

Department of Human Services  
Bureau of Human Service Licensing

March 3, 2022

[REDACTED], PRESIDENT  
[REDACTED]  
[REDACTED]

RE: COUNTRY MEADOWS OF  
BETHLEHEM III  
4007 GREEN POND ROAD  
BETHLEHEM, PA, 18020  
LICENSE/COC#: 23288

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/23/2021, 12/17/2021 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 BETHLEHEM III* License #: *23288* License Expiration: *12/08/2022*  
Address: *4007 GREEN POND ROAD, BETHLEHEM, PA 18020*  
County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/07/2003* Issued By: *L&I*  
Type: *I-2* Date: *03/25/2013* Issued By: *L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *12/17/2021*

**Inspection Dates and Department Representative**

11/23/2021 - On-Site: [REDACTED]

12/17/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *60*

**Secured Dementia Care Unit**

In Home: *No* Area: Capacity: Residents Served:

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *1*

## Inspections / Reviews

11/23/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *02/08/2022*

02/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/07/2022*

03/03/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #1 passed away on [REDACTED] The resident's room was cleared of belongings on [REDACTED] The home did not issue a refund to the resident's family until 10/25/21.

Plan of Correction

Accept

At family request, the refund due was to be sent to an estate account. The initial request was sent timely. However, due to the family's request the facility had to wait for the account information from the family in order to issue the refund. Therefore, the refund to the estate account was issued on 10/25 which is 12 days past the 30 day compliance period. The Office Manager and Executive Director will routinely audit the process to ensure that all refunds are issued within 30 days as per regulation.

Document Submission

Implemented

No further documentation required.