

Department of Human Services  
Bureau of Human Service Licensing

December 4, 2020

DIANA PONTERIO, SR. VP OF OPERATIONS  
COUNTRY MEADOWS OF ALLENTOWN LLC  
830 CHERRY DRIVE  
HERSHEY, PA 17033

RE: COUNTRY MEADOWS OF  
ALLENTOWN  
420 NORTH KROCKS ROAD  
BUILDING 2  
ALLENTOWN, PA, 18106  
LICENSE/COC#: 22694

Dear Ms. Ponterio,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *COUNTRY MEADOWS OF ALLENTOWN* License #: *22694* License Expiration Date: *08/31/2021*  
 Address: *420 NORTH KROCKS ROAD, BUILDING 2, ALLENTOWN, PA 18106*  
 County: *LEHIGH* Region: *NORTHEAST*

**Administrator**

Name: *Bonnie Mfarej* Phone: *6103956521* Email:  
*Mfarej@contrymeadows.com, lindscott@pa.gov, mmoskalczy@pa.gov*

**Legal Entity**

Name: *COUNTRY MEADOWS OF ALLENTOWN LLC*  
 Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*  
 Phone: *6103956521* Email: *DPONTERIO@COUNTRYMEADOWS.COM*

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/23/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

**Inspection**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *07/27/2020*

**Inspection Dates and Department Representative**

*07/17/2020 - On-Site: Pamela Harris*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *54*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *3*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 07/17/2020 - Partial

Lead Inspector: *Pamela Harris*Follow-Up Type: *POC Submission*Follow-Up Date: *08/07/2020*

## 8/5/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *08/31/2020*

## 12/4/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

**1. Requirements**

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**Description of Violation**

*On 7/16/20, Aging Protective Services was onsite conducting an investigation of alleged abuse of a resident. Once the Home was aware of the allegations, the complaint was not reported to the Department within 24 hours.*

**Plan of Correction****Accept**

*On 7/16/20, Area Agency on Aging visited the Allentown campus on an anonymous complaint regarding resident #1. The executive director was not given information as to the nature of the complaint nor any circumstances surrounding it. Area Agency on Aging conducted their inspection and did not find any areas of concerns and subsequently closed the case. Since the Allentown campus was not aware of any alleged allegations, and AAA did not divulge what the issue was that they were there to investigate, a report was not filed with DHS.*

*Moving forward, to ensure compliance, we will notify DHS any time AAA visits the campus.*

*We will also review reporting requirements with our nurses and managers on or before August 31st. Sign in sheets will be forwarded upon completion.*

**Completion Date:** 08/03/2020

**Document Submission****Implemented**

## 227d - Support Plan Medical/Dental

**1. Requirements**

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident 1 had numerous unwitnessed falls at the home from 4-7-20 through 7-16-20. Prior to these falls, the resident was participating in physical and occupational therapies ordered by her physician. Resident was discharged from PT services on 5-26-20 and recommendations include Restorative Nursing/Maintenance program – which the home does not offer. OT services ended 4-23-20 due to Covid-19 restrictions. After PT services ended on 5-26-2020, the resident suffered 6 unwitnessed falls between 6-2 and 7-16-2020. The Residents RASP was not updated after each of her 6 falls as to what the home's plan was going to do to ensure the safety of the resident or to prevent or avoid future falls.*

227d - Support Plan Medical/Dental (continued)

**Plan of Correction**

**Accept**

*The RASP Updates and Changes forms were inadvertently not included when we gave the RASP to the inspector. All of the falls were noted on the Assessment and Support Plan Updates and Changes forms which are attached. When a resident is discharged from therapy we have a hand off to our fitness team to continue with exercises so as to maintain functional ability. In this case, there were some limitations due to Covid restrictions. Now that we are able to begin reopening those restrictions have lessened so fitness and therapy are back to being provided in small groups and one on one. Therapy services will continue ongoing to all residents as ordered by physician and fitness as recommended and willing to participate.*

**Completion Date:** 08/03/2020

**Update - 08/05/2020**

*Immediately and Ongoing:*

*The administrator or designee shall AUDIT all resident records and ensure that documentation 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.*

*Once the needs have been identified, the home shall ensure a detailed plan to meet those needs.*

*The administrator or designee shall monitor weekly x'6 months for ongoing compliance.*

**Document Submission**

**Implemented**