



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: January 29, 2018

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

RE: Country Meadows of Allentown, LLC
Building 2
420 N. Krocks Road
Allentown, Pennsylvania 18106
License # 226940

Dear Mr. Leader:

As a result of the Department of Human Services' licensing inspection on October 17, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF ALLENTOWN		<i>Building 2</i>	License Number: 22694
Address: 420 KROCKS RD, ALLENTOWN, PA 17033			County: Lehigh
Administrator: Anne Melick			Region: CENTRAL
Legal Entity Name: COUNTRY MEADOWS ASSOCIATES			
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033			
Certificate(s) of Occupancy C-2 LP 05/23/1997 Department of L&I			
Staffing Hours			
Resident Support: NM	Total Daily Staff: 61	Waking Staff: 46	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Incident			
On-Site Inspections Dates and Department Representatives On-Site			
10/17/2017: Hummel, Jesse; O'Haire, Anne			
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: 100 Number of Residents Served: 61 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: 7		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 22694 - 10/17/2017 - Hummel, Jesse
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN Building 2

1. REGULATION 55 Pa.Code §2600
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 On 10/1/2017 at approximately 3:30am, resident #1 rang the resident's call bell. Staff person A responded to the bell. Resident #1 requested assistance to get up out of bed and to ambulate to the bathroom. Staff person A encouraged the resident to stand up and ambulate without assistance. The resident again requested assistance and staff person A stated "No, you can do it yourself." Staff person A then left the residents room without providing assistance. The facility is responsible to provide ADL services to residents's upon resident need or request.


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.
 This incident was reported to Administration & the Administration proactively reported the incident as unusual. Upon investigation it was determined that Staff Person A failed to provide Resident #1 with the service requested and was terminated from Country Meadows employment on 10/1/2017. Resident #1's assessment and support plan were reviewed with all caregivers, and the importance of providing all needed/requested services was emphasized at co-worker communication and change of shift meetings.
 Prior to the incident the family of Resident #1 had been discussing transferring the Resident to another facility which took place on [REDACTED] 2017.
 The Administration shall assume responsibility for ongoing compliance with this regulation.

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 (Required on EVERY Page) Michelle Hamilton Chief of Senior Living Operations	Date November 16, 2017
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-26-18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>1-26-18</u> (Date) <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
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