

Department of Human Services
Bureau of Human Service Licensing

October 28, 2021

[REDACTED], VP OF OPERATIONS
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/01/2021, 07/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *07/01/2021*

Inspection Dates and Department Representative

07/01/2021 - On-Site: [REDACTED]
07/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *57*

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: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/01/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/03/2021*

9/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/07/2021*

10/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The License Inspection Summary (LIS) report dated 07/17/2020 was not posted in the home as required.

Plan of Correction

Accept

At the time of inspection and immediately upon being notified by the inspector that the license inspection summary dated 7/11/2020 was not posted, the Executive Director posted the LIS. Moving forward, all LIS received from the department will be posted by the executive director. the executive director will monitor for ongoing compliance.

Completion Date: 09/01/2021

Document Submission

Implemented

No further action required.

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
 - 1. Evacuation procedures.
 - 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - 5. The location and use of fire extinguishers.
 - 6. Smoke detectors and fire alarms.
 - 7. Telephone use and notification of emergency services.

Description of Violation

The home did not have documentation that staff persons A, B, C, and D were trained in the topics required under this regulation on their first day of work. Staff person A's first day of work was [REDACTED]; staff person B's first day of work was [REDACTED]; staff person C's first day of work was [REDACTED]; staff person D's first day of work was [REDACTED]

Plan of Correction

Accept

All co-workers hired by Country Meadows complete an Onboarding process that includes the requirements of regulation 65a. While documentation could not be provided regarding this training, staff persons A, B, C, and D all had this training on their respective first days of employment. Staff person A was retrained in fire safety on 8/6/2021, staff person B is no longer employed by the home, Staff person C was retrained in fire safety on 7/27/2021, and staff person D is scheduled to attend retraining on 9/7/2021. The Talent Development Coordinator will ensure that supporting documentation for completed trainings be retained. Talent and Development Coordinator and Executive Director will monitor for ongoing compliance.

Completion Date: 09/01/2021

Update - 09/30/2021

Please send/Attach proof of staff training-retraining. 9-30-2021 MM

65a - FS Orientation 1st Day (continued)

Document Submission

Implemented

Training sheets attached.

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

The medication administration training annual practicums for staff persons E and F were incomplete.

Staff person E’s annual practicum for 2020 included only 1 Medication record review.

Staff person F’s annual practicum for 2020 included only 1 medication administration review.

The home also did not have documentation that staff person G completed the modified medication administration training online and there was no documentation that staff person G completed the standard initial medication administration training.

Plan of Correction

Accept

Staff person E was observed by a certified medication trainer in May 2021 and staff person F was observed by a certified medication trainer in April 2021. Staff person G did complete the modified medication administration training online on 7/17/2020. Staff person G is no longer employed by the home. Staff person E and F will be observed again on or before 9/15/2021 to ensure safe practices. Moving forward, all Medication Associates will have the required number of annual observations. Assistant Director of Nursing, Director of Nursing, and Executive Director will monitor for ongoing compliance.

Completion Date: 09/01/2021

Update - 09/30/2021

Please send/Attach proof of staff training. 9-30-2021

Document Submission

Implemented

Training sign in sheets attached.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #1 has PRN orders for [REDACTED]. Neither of the medications were in the med cart at the time of the audit.

Plan of Correction

Accept

The physician for Resident # 1 was contacted to obtain a discontinue order for both the [REDACTED] since both medications were infrequently used PRN's. Nurses and Medication Associates were retrained 7/8/2021 on medication storage as outlined in this regulation. Monthly audit will be completed of medication cart to ensure compliance. Assistant Director of Nursing, Director of Nursing, and Executive Director will monitor for ongoing compliance.

Completion Date: 09/01/2021

Update - 09/30/2021

Please send/Attach proof of staff training. 9-30-2021 [REDACTED]

Document Submission

Implemented

Sign in sheets attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 has an order for [REDACTED] to be taken before breakfast for [REDACTED]. On 7/2/21 the medication was not administered to the resident before breakfast.

Plan of Correction

Accept

On the morning of 7/2/2021, the [REDACTED] order for Resident # 2 was discontinued by pharmacy and re-profiled unbeknownst to Country Meadows. When a medication is re-profiled, the order needs to be approved for the medication to show as an active order on the residents medication order list. Since the [REDACTED] was pending approval and not showing as an active order on the residents MAR, the medication was not administered on 7/2/2021. The order was approved on 7/2/2021 and resident received the medication on 7/3/2021 as prescribed. Nurses and Medication Associates were retrained on 7/8/2021. Nursing to check for and approve pending orders. Assistant Director of Nursing, Director of Nursing, and Executive Director will monitor for ongoing compliance.

Completion Date: 09/01/2021

Update - 09/30/2021

Please send/Attach proof of staff training. 9-30-2021 [REDACTED]

Document Submission

Implemented

Sign in sheets attached.