

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

[REDACTED], VP OF OPERATIONS
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
830 CHERRY DRIVE
HERSHEY, PA 17033

RE: MEADOWS LIVING CENTER AT
COUNTRY MEADOWS OF
BETHLEHEM
4005 GREEN POND ROAD
BETHLEHEM, PA, 18020
LICENSE/COC#: 23788

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2021, 01/26/2021 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: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM **License #:** 23788 **License Expiration Date:** 10/08/2021
Address: 4005 GREEN POND ROAD, BETHLEHEM, PA 18020
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6108823190 **Email:** [REDACTED]

Legal Entity

Name: COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
Address: 830 CHERRY DRIVE, HERSHEY, PA, 17033
Phone: 6108823190 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP	Date: 05/20/2002	Issued By: L&I
Type: I-2	Date: 03/25/2013	Issued By: City of Bethlehem
Type: C-1	Date: 03/26/1999	Issued By: DOH

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 64 **Waking Staff:** 48

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 01/26/2021

Inspection Dates and Department Representative

01/25/2021 - On-Site: [REDACTED]
01/26/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 32

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 64 **Resident Served:** 32

Hospice

Current Residents: 2

Resident Demographic Data as of Inspection Dates (continued)

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 32

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 32

Have Physical Disability: 0

Inspections / Reviews

01/25/2021 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/16/2021

2/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/19/2021

2/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Repeat Violation

On 12/10/20 at approximately 4:00pm resident #1 and resident #2 had an altercation in the room they shared together. Resident #1 pushed resident #2, causing [redacted] to fall and suffer a femoral neck fracture. Resident #2 passed away in the emergency department on [redacted] at approximately [redacted]. The death certificate for resident #2 indicates the cause of death was complications due to a femoral fracture.

This is a repeat violation from 9/18/20.

Plan of Correction

Accept

This was an unwitnessed event. Staff entered the room and found resident #1 standing and resident #2 was found on the floor in this unwitnessed incident in our secure dementia unit. The POAs for both Residents #1 and #2 were immediately notified. Northampton AAA, Bethlehem Township PD and the Department of Human Services were notified. Staff was re-inserviced on abuse and neglect training. Resident #1 received a 30 day notice.

Completion Date: 02/16/2021

Update - 02/17/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Training attached

234b - Support Plan Needs Elements

1. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan dated 8/22/20 for resident #2 is incomplete because the behavioral and cognitive needs section is not completed.

Plan of Correction

Accept

All resident support plans were reviewed for completion. The program manager and assistant director of nursing were retrained on this requirement. Regular, random checks will be done by the director of nursing for any resident physical, medical, social, cognitive or safety needs to be identified. Ongoing compliance will be monitored by the program manager and associate executive director.

Completion Date: 02/16/2021

Document Submission

Implemented