <p>Regulation 2800.227(c) - The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.</p> |
| <p>Violation The Assessment and Support Plan (ASP) for resident #4 was completed upon admission on [REDACTED] 2016. A quarterly update on the ASP was not completed until 02/28/2017.</p> |
| <p>Plan of Correction</p> |

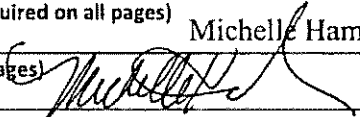
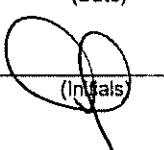
All ASPs were reviewed for appropriate quarterly reviews. A list of due dates was compiled and will be used as an on-going checklist to ensure all quarterly updates are completed in the required timeframe. The Director of Wellness will be responsible for ensuring compliance. Going forward, the Executive Director and Director of Wellness will monitor each file monthly to ensure all reviews are completed and documented accordingly.

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Assisted Living Residences – 55 Pa.Code § 2800

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| <p>Regulation 2800.227(d) - Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.</p> |
| <p>Violation The Assessment and support Plan (ASP) for resident #1 dated 12/1/2016 does not address the recent incident that occurred on 6/20/17 in which the resident stabbed another resident with a fork, causing minor injury to the resident's pinkie finger. The resident's Seroquel was increased from 2 times per day to 3 times per day as a result of the incident, and the resident is also receiving care from an outside Home Health Agency for two hours twice daily. These changes are not documented on the resident's ASP. The resident also has had numerous incidents of urinating and/or having bowel movements in inappropriate common areas of the home. The support plan does not address this issue and does not address the home's plan to meet the needs of the resident with regard to this behavior.</p> |
| <p>Plan of Correction</p> |

A quarterly review was completed on resident #1 on 6/1/17. The incontinence and approaches to behaviors were documented at that time. The incident on 6/20/17 was not indicated as an update. The resident has since been discharged from the residence to another community. All incidents will be documented on a resident's ASP going forward. All needed updates will be included in the support plans and reviewed with the staff. The Director of Wellness and the Connections Manager will be responsible for ensuring all information needed to care for the resident is captured appropriately on the support plan and reviewed with the staff as it occurs. The Director of Wellness and the Executive Director will monitor ASPs going forward.

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