



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

**Mailing Date: April 26, 2018**

Ms. Michelle Hamilton  
Chief of Senior Living Operations  
Country Meadows of Northampton Associates LP  
830 Cherry Drive  
Hershey, Pennsylvania 17033

RE: Meadows Living Center at Country Meadows of Bethlehem  
4005 Green Pond Road  
Bethlehem, Pennsylvania 18020  
License #237880

Dear Ms. Hamilton:

As a result of the Department of Human Services' licensing inspection on November 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

Human Services Licensing Supervisors

Enclosure  
Licensing Inspection Summary



Violation Report: 23788 - 11/17/2017 - Dumas, Gerald  
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

1. **REGULATION 55 Pa.Code §2600**  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. **DESCRIPTION OF VIOLATION**  
 Resident # 1 was initially prescribed Olanzapine (Zyprexa) to be administered P.R.N while hospitalized on 9/30/17. The script was changed to a straight order on 10/3/17. From 10/3/17 to 10/19/17, resident # 1 did not receive the prescribed dosage.

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.

Nursing staff were inserviced on 3/3/18 and re-educated on the proper process for approving a new medication and changed orders (see attached.) Resident #1 was sent to the hospital on [REDACTED] 2017 and did not return.  
 YRS.

The Assistant Director of Wellness and Administrator will monitor for ongoing compliance.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lisa F. Torchia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lisa Torchia Vice President of Clinical and Support Services	Date April 6, 2018
---	--------------------

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

The above plan of correction is approved as of 4-25-18  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

Plan of correction implementation status as of 4-25-18  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 23788 - 11/17/2017 - Dumas, Gerald  
 PCH Name: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The resident's assessment for resident # 1 was not updated to include the two falls that resident # 1 sustained. Resident # 1's first unwitnessed fall occurred on 9/26/17 resulting in a subdural hematoma, the 2nd fall occurred on 10/1/17 resulting in a skin tear. Documenting falls on the Resident's R.A.S.P. helps to assure that all concerned parties are aware of the resident's most current care service needs.

**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 inservice was completed to re-educate the Nursing team on annual RASP assessment and updates on 4/6/18 (see attached). Addendums will be entered in the RASP after a resident fall. This will ensure that the RASP is updated. The Connections Manager and Assistant Director of Wellness will monitor for ongoing compliance.

*YES.*

*The Administrator will oversee to ensure ongoing compliance. Q.*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Lisa Torchia*

Printed Name and Title of Legal Entity Representative Lisa Torchia  
 (Required on EVERY Page) Vice President of Clinical and Support Services

Date April 6, 2018

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

The above plan of correction is approved as of <u>4-25-18</u> (Date)	Plan of correction implementation status as of <u>4-25-18</u> (Date)
The above plan of correction was approved by <u><i>Q</i></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