



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: March 14, 2019

Ms. Elaine Bussoletti
Vice President of Operations
Country Meadows of Allentown LLC
830 Cherry Drive
Hershey, Pennsylvania 17033

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

Dear Ms. Bussoletti:

As a result of the Department's Bureau of Human Services Licensing inspection on August 9, 2018 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 22693 - 08/09/2018 - Novak, Ryan
PCH Name: COUNTRY MEADOWS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 5/7/18 Resident #1 hit Resident #2 with a purse. Resident #2 sustained an injury above the eye which required 4 stitches.

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.

Both residents resided in our secured dementia unit prior to this event. They were immediately separated at the time of the incident. Both were sent to Lehigh Valley ER for evaluation. Arrangements were made by the family of Resident #1 for 24-hour aids upon her return to the campus to prevent future issues. Discussion was initiated with the family of Resident #1 to seek alternate placement at that time and 24-hour aides were continued until July 17, 2018 when the resident was discharged to another facility.

Prior to this event, there were no signs of aggression from Resident #1. Immediately after event, residents were separated and a plan implemented to keep all residents safe by providing 24 hour aids for Resident #1 until her discharge to another facility.

A staff training - Managing Our Behaviors, has been scheduled for Wednesday, January 23, 2019.

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) Diana Ponterio, Sr. VP of Ops / Regulatory Compliance **Date** 12/26/2018

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

The above plan of correction is approved as of <u>2-26-19</u> (Date) The above plan of correction was approved by <u>AG</u> (Initials)	Plan of correction implementation status as of <u>2-26-19</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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RESIDENT PRIVACY CODING DOCUMENT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

PCH Name: COUNTRY MEADOWS OF ALLENTOWN	License Number: 226930
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<u>Designation</u>	<u>Resident's Name</u>
Resident 1	Sandra Bolton
Resident 2	Leslie Lent

Diana Ponterio, Sr. VP of Operations / Regulatory Compliance
Printed Name and Title of Legal Entity Representative


Signature of Legal Entity Representative

12/26/2018
Date