



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: sparker@countrymeadows.com
MAILING DATE: February 25, 2020

Ms. Diana Ponterio
Sr. VP of Ops/Regulatory Compliance
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. Ponterio:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 3, 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 FORKS
Address: 175 NEWLINS ROAD WEST,, EASTON, PA 18040
County: NORTHAMPTON Region: NORTHEAST

License Number: 22655

Administrator

Name: Susan Parker Phone: 4845443880 Email: sparker@countrymeadows.com

Legal Entity

Name: COUNTRY MEADOWS ASSOCIATES II LP
Address: 830 CHERRY DRIVE, HERSHEY, PA, 17033

Certificate(s) of Occupancy

Type: 1-2 Date: Issued By:

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 95 Waking Staff: 71

Inspection

Type: Partial BHA Docket #: Notice: Unannounced
Reason: Complaint

Inspection Dates and Department Representative

12/03/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 Residents Served: 64

Secured Dementia Care Unit

In Home: Yes Area: na Capacity: 45 Residents Served: 31

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 64
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 31 Have Physical Disability: 0

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/30/2018 the home was informed that resident #1 had a fractured ankle after the resident complained of pain and showed difficulty ambulating on 3/29/18 and 3/30/18. The home did not report the incident to the department's regional office until 4/5/2018.

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.)

The policy for reportable incidents will be reviewed with nurses and designees on or before 2/21/2020 (sign-in sheets to follow). Executive Director and Director of Nursing will routinely review incident reports for timeliness and to ensure compliance.

With in 30 days of receipt of the plan of correction:

The administrator will review the incidents required to be reported by 2600.16a with all staff.

All future incidents will be reported as required. 2-18-2020 - MM

Legal Entity Representative

Diana Pontero

Signature

Diana Pontero SVP 2/11/2020

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

2-18-2020
(Date)

Plan of correction implementation status as of

2-18-2020
(Date)

Implemented SEE ABOVE

Not Implemented

The above plan of correction was approved by

MM
(Initials)

142a - Secure Medical Care

Regulations

2600. 142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On 3/29/2018 resident #1 called for help from staff and was assisted to the floor. Review of the assessment that occurred after the incident shows the resident complained of pain in the right ankle and had difficulty ambulating. The home did not obtain an x-ray of the resident's foot until 3/30/2018 after a family member requested the resident have an x-ray. The x-ray showed the resident had a fracture in her ankle.

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.)

The resident was provided care when she reported having pain in her ankle.

Resident had a witnessed fall on 3/29/2018 at approximately 7:20 am. LPN assessed resident who was alert and oriented with no apparent sign of injury. Resident denied having any pain. (See attached documentation.) Nursing staff continued to assess resident for 24 hours post-fall. On 3/30/2018 during a post-fall evaluation, the resident complained of pain in her right ankle. Resident refused to go the hospital. Daughter was contacted about resident's refusal to go to the ER and she requested that the PCP order an X-ray. (See attached documentation.)

Immediately and Ongoing:

The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for such care, including updating the resident's assessment and support plan. The administrator shall monitor for ongoing compliance. 2-18-2020 - MM

Legal Entity Representative

Diana Pontero

Signature

Diana Pontero Sr VP 2/11/2020

Printed Name and Title

Date

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The above plan of correction is approved as of 2-18-2020 (Date) Plan of correction implementation status as of 2-18-2020 (Date)
[X] Implemented SEE ABOVE
[] Not Implemented
The above plan of correction was approved by MM (Initials)