



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 27 2019

Ms. Patti Rohrbach  
Vice President of Operations  
Country Meadows Associates II LP  
830 Cherry Drive  
Hershey, Pennsylvania 17033

RE: Country Meadows of Forks  
175 Newlins Road West  
Easton, Pennsylvania 18040  
License #: 226550

Dear Ms. Rohrbach:

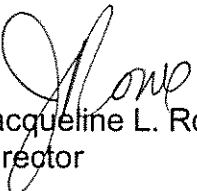
As a result of the Department's Bureau of Human Services Licensing annual inspection on August 16, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) specified on the enclosed violation report were found.

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. 2800 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](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  
Violation Report

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

<b>ALR Name:</b> Country Meadows of Forks	<b>License Number:</b> 226550
<b>Address:</b> 175 Newlins Road West, Easton, Pennsylvania 18040	<b>County:</b> Northampton
<b>Administrator:</b> Patty Rohrbach	
<b>Legal Entity Name:</b> Country Meadow Associates II LP	
<b>Legal Entity Address:</b> 830 Cherry Drive Hershey, Pennsylvania 17033	
<b>Certificate(s) of Occupancy:</b>	
<b>Type of Inspection:</b> Full	
<b>Reason(s) for Inspection(s):</b> Renewal	
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> 8-16-18 Ryan Novak, Anne O'Haire and Vanessa Mendez	
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>	
<b>Resident Demographic Data as of Inspection Dates</b>	
<b>Licensed Capacity:</b> 90 <b>Number of Residents Served:</b> 67 <b>Secured Dementia Care Unit in Home:</b> 32 <b>Area:</b> n/a <b>Secured Unit Capacity, if Applicable:</b> 45 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 32 <b>Number of Current Hospice Residents:</b> 4 <b>Number of Hospice Residents in past year:</b> 10	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 67 <b>Have Mental Illness:</b> 0 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 32 <b>Have a Physical Disability:</b> 0

Regulation: 103g

Violation: A bag of mini pancakes was located in the homes freezer located in the memory care kitchenette that was not sealed.

**Plan of Correction:**

All food not appropriately wrapped was thrown away at the time of inspection. All other food items were observed for proper storage. All dining co-workers retrained on proper food handling and storage. Dining Director and administrator will monitor for on-going compliance.

\* See attached policy and sign-in sheet

Printed Name and Title of Legal Entity Representative (Required on all pages)  
Diana Ponterio, Sr. VP of Operations / Regulatory Compliance

Signature of Legal Entity Representative (Required on all pages)

Date

9/4/2018

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

The above plan of correction is approved as of 2-4-19  
(Date)

The above plan of correction was approved by AG  
(Initials)

Plan of correction implementation status as of 2-4-19  
(Date)

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

Regulation: 105g-1

Violation: The lint basket of the commercial Milnor dryer contained 2 handfuls of lint, a tissue and a straw – posing a possible fire hazard.

Plan of Correction

Lint was removed at time of inspection. All lint traps will be cleaned after and before each use. Maintenance and housekeeping will monitor each day. Administrator will monitor for compliance on-going.

Printed Name and Title of Legal Entity Representative (Required on all pages)  
Diana Pontero, Sr. VP of Operations / Regulatory Compliance

Signature of Legal Entity Representative (Required on all pages)

Date 9/4/2018

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

The above plan of correction is approved as of 2-4-19  
(Date)

Plan of correction implementation status as of 2-4-19  
(Date)

The above plan of correction was approved by AG  
(Initials)

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

Regulation: 132h

Violation: Resident #1 refused to evacuate during the fire drill conducted on 7/2/18 at 11:55pm. Resident #2 refused to evacuate during the fire drill conducted on 10/19/17 at 12:10am.

Plan of Correction:

Resident #1 was counseled on need to evacuate during fire drills. Resident has been compliant on subsequent fire drills. Resident # 2 is no longer residing at Country Meadows of Forks. Both fire drills were rerun on the same shift in the same month and were successful. Fire drill policy has been reviewed with residents and staff. Staff will continue to follow policy at all fire drills and assist in evacuation. Administrator will monitor all fire drills for compliance.

The Administrator will counsel any resident that refuses to participate in any fire drill. Following the initial counseling session, documentation will be retained by the home in the event of future incidents. The home will issue a 30 day notice to the resident for failure to comply with regulations/home rules. 2-4-19

AG

Printed Name and Title of Legal Entity Representative (Required on all pages)  
Diana Ponterio, Sr. VP of Operations / Regulatory Compliance

Signature of Legal Entity Representative (Required on all pages)

Date 9/4/2018

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

The above plan of correction is approved as of 2-4-19  
(Date)

The above plan of correction was approved by AG  
(Initials)

Plan of correction implementation status as of 2-4-19 :  
(Date)

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

Regulation: 184b

Violation: Resident #3's stool softner and prevagen did not include the residents name

Plan of correction:

All medications for Resident #3 were labeled at the time of inspection. Medication Storage and Distribution policy was reviewed with all nursing staff. Medications will be reviewed each day for appropriate labeling. Director of Wellness and administrator will monitor for continued compliance.

\* See attached policy and sign-in sheets (YES)

Printed Name and Title of Legal Entity Representative (Required on all pages)  
Diana Ponterio, Sr. VP of Operations / Regulatory Compliance

Signature of Legal Entity Representative (Required on all pages)

Date 9/4/2018

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

The above plan of correction is approved as of 2-4-19  
(Date)

The above plan of correction was approved by AG  
(Initials)

Plan of correction implementation status as of 2-4-19 :  
(Date)

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

Regulation: 227h
Violation: Resident #4's ASP dated 6/16/18 was not signed by the resident and nothing was noted regarding the resident refusing or being unable to sign the ASP.
<b>Plan of Correction:</b> Resident #4's ASP was re-reviewed with resident and resident signed ASP. All ASPs will be reviewed going forward and resident signatures will be obtained. Director of Wellness and administrator will monitor going forward.

Printed Name and Title of Legal Entity Representative (Required on all pages)  
Diana Pontero, Sr. VP of Operations / Regulatory Compliance

Signature of Legal Entity Representative (Required on all pages) Date 9/4/2018

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

The above plan of correction is approved as of <u>2-4-19</u> (Date)	Plan of correction implementation status as of <u>2-4-19</u> : (Date)
The above plan of correction was approved by <u>AG</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

Regulation: 252

Violation: Resident #4 & #5's record did not include identifying marks, if any.

Plan of Correction:

Resident #4 and #5's identifying marks were noted on each record (see attached). All identifying marks will be reviewed for each new resident at time of admission and documented on their record by nursing staff. The Ongoing the Director of Wellness and administrator will monitor.

Printed Name and Title of Legal Entity Representative (Required on all pages)  
Diana Ponterio, Sr. VP of Operations / Regulatory Compliance

Signature of Legal Entity Representative (Required on all pages)

Date  
9/4/2018

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

The above plan of correction is approved as of 2-4-19  
(Date)

The above plan of correction was approved by AG  
(Initials)

Plan of correction implementation status as of 2-4-19 :  
(Date)

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