



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 11 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' (Department) annual licensing inspection on September 6, 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.

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,

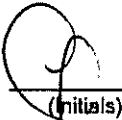
A handwritten signature in black ink, appearing to read "J. Rowe".

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 ROAD, 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		
Certificate(s) of Occupancy		
I-2 03/25/2013 City of Bethlehem	C-2 LP 05/20/2002 L&I	C-1 03/26/1999 Dept. of Health
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
09/06/2017: 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: 126 Number of Residents Served: 74 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: 0 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 1	

Violation Report: 20075 - 09/06/2017 - Harvey, Jason PCH Name: COUNTRY MEADOWS OF BETHLEHEM V	
1. REGULATION 55 Pa.Code §2600 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	
2a. DESCRIPTION OF VIOLATION The home's notification to the local fire department did not include the total capacity of the home.	
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.	
An updated letter showing total capacity will be sent to the fire department by 10/1/2017. All future notifications will include the total capacity to ensure compliance. Administrator will ensure ongoing compliance.	
Upon completion of the letter, the home will send a copy to the Northeast Regional Office. 10-25-17	
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 September 28, 2017
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>10/30/17</u> (Date)	Plan of correction implementation status as of <u>10/25/17</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: 20075 - 09/06/2017 - Harvey, Jason
PCH Name: COUNTRY MEADOWS OF BETHLEHEM V

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
Department representative observed a twin mattress with a blue nylon-like covering being stored directly behind the dryer located in the resident laundry room.

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 mattress was removed immediately from behind the dryer. All staff has been retrained on this regulation and appropriate storage areas. Maintenance Coordinator and Administrator will monitor for ongoing compliance.

Sign in sheets for training provided. Qp. 10/20/17

Repeat Violation: No Date(s) of Previous Violation(s):

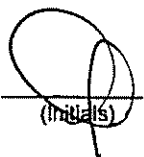
Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative Michelle Hamilton
(Required on EVERY Page) Chief of Senior Living Operations Date September 28, 2017

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The above plan of correction is approved as of 10/20/17
(Date)

Plan of correction implementation status as of 10/20/17
(Date)

The above plan of correction was approved by 
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- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented