

Department of Human Services
Bureau of Human Service Licensing

March 9, 2021

██████████ 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 ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2021 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: Total Daily Staff: 64 Waking Staff: 48

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Incident Exit Conference Date: 01/29/2021

Inspection Dates and Department Representative

01/29/2021 - On-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 Residents Served: 32

Hospice

Current Resident : 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

01/29/2021 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/26/2021

3/7/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 03/12/2021

3/9/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's support plan dated 12/14/20 indicates the resident requires frequent reminders to use [redacted] walker. Resident #1 has suffered numerous falls in common areas of the home from October 2020 through January 2021 and has had bruising and lacerations. The resident was observed during site visit on 1/29/21 walking along the hallway without a walker. Resident #1 is not being adequately supervised to prevent falls.

Plan of Correction

Accept

We take the safety of our residents very seriously. Resident #1 had numerous documented interventions put into place. Some of the interventions included, but were not limited to, a therapy consult, lab work, medication review, increased safety checks, Primary Care Physician's consult, and reminders for proper footwear, behavior monitoring and frequent reminders to use the walker. Resident was placed on Hospice on [redacted]. Resident #1 had decrease safety awareness and often times did not follow cues to use the walker. Frequent reminders does not mean that staff will be able to provide one-to-one monitoring of a resident at all times. Resident rights allow for a resident to get up and walk on their own. When a resident is observed to not be using the ambulatory device, a reminder is provided and staff remain with the resident until the walker is brought to the resident. A family meeting was held on 1/28/2021 to discuss the resident's need for a higher level of care. Resident was admitted to a skilled nursing facility on [redacted]. The Director of Nursing and all of our nurses and care staff will continue to monitor residents for falls and provide safety intervention strategies as needed and ongoing.

Completion Date: 02/24/2021

Document Submission

Implemented

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227i - Support Plan Accessible

1. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

During a site visit on 1/29/21 resident #1's support plan dated 12/14/21 could not be located by staff. The support plan included updated information regarding hospice services and the resident's frequent fall history.

Plan of Correction

Accept

Direct care staff have access to resident support plans in Point Click Care and in the resident chart at all times. To further ensure that staff have access to the support plans, all resident support plans have been printed and a copy of the support plans are located in the wellness office for additional staff access. Staff have been retrained on how to access resident support plans (training documentation attached). The DON and ADON's will ensure that all support plans are available to staff in the wellness offices.

Completion Date: 02/24/2021

Update - 03/07/2021

Please send/Attach proof of staff training.

227i - Support Plan Accessible (*continued*)

Document Submission

Implemented

Attached.

234d - Support Plan Revision

1. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident #1's support plan dated 12/14/20 indicates the resident began receiving hospice services on [REDACTED]. The support plan does not indicate what services will be provided to the resident by hospice staff. The resident was assessed on 12/2/20 as a high fall risk, but the resident's support plan was not updated until 12/14/20 regarding the increase in falls.

Plan of Correction

Accept

Resident #1 was assessed on 12/2/2020 as a high fall risk. Family was contacted regarding Hospice services. The family took some time to consider this service and on 12/11/2020 the resident's physician signed a hospice order to evaluate and treat. Hospice services began [REDACTED] and the support plan was updated to reflect the significant change. The support plan update included that hospice services will provide some 1:1 attention overnight as well as medication reviews to decrease the risk of falling. The DON and nurses will ensure that all support plans are current and updated in a timely manner going forward.

Completion Date: 02/24/2021

Document Submission

Implemented

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