



pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 14, 2020

Ms. Diana Ponterio
Sr. VP of Ops/Regulatory Compliance
Country Meadows of Allentown LLC
830 Cherry Drive
Hershey, Pennsylvania 17033

RE: Country Meadows of Allentown
Building 2
420 North Krocks Road
Allentown, Pennsylvania 18106
License #: 226940

Dear Ms. Ponterio:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 11, 2019 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 "Kevin Hancock".

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: COUNTRY MEADOWS OF ALLENTOWN

License Number: 22694

Address: 420 NORTH KROCKS ROAD,, BUILDING 2,, ALLENTOWN, PA 18106

County: LEHIGH

Region: NORTHEAST

Administrator

Name: Anne Melick

Phone: 6103956521

Email: DPONTERIO@COUNTRYMEADOWS.COM

Legal Entity

Name: COUNTRY MEADOWS OF ALLENTOWN LLC

Address: 830 CHERRY DRIVE, HERSHEY, PA, 17033

Certificate(s) of Occupancy

Type: I-2

Date: 05/23/1997

Issued By: Upper Macungie

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 63

Waking Staff: 47

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

07/11/2019 - On-Site: Gerald Dumas, Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100

Residents Served: 63

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the carbon monoxide detector located in the laundry room were dated 1/11/18. According to the Care Facilities Carbon Monoxide Standards Act the batteries need to be changed annually.

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.)

Batteries in the carbon monoxide detector located in the laundry room were changed at the time of the inspection.

Maintenance staff members were re-educated regarding the requirement to change batteries annually. Ongoing the Director of Maintenance will complete an audit at least once a year to ensure that the batteries are changed annually or more often as necessary.

Legal Entity Representative

Diana Portero
Signature

Diana Portero, Sr VP 10/7/19
Printed Name and Title Date

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The above plan of correction is approved as of 10-24-19
(Date)

Plan of correction implementation status as of 10-24-19
(Date)

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

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

181c - Self-administration Assessment

Regulations

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident # 1 had 2 bottles of Tums located in his room. The residents DME dated 5/21/19 notes the resident is unable to self-administer medications.

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.)

Two bottles of Tums were removed from the resident's room at the time of inspection. Staff was re-educated regarding this resident's ability to administer any medications including OTC medications. The resident and family members were also reminded to deliver all medications to the wellness office and not place them in the resident's room.

Ongoing the Director of Nursing or designee will complete a random audit of the resident's room to ensure compliance.

Legal Entity Representative

Diana Portero
Signature

Diana Portero, Sr VP
Printed Name and Title

10/7/19
Date

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