



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 24 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 annual inspection on October 18, 2018 of the above facility, the violations 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.

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
Violation Report

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

| | | |
|--|---|---|
| PCH Name: COUNTRY MEADOWS OF ALLENTOWN | | License Number: 22693 |
| Address: 430 NORTH KROCKS ROAD, ALLENTOWN, PA 18106 | | County: Lehigh |
| Administrator: Bonnie Mfarej | | Region: NORTHEAST |
| Legal Entity Name: COUNTRY MEADOWS OF ALLENTOWN LLC | | |
| Legal Entity Address: 830 CHERRY DRIVE, HERSHEY, PA 17033 | | |
| Certificate(s) of Occupancy | | |
| I-2 06/29/2010 Upper Macungie Twp | C-2 LP 04/09/1997 Upper Macungie Twp. | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 114 | Waking Staff: 86 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal, Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 10/18/2018: OHaire, Anne; Foulkes, Kimberli; 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: 118 Number of Residents Served: 76 Secured Dementia Care Unit in Home: Yes Area: first floor Secured Dementia Unit Capacity, if Applicable: 60 Number of Residents Served in Secured Dementia Care Unit, if applicable: 38 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 10 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 38 Have a Physical Disability: 0 |

Violation Report: 22693 - 10/18/2018 - O'Haire, Anne
PCH Name: COUNTRY MEADOWS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 10/18/18 the resident privacy coding document was attached to the posted Licensing Inspection Summary dated 7/18/17.

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.

As per regulation 2600.17, a copy of the Licensed Inspection Summary was posted on the campus. Inadvertently the last page containing the names of the residents was not removed prior to posting. At the time of the inspection, the page was immediately removed while the inspectors were present.

Ongoing the executive director / designee will ensure no confidential resident information is accessible to anyone other than appropriate staff persons for purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without written consent of the resident or resident's power of attorney for health care or health care proxy or resident's designated person or if a court orders disclosure. All confidential resident information will be removed prior to posting any future inspection summaries.

Ongoing the executive director / designee will ensure compliance.

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

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** 12/20/2018

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

The above plan of correction is approved as of 12-28-18
 (Date)

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

Plan of correction implementation status as of 12-28-18
 (Date)

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

Violation Report: 22693 - 10/18/2018 - O'Haire, Anne
 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
 Resident #1 has been involved in 5 resident to resident physical alterations from 07/22/18 through 09/28/18. On 09/28/18 resident #1 was observed by staff elbowing resident #2. The resident suffered bruising to the left breast.

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.
 Resident #1 resides in the secure dementia unit. The staff put numerous interventions in place to try to prevent any incidents. No further incidents have occurred since 9/28/2018. Alternate placement has been secured for this resident and the planned discharge date is 12/28/2018.
 Executive director, director of nursing and manager will ensure residents rights are protected.

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Violation Report: 22693 - 10/18/2018 - O'Haire, Anne
 PCH Name: COUNTRY MEADOWS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #3 began receiving hospice services on 9/28/18 from LVHN Hospice twice a week. Resident #3's RASP dated 10/5/18 stated the resident began hospice services 9/28/18 but did not document the name of the hospice provider, the plan to meet the resident's need, the frequency and the responsible party.

Resident #4 has a bed cane. This was not identified on the resident's RASP's dated 2/22/18 and 3/9/18.

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.

Resident #3 RASP correctly documented that Hospice services were initiated on 9/28/2018. Since the Hospice agency was only supplementing the care currently provided by our staff, no separate plan of care was documented. The RASP for Resident #3 and #4 were immediately updated at the time of inspection.

Staff was reeducated on completion of the RASP on 11/19/18 (see attached).

Ongoing, director of nursing / designee will complete random audits to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Diana Ponterio, Sr. VP of Ops / Regulatory Compliance

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Violation Report: 22693 - 10/18/2018 - O'Haire, Anne
PCH Name: COUNTRY MEADOWS OF ALLENTOWN

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 Resident # 1's RASP dated 03/18/18 was not updated to reflect the discontinuance of a private duty aide and did not address how the home will meet the resident's needs after the incidents on 07/22/18,07/26/18 09/25/18 and 09/28/18.

Resident #5's RASP's dated 7/5/18, 7/10/18, and 7/25/18, state the resident requires some physical assistance ambulating with a walker and stand by for safety. Staff will ambulate with resident within arm's length to provide cuing and safety for ambulation. Resident #5 had falls on 7/3/18, 8/3/18, 8/11/18 and 9/11/18. The resident's support plan has not been revised to reflect these falls and how the home plans to meet the resident's needs.

Resident #5's RASP's dated 7/5/18, 7/10/18, and 7/25/18, state the resident has no problem with aggression, irritability or judgement, has minimal problem with agitation. Resident has periods of agitation to staff. Staff will communicate with resident on source of agitation and help resident find resolution to the problem. Resident #5 ripped the walker from his/her spouse, was yelling and shoved walker against his/her spouse, pushing them against the wall on 7/20/18, had an altercation with another resident on 7/22/18, hit a staff person (spouse was intended target) on 7/27/18, and Hit spouse in the face and hit staff person on 8/2/18. The resident's support plan has not been revised after to reflect these incidents and how the home plans to meet the resident's needs and keep other residents safe.

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 intervention was put in place for Resident #1, however, the staff did not properly update the RASP. RASP was properly documented immediately following the inspection. Nursing team was reeducated on proper documentation. No further incidents occurred with this resident.

The RASP for Resident #5 dated 7/5/2018 included an intervention for the fall on 7/3/2018. The staff was reeducated on properly documenting fall interventions on the RASP. The support plan was updated immediately following the inspection.

Resident #5 resides with his wife in the secured dementia unit. The staff did put interventions in place following each incident, however, they failed to document the information on the RASP. No injuries were sustained by the spouse or the staff. The staff arranged for counseling services for the resident and no further incidents have occurred. Staff was reeducated on properly documenting interventions on the RASP. The support plan was immediately updated following inspection.

Ongoing the director of nursing / designee will conduct random audits to ensure compliance for proper documentation.

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