



**MAILING DATE: November 22, 2019**

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

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 30, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: COUNTRY MEADOWS OF ALLENTOWN  
Address: 430 NORTH KROCKS ROAD,, BUILDING 1,, ALLENTOWN, PA 18106  
County: LEHIGH Region: NORTHEAST

License Number: 22693

### Administrator

Name: Bonnie Mfarej Phone: 6103956521 Email: bmfarej@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: 06/29/2010 Issued By: L&I

### Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 119 Waking Staff: 89

### Inspection

Type: Full BHA Docket #: Notice: Unannounced  
Reason: Renewal

### Inspection Dates and Department Representative

10/30/2019 - On-Site: Amy Deluca, Ryan Yankow

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: 118 Residents Served: 74

#### Secured Dementia Care Unit

In Home: Yes Area: Connection Capacity: ~~40~~ 60 Residents Served: 37

#### Hospice

Current Residents: 3

#### Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 45 Have Physical Disability: 7

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 carbon monoxide monitor for the dryer located in the home's memory care unit laundry room was not placed a minimum of 15 feet from the gas dryer as required by the Care Facilities Carbon Monoxide monitor Act.

Plan of Correction (POC)

The carbon monoxide monitor has been relocated to an area on the wall which now exceeds the 15 foot minimum distance. The monitor was moved on 10/31/19. All other carbon monoxide monitors have been checked to ensure compliance with the minimum distances.

Ongoing, Carbon Monoxide monitors will be checked on a routine basis by the Director of Maintenance or his designee.

Legal Entity Representative

*Diana Porters*

Sr Vice President 11/22/19

Signature

Printed Name and Title

Date

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The above plan of correction is approved as of 11-22-19 Plan of correction implementation status as of 11-22-19  
(Date) (Date)

Fully Implemented

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

Not Implemented

105g - Lint Removal and Duct Cleaning

Regulations

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

A thin layer of lint was noted in the lint baskets of the 2 industrial dryers in the laundry room of the home, posing a possible fire hazard. The dryers were empty and cool to touch.

Plan of Correction (POC)

Staff were provided with retraining regarding the need to remove all lint from the dryers after each use. Retraining was provided at coworker meetings on:

10/28/19, 10/29/19, and 10/30/19.

Reminders will again be provided to all coworkers at upcoming meetings on 11/18/19, 11/19/19, 11/20/19 and 11/21/19.

Spot checks will be completed by the Associate ED on a routine basis to ensure ongoing compliance.

Legal Entity Representative

*Diana Pontieri*

Signature

*Sr Vice President*

Printed Name and Title

*11/19/19*

Date

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(Date)

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MM  
(Initials)

~~Fully Implemented~~  
 ~~In Progress~~  
 ~~Not Implemented~~  
 Not Implemented

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Ancillary staff member A, who conducts the fire drills, reported that the amount of time for evacuation recorded on the fire drill logs is the time it takes for residents to evacuate the fire affected area. The time for all residents to evacuate to a fire safe area or outside of the building was not recorded on the fire drill logs.

Plan of Correction (POC)

Residents are moved into fire safe compartments within times set by our Fire Safety Expert. Fire drills are expected to be successfully completed within these times. We have always entered the time for the fire compartment to be evacuated on our fire drill logs. Going forward times for full evacuation into fire safe compartments will be logged on our fire drill logs.

IMMEDIATELY AND ONGOING:

The administrator shall monitor monthly fire drills for the next 6 months to ensure ongoing compliance.

11-22-19 - MM

Legal Entity Representative

*Diana Portier*

Signature

Sr Vice President

Printed Name and Title

11/19/19

Date

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(Initials)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The fire drill conducted on 2/5/19 at 10:15am notes a resident on the memory care unit refused to evacuate out of their bedroom to a fire safe area.

Plan of Correction (POC)

The resident in question has a dementia diagnosis and was not cooperating on the day of the drill. So as not to upset the resident any further by forcing her to leave her room the resident was not evacuated that day. A follow up drill was successfully completed on 2/23/19 at which time ALL residents were evacuated to a fire safe area. All subsequent drills have also been successfully completed since that time.

Ongoing all residents will be evacuated for fire drills.

IMMEDIATELY AND ONGOING:

The administrator shall monitor monthly fire drills for the next 6 months to ensure ongoing compliance.

11-22-19 -MM

Legal Entity Representative

Signature *Diana Pinter*

Printed Name and Title *Sr Vice President*

Date *11/19/19*

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Adequate Progress

Inadequate Progress

Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for Hydrochlorothiazide. The medication is to be held if the systolic blood pressure (SBP) is below 150. On 10/13/2019 the resident's SBP was 148 but the medication was still administered according to the resident's Medication administration Record.

The coworker who was responsible for the medication error was provided with additional retraining in proper medication administration procedures by our certified medication trainer on 10/30/19. To ensure ongoing compliance MAR's will be reviewed on a regular basis by the Director of Nursing and Assistant Director of Nursing.

Legal Entity Representative

*Diana Pontus*  
Signature

*Sr Vice President*  
Printed Name and Title

*11/19/19*  
Date

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