



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 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 III
4007 Green Pond Road
Bethlehem, Pennsylvania 18020
License #: 232880

Dear Ms. Hamilton:


As a result of the Department of Human Services' (Department) annual licensing inspection on September 7, 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.

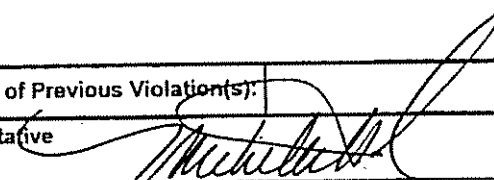
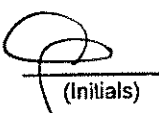
In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 23288 - 09/07/2017 - Harvey, Jason	
PCH Name: COUNTRY MEADOWS OF BETHLEHEM III	
1. REGULATION 55 Pa.Code §2600 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	
2a. DESCRIPTION OF VIOLATION The most recent Licensing Inspection Summary dated 9/22/16 was not posted in a conspicuous and public place in the home.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The most recent licensing inspection summary was posted on the day of inspection, 9/7/17. The Administrator will continue to monitor weekly to ensure all necessary documentation is posted and in compliance with the regulation.</p>	
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>10-20-17</u> (Date)	Plan of correction implementation status as of <u>10-20-17</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: 23288 - 09/07/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM III

1. REGULATION 55 Pa.Code §2600

2600.15(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The home did not report the incident involving Resident #1 on 2/10/17 until 2/13/17.
 The home did not report the incident involving Resident #2 on 8/1/17 until 8/4/17.
 The home did not report the incident involving Resident #3 on 8/11/17 until 8/13/17.

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.

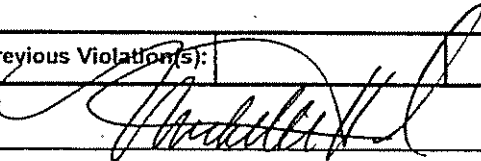
The Administrator reviewed policy and regulatory guideline for reporting unusual incidents with nursing and designee staff. The Administrator will reinforce and ensure incidents are reported to the department in a timely manner and in compliance with the regulation. The Administrator and Assistant Director of Wellness will audit and monitor for ongoing compliance.

Sign in sheets for training provided - CC - 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

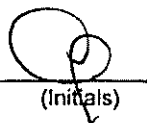
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 (Date)

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

The above plan of correction was approved by



(Initials)

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- Not Implemented

Violation Report: 23288 - 09/07/2017 - Harvey, Jason
PCH Name: COUNTRY MEADOWS OF BETHLEHEM III

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
 The Licensing Inspection Summary dated 10/1/14 posted on the bulletin board in the activity room included the resident privacy coding page.

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 licensing inspection summary was removed at the time of inspection. The Administrator will ensure the removal of the resident privacy coding page before posting current licensing inspection survey to ensure the protection of the resident's privacy and remaining in compliance with 2600.3(c). The Administrator will monitor for ongoing compliance.

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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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Violation Report: 23288 - 09/07/2017 - Harvey, Jason
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM III

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #4/s date of admission [redacted] 17, pre admission screening form was completed on [redacted] 17, more than 30 days prior to the resident's admission.

The pre admission screening in the record of Resident #5, dated [redacted] 17, did not indicate if the needs of the resident can be met by the services 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.

The Administrator has re-trained admission staff including nurses for the proper procedures for admission and adherence to proper documents meeting specific dates. Training will be completed by 9/29/17.

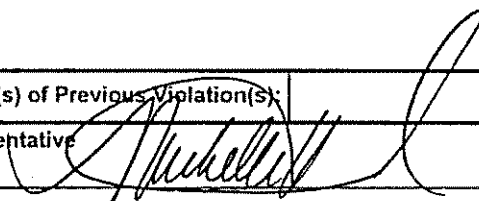
The Administrator will monitor all residents' records to ensure compliance with regulatory requirements.

Sign in sheets of training provided. Cf. 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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Violation Report: 23288 - 09/07/2017 - Harvey, Jason	
PCH Name: COUNTRY MEADOWS OF BETHLEHEM III	
<p>1. REGULATION 55 Pa.Code §2600 2600.227(d) - Each home shall document in the resident's support plan the 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.</p>	
<p>2a. DESCRIPTION OF VIOLATION The Resident Assessment and Support Plan (RASP), dated 11/9/16, does not address resident #6's ability to self-medicate certain medications, as ordered by the PCP. The Resident Assessment and Support Plan (RASP), dated 6/19/17, does not address resident #7's ability to self-medicate certain medications, as ordered by the PCP.</p>	
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p>The RASP for resident #6 & resident #7 were corrected at the time of inspection 9/7/17. The Assistant Director of Wellness will hold an inservice for the Nursing staff to review the Resident Assessment and Support Plan (RASP) documentation. All medical, dental, vision, hearing, mental health and 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) will be documented. The inservice shall also include a review of requirements and screening of residents that self-medicate (see attached). The Administrator and Assistant Director of Wellness will review all completed RASPs to ensure all information is correct and in compliance. The Administrator will monitor for ongoing compliance.</p> <p><i>Sign in sheets of training provided. 9.10.2017</i></p>	
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Printed Name and Title of Legal Entity Representative Michelle Hamilton (Required on EVERY Page) Chief of Senior Living Operations	
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The above plan of correction is approved as of <u>12/29/17</u> (Date)	Plan of correction implementation status as of <u>10/20/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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