

Department of Human Services
Bureau of Human Service Licensing

December 21, 2021

HEATHER BROWN, EXECUTIVE DIRECTOR
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
830 CHERRY DRIVE
HERSHEY, PA, 17033

RE: COUNTRY MEADOWS OF
BETHLEHEM V
4025 GREEN POND ROAD
BETHLEHEM, PA, 18020
LICENSE/COCC#: 20075

Dear Ms. Heather Brown,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2021, 10/20/2021 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: *COUNTRY MEADOWS OF BETHLEHEM V* License #: *20075* License Expiration:
 Address: *4025 GREEN POND ROAD, BETHLEHEM, PA 18020*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: *Chris Swope* Phone: *6108824110* Email:
*kgrant@COUNTRYMEADOWS.COM,
 lindscott@pa.gov, mmoskalczy@pa.gov*

Legal Entity

Name: *COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP*
 Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*
 Phone: *6108824110* Email: *kgrant@COUNTRYMEADOWS.COM*

Certificate(s) of Occupancy

| | | |
|---------------------|-------------------------|-------------------------------------|
| Type: <i>I-2</i> | Date: <i>02/25/2013</i> | Issued By: <i>Twp. of Bethlehem</i> |
| Type: <i>I-2</i> | Date: <i>06/06/2010</i> | Issued By: <i>Twp. of Bethlehem</i> |
| Type: <i>C-2 LP</i> | Date: <i>07/29/2002</i> | Issued By: <i>PA L&I</i> |

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/20/2021*

Inspection Dates and Department Representative

10/19/2021 - On-Site: Ann O'Haire
10/20/2021 - On-Site: Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *126* Residents Served: *62*

Secured Dementia Care Unit

| | | | |
|--------------------|-------|-----------|-------------------|
| In Home: <i>No</i> | Area: | Capacity: | Residents Served: |
|--------------------|-------|-----------|-------------------|

Hospice

Current Residents: *1*

Number of Residents Who:

| | |
|--|--|
| Receive Supplemental Security Income: <i>0</i> | Are 60 Years of Age or Older: <i>62</i> |
| Diagnosed with Mental Illness: <i>0</i> | Diagnosed with Intellectual Disability: <i>0</i> |
| Have Mobility Need: <i>17</i> | Have Physical Disability: <i>0</i> |

Inspection Dates and Department Representative (*continued*)**Inspections / Reviews****10/19/2021 - Full****Lead Inspector:** *Ann O'Haire***Follow-Up Type:** *POC Submission***Follow-Up Date:** *12/10/2021***12/11/2021 - POC Submission****Reviewer:** *Michele Moskalczyk***Follow-Up Type:** *Document Submission***Follow-Up Date:** *12/14/2021***12/21/2021 - Document Submission****Reviewer:** *Michele Moskalczyk***Follow-Up Type:** *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The home had a large trash container in the main dining room that did not have a lid.

Plan of Correction

Accept

The trash can lid was corrected immediately on the date of inspection. The Executive Director or Director of Dining will ensure all trash cans have lids on an ongoing basis.

Completion Date: 12/09/2021

Document Submission

Implemented

No further action necessary

Completion Date: 12/14/2021

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The GE brand refrigerator located in the country kitchen activity room did not have a thermometer.

Plan of Correction

Accept

The Thermometer was corrected immediately on the date of inspection. The Executive Director or designee will ensure that each refrigerator has a thermometer at all times and the refrigerator are kept at the required temperature.

Completion Date: 12/09/2021

Document Submission

Implemented

No further action needed.

Completion Date: 12/14/2021

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 was placed on St. Luke's Hospice service on 10/5/21. Their RASP was not updated to reflect this change in their medical status.

Plan of Correction

Accept

The resident had a change of care to begin hospice services on 10/15/2021 (not 10/5/2021) and a significant change support plan was completed on 10/19/2021 which is within the 5 day window for completion. The Executive

227d - Support Plan Medical/Dental (continued)

Director or designee will ensure that the most recent resident support plans include the charge of care in addition to the updated significant change care plan. We were unaware that the current support plan had to be updated within 48 hours when a new significant change support plan was being done within the 5 day window.

Completion Date: 12/09/2021

Update: 12/11/2021

Violation under review.

Please attach Resident #1's updated RASP. 12-11-2021 MM

Document Submission

Implemented

Please see attached.

Completion Date: 12/14/2021

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: *COUNTRY MEADOWS OF BETHLEHEM V* License #: *20075* License Expiration:
Address: *4025 GREEN POND ROAD, BETHLEHEM, PA 18020*

Inspection Information

Start Date: *10/19/2021* Type: *Full*

Staff Privacy Coding

| <u>Designation</u> | <u>Staff Members Name</u> | <u>Job Title</u> | <u>Date Hired</u> |
|--------------------|---------------------------|------------------|-------------------|
|--------------------|---------------------------|------------------|-------------------|

Resident Privacy Coding

| <u>Designation</u> | <u>Resident's Name</u> |
|--------------------|--------------------------|
| <i>Resident 1</i> | <i>Elizabeth Serfoss</i> |

APPLICATION FOR CERTIFICATE OF COMPLIANCE

(For instructions, see reverse side of the last page.)

