



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to COUNTRY MEADOWS OF ALLENTOWN LLC

LEGAL ENTITY

To operate COUNTRY MEADOWS OF ALLENTOWN

NAME OF FACILITY OR AGENCY

Located at BUILDING 1, 430 NORTH KROCKS ROAD, ALLENTOWN, PA 18106

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 118

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 60

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 31, 2017 until August 31, 2018,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226930**

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

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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DEPARTMENT OF HUMAN SERVICES

AUG 28 2017

Mr. G. Michael Leader,
Manager, George M. Leader Family Corporation
Country Meadows of Allentown, LLC
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Allentown, LLC
Building 1
430 Krocks Road
Allentown, Pennsylvania 18106
License #: 226930

Dear Mr. Leader:

As a result of the Department of Human Services' licensing inspection on July 18, 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.

Your NEW license is enclosed.

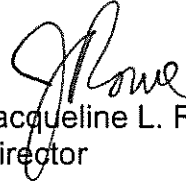
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

Mr. G. Michael Leader

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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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosure
License

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: COUNTRY MEADOWS OF ALLENTOWN I		License Number: 21659
Address: 430 KROCKS ROAD, ALLENTOWN, PA 18106		County: Lehigh
Administrator: Carolyn Tomlinson		Region: NORTHEAST
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy		
C-2 LP	I-2	
04/09/1997	06/29/2010	
L&I	Upper Macungie Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 112	Waking Staff: 84
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/18/2017: Harvey, Jason; Deluca, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 118 Number of Residents Served: 75 Secured Dementia Care Unit in Home: Yes Area: 1ST FLOOR Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 37 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 9 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 0

Violation Report: 21659 - 07/18/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN I

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At approximately 3:30 pm a light blue binder containing confidential resident information was observed unattended by staff on a counter located in a common kitchen area adjacent to the living/sitting room area in the secured dementia unit of the home. The binder was accessible to unauthorized person.

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.

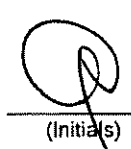
The community manager counseled and retrained/re-educated the co-worker and additional staff on the importance of 2600.17 (see attached). The Executive Director and Director of Wellness will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Elaine Bussoletti, VP of Operations
 Date August 4, 2017

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

The above plan of correction is approved as of <u>8-10-17</u> (Date)	Plan of correction implementation status as of <u>8-10-17</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

Violation Report: 21659 - 07/18/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN I

1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 06/06/2017 at approximately 4:45pm resident #1 was slapped on the buttocks by staff person A. Although the resident did not suffer physical injury, a lack of dignity and respect for the resident was demonstrated by staff person A.

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.

Country Meadows has zero tolerance for the behavior exhibited by staff person A. The staff person was immediately suspended. We self-reported the incident on June 7, 2017 to the Department of Human Services. While staff person A claimed the act was done in a "playful manner" and we verified Resident #1 did not suffer any physical injury; we will not tolerate this or any other type of inappropriate behavior that does not show dignity and respect for the resident. Employment with staff person A was terminated. Management will continue ongoing trainings and education for the staff members and will monitor for ongoing compliance.

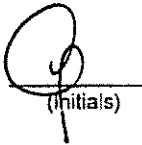
Administrator will oversee to ensure ongoing compliance as well. Ep. 8-10-17

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Violation Report: 21659 - 07/18/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN I

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 A picnic table located in the patio area outside of the exercise/rehabilitation room that is accessible to residents has a section that is warped and jutting upwards, creating a sharp edge that poses a possible safety hazard to residents.


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 picnic table has been removed from the campus. All other patio furniture has been inspected and is free of hazards. Maintenance co-workers will routinely inspect all patio furniture to ensure good condition. Maintenance and the Executive Director will monitor for ongoing compliance.

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Violation Report: 21659 - 07/18/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN I

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The exit door leading out of the exercise/rehabilitation room does not open with ease when exiting the facility. The door is sticking to the frame and needs a good amount of pressure to open it.


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 exit door was corrected at the time of inspection. Maintenance staff will routinely check all exit doors to ensure they are opening easily. The Executive Director and Director of Maintenance will monitor for ongoing compliance.

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Violation Report: 21659 - 07/18/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN I

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #2's Resident Assessment-Support Plan (RASP) dated 3/10/2017 was finalized on 3/10/17. The resident was not admitted to the facility until [redacted] 17.

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 date entered on the RASP for Resident #2 was done in error. Staff was reeducated and trained on proper procedures for completion of the RASP with particular emphasis on the required completion dates (see attached). The Director of Wellness and Assistant Director of Wellness will monitor for ongoing compliance.


Administrator will oversee to ensure ongoing compliance as well. CB 8-10-17

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Violation Report: 21659 - 07/18/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN I

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the secured dementia unit on [redacted] 2017; the resident's RASP was finalized on 03/09/17. The home did not complete a support plan for the resident within 72 hours of admission to the secured dementia unit.

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.

While the RASP was started at the appropriate time, the staff did not finalize Resident #3's support plan that was due on March 5, 2017 until March 9, 2017. Nursing team was counseled and in-serviced on the proper regulatory requirements (see attached). The Director of Wellness and Assistant Director of Wellness will monitor for ongoing compliance.

Administrator will also oversee to ensure ongoing compliance. (C) 8-10-17

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