



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 14 2018

Ms. Diana Ponterio
Vice President of Operations/Regulatory Compliance
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. Ponterio:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 11, 2018 and September 14, 2018 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: COUNTRY MEADOWS OF BETHLEHEM III		License Number: 23288
Address: 4007 GREEN POND ROAD, BETHLEHEM, PA 18020		County: Northampton
Administrator: Melissa Clementoni		Region: NORTHEAST
Legal Entity Name: COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP		
Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033		
Certificate(s) of Occupancy		
I-2 03/25/2013 PA L&I	C-2 LP 03/07/2003 PA L&I	I-2 07/06/2010 PA L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 71	Working Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal - Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
09/11/2018: OHaire, Anne; Deluca, Amy; Mendez, Vanessa		
09/14/2018: OHaire, Anne; Deluca, Amy; Mendez, Vanessa		
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 who:	
Number of Residents Served: 70	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 70	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 4	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 4		

Violation Report: 23288 - 09/11/2018 - O'Haire, Anne
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM III

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's annual training plan, for training year 2018, does not include the the following training: Medication self-administration training which is required for all direct care staff.

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.

At the time of inspection, the document titled "Adult Residential Licensing- Personal Care Homes Staff Training Plan" was provided to the inspector. This document states there are "Monthly Continuing Ed Topics Including 7 Direct Care Training Topics". Country Meadows maintains an additional document entitled "Country Meadows ANNUAL Co-Worker Training Plan". On this additional document, the course for Medication- Self Administration is listed as a required annual training topic for all direct care co-workers. This document is reviewed with all co-workers prior to the start of each annual training year.

Copy of "Adult Residential Licensing-Personal Care Homes Staff Training Plan" and "Country Meadows ANNUAL Co-Worker Training Plan" attached.

Executive Director to monitor for ongoing compliance.

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 November 1, 2018
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-6-18</u> (Date)	Plan of correction implementation status as of <u>11-6-18</u> (Date)
The above plan of correction was approved by <u>MM</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

Violation Report: 23288 - 09/11/2018 - O'Haire, Anna
 PCH Name: COUNTRY MEADOWS OF BETHLEHEM III

1. REGULATION 55 Pa.Code §2600
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
 The home's fire extinguishers in buildings #2, #3, #4, units 1 & 2 had an expiration date of August 20, 2018, which is beyond the allowable annual time frame.

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.

At time of inspection, fire extinguisher maintenance was previously scheduled for 9/14/2018. The delay for maintenance was due to Kistler O'Brien being behind in their annual inspection plan. All extinguishers were inspected on 9/14/2018.

Picture of updated fire extinguisher tag and letter from Kistler O'Brien attached.

Executive Director and Maintenance Director to monitor for ongoing compliance.

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 November 1, 2018
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