Exp: 12/18/2021

248106 0703

PURPOSE OF APPLICATION

New Facility/Agency

Renewal

Certificate # 200750

IDENTIFICATION

| | | | | | |
|---|--|--|--|--------------------------|-------------------------------------|
| 1. NAME and ADDRESS OF AGENCY/FACILITY Country Meadows of Bethlehem V NAME 4025 Green Pond Road NUMBER and STREET Bethlehem PA 18020 CITY STATE ZIP CODE kgrant@countrymeadows.com 610-691-5454 EMAIL ADDRESS (if available) PHONE NUMBER | | | 2. NAME and ADDRESS OF LEGAL ENTITY Country Meadows of Northampton Associates LP NAME 830 Cherry Drive P.O. BOX or NUMBER and STREET Hershey PA 17033 CITY STATE ZIP CODE dponterio@countrymeadows.com 7175332474 EMAIL ADDRESS (if available) PHONE NUMBER | | |
| 3. COUNTY and MUNICIPALITY/CITY/TOWNSHIP/BOROUGH Northampton | | | 4. RESPONSIBLE PERSON Diana Ponterio VP of Operations app NAME TITLE | | |
| 5. TYPE OF AGENCY/FACILITY SERVICE Personal Care Home <i>✓ # 203480 \$50-</i> | | | 6. REQUESTED/LICENSED CAPACITY (Assisted Living, Personal Care Homes ONLY) 126 | | |
| 7. <input checked="" type="checkbox"/> FEDERAL EMPLOYER IDENTIFICATION NUMBER or <input type="checkbox"/> SOCIAL SECURITY NUMBER OF LEGAL ENTITY 45-3263996 | | | 8. TYPE OF OPERATION <input checked="" type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT | | |
| 9. TYPE OF OWNERSHIP/CONTROL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ASSOCIATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOREIGN PART <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SCHOOL DISTRICT <input type="checkbox"/> CORPORATION <input type="checkbox"/> FOREIGN CORP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER | | | | | |
| 10. PRIOR LICENSE STATUS (If YES to any of the items 10 through 12 inclusive, explain on a separate sheet of paper.) Has the agency/facility (item 1), or Legal Entity (item 2), or the Person Responsible (operator) (item 4), or the person signing the application ever been denied a Certificate or license, had a Certificate of Compliance or license revoked, or had a Certificate of Compliance or license non-renewed in Pennsylvania or any other state? | | | | YES | NO |
| | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. HAS THE LEGAL ENTITY, OWNER OR OPERATOR: Ever been convicted of a felony; convicted of a crime involving child abuse, child neglect, moral turpitude, or physical violence; named a perpetrator in an indicated or founded report of child abuse in accordance with the Child Protective Services Law or the Care-Dependent Services Act (18 Pa.C.S.Ch.632713)? | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. IS THE LEGAL ENTITY, OWNER OR OPERATOR CURRENTLY CHARGED WITH A FELONY OR MISDEMEANOR? | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

ATTACHMENTS

If this is an Initial Application for a new facility/agency or change of name of legal entity, submit copies of the following documents with this application.

- Certificate of Occupancy (Issued from Department of Health, Department of Labor and Industry or municipality.)
- Articles of Incorporation (if the facility or agency is operated by a corporation.)
- State Fictitious Name Approval (if the facility or agency is operated for profit and a fictitious name is used.)

RECEIVED

AUG 24 2021

DECLARATION

(Any false information or statement knowingly given in this application is punishable under Section 4904 of the Pennsylvania Crimes Code.)

I understand that the Certificate of Compliance will be issued to me on the condition that I will operate the above named facility or agency in accordance with the laws of the Commonwealth of Pennsylvania and with the rules and regulations of the Department of Human Services; Title VI and Title VII of the Civil Rights Act of 1964; the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 and the Pennsylvania Human Relations Act of 1955, and the Americans with Disabilities Act of 1990.

Specifically, the above named facility will not permit discrimination on the basis of color, race, religious creed, disability, ancestry, national origin, age or sex in any aspect of service delivery and employment.

I hereby declare that the information given in this application is true to the best of my knowledge.

Diana Ponterio
 NAME/TITLE (print or type)
 (Where the legal entity is a corporation, the individual must be a corporate officer.)

830 Cherry Drive - Hershey, PA 17033
 ADDRESS

Diana Ponterio
 SIGNATURE OF THE LEGAL ENTITY REPRESENTATIVE

08/11/2021
 DATE (mm/dd/yyyy)