

Department of Human Services  
Bureau of Human Service Licensing

November 16, 2021

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

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 09/15/2021, 09/16/2021 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: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM License #: 23788 License Expiration Date: 10/08/2022  
Address: 4005 GREEN POND ROAD, BETHLEHEM, PA 18020  
County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP  
[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/20/2002 Issued By: L&I  
Type: I-2 Date: 03/23/2013 Issued By: City of Bethlehem  
Type: Other Date: 03/26/1999 Issued By: DOH

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 09/16/2021

Inspection Dates and Department Representative

09/15/2021 - On-Site: [REDACTED]  
09/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 Residents Served: 30

Secured Dementia Care Unit

In Home: Yes Area: 0 Capacity: 64 Residents Served: 30

Hospice

Current Residents: 4

**Resident Demographic Data as of Inspection Dates (*continued*)**

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 30

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 30

Have Physical Disability: 0

**Inspections / Reviews**

09/15/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/01/2021*

11/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *11/19/2021*

11/16/2021 - 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

On 9/16/21 the home's last Violation report, dated 1/29/21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

A copy of the current license inspection summary was corrected immediately on the date of inspection. The Executive Director or designee will ensure this posting stays current.

Completion Date: 10/29/2021

Document Submission

Implemented

No further documentation necessary.

60a - Staff/Support Plan

1. Requirements

2600.

- 60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 8/1/21 and 8/5/21 one staff person was scheduled to work from 11pm to 7am. On these date there were 30 immobile residents and 4 of them are assist of 2. 1 Person would not be able to assist all the residents out of the building in the event of an emergency.

Plan of Correction

Accept

A minimum of two direct care staff are scheduled on the 11:00p-7:00a shift in this unit. The proper staffing ratios were met within the building at the time of the inspection. The Executive Director or designee will monitor the schedules daily to ensure the minimum staffing level is maintained on the unit per the regulation.

Completion Date: 10/29/2021

Document Submission

Implemented

No further documentation necessary.

183f - Discontinued Medications

1. Requirements

2600.

- 183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 9/16/21, Resident 2 has a prescription for [redacted] that expired on 9/10/21 and [redacted] L that expired on 9/15/21.

183f - Discontinued Medications (*continued*)

**Plan of Correction**

**Accept**

*Facility nurse to discard of any and all expired medications per policy and procedure. The expired medication discovered during this survey was discarded immediately on the date of inspection. The Executive Director or Director of Nursing or designee will ensure expired medications are disposed of in a timely manner per policy and procedure and will randomly audit the med carts. Staff has been retrained – see attached documentation.*

**Completion Date:** 10/29/2021

**Update - 11/15/2021**

*Please send/Attach proof of staff training. 11-15-2021*

**Document Submission**

**Implemented**

*Staff sign in sheet attached for training.*

184b - Resident's Meds Labeled

**1. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*On 9/16/21, a bottle of [REDACTED] belonging to resident 1 was in the Med Cart and was not labeled with the resident's name.*

**Plan of Correction**

**Accept**

*The residents name was added to the unlabeled medication immediately on the date of inspection. The Executive Director, Director of Nursing or designee will ensure all OTC medications are labeled properly per policy and procedure at the time they are placed on the med cart and ongoing. Staff has been retrained – see attached documentation.*

**Completion Date:** 10/29/2021

**Update - 11/15/2021**

*Please send/Attach proof of staff training. 11-15-2021*

**Document Submission**

**Implemented**

*Sign in sheet 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.

**Description of Violation**

*Resident #1 glucometer was not calibrated to the correct date and time.*

185a - Implement Storage Procedures (*continued*)


**Plan of Correction**

**Accept**

*Resident glucometer was properly calibrated to the correct date and time immediately on the date of inspection. The Executive Director, Director of Nursing or designee will ensure glucometer's are calibrated upon admission and medication associates will check prior to each use per policy and procedure to ensure ongoing compliance. Staff has been retrained – see attached documentation.*

**Completion Date:** 10/29/2021

**Update - 11/15/2021**

*Please send/Attach proof of staff training. 11-15-2021* 

**Document Submission**

**Implemented**

*Sign in sheet attached.*