

Department of Human Services  
Bureau of Human Service Licensing

May 27, 2022

[REDACTED]  
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2022, 02/14/2022 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: *12/08/2022*  
Address: *4025 GREEN POND ROAD, BETHLEHEM, PA 18020*  
County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: *6108824110* Email: [REDACTED]

**Legal Entity**

Name: *COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP*  
Address: *830 CHERRY DRIVE, HERSHEY, PA, 17033*  
Phone: *6108824110* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/20/2002* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *80* Waking Staff: *60*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Incident* Exit Conference Date: *02/28/2022*

**Inspection Dates and Department Representative**

02/10/2022 - On-Site: [REDACTED]  
02/14/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *126* Residents Served: *61*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *19* Have Physical Disability: *2*

## Inspections / Reviews

02/10/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/13/2022*

05/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/18/2022*

05/27/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 2/5/22 after assisting resident #1 with toileting staff person A took the resident back to bed. Resident #1 was upset about being thrown face down on the bed by staff person A rather than staff person A giving the resident time to turn and pivot. Resident #1 and the resident's family member reported complaining about the incident to the [REDACTED] but the incident was not reported to the Area Agency on Aging until resident #1 reported the incident to a department representative on 2/10/22.

Plan of Correction

Accept

The family and resident did not fully report the actions of the agency staff person to the facility. They stated that they did not like [REDACTED] and we immediately removed [REDACTED] from service and steps were taken to ensure that this individual did not return to the facility. The resident did not report abuse. An oral and written report was immediately filed upon receiving the report of abuse from the Department of Human Services. Our policy is to immediately report any suspected abuse to all required agencies. The Executive Director or other responsible party will ensure immediate reporting is completed on an ongoing basis. All coworkers will be retrained on abuse and abuse reporting on or before May 15, 2022 and documentation will be submitted to DHS.

Completion Date: 05/10/2022

Update: 05/11/2022

Please send proof of staff training. 5-11-2022 MM

Document Submission

Implemented

Please send proof of staff training. 5-11-2022 MM

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 2/5/22 after assisting resident #1 with toileting staff person A took the resident back to bed. Resident #1 was upset about being thrown face down on the bed by staff person A rather than staff person A giving the resident time to turn and pivot. Resident #1 and the resident's family member reported complaining about the incident to the [REDACTED] but the incident was not reported to the Department's regional office until resident #1 reported the incident to a department representative on 2/10/22.

Plan of Correction

Accept

A written report was completed for DHS at the time of discovery in addition to an oral and written report being completed through Area Agency of Aging. The Executive Director or other responsible parties will ensure these reports are completed within 24 hours on an ongoing basis. All coworkers will be retrained on abuse and abuse reporting on or before May 15, 2022 and documentation will be submitted to DHS.

Completion Date: 05/10/2022

16c - Written Incident Report (continued)

Update: 05/11/2022

Please send proof of staff training. 5-11-2022 MM

Document Submission

Implemented

Please send proof of staff training. 5-11-2022 MM

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident #1 requires assistance with toileting and transfers. On 2/5/22 agency staff member A was assisting resident #1 back to bed after toileting. Resident #1 reported to the [REDACTED] that staff person A threw [REDACTED] down on the bed face first rather than allow the resident to turn and pivot. Resident #1 reported being upset about the incident and expressed not wanting staff person A to provide care to the resident again.

Plan of Correction

Accept

Country Meadows seeks to always treat everyone with dignity and respect at all time. The involved agency staff was immediately banned from returning to the unit upon discovery of alleged incident. The Executive Director or other responsible parties will continue to ensure each resident is treated with dignity and respect on an ongoing basis. Staff will be retrained on Resident Rights on or before May 15, 2022 and documentation will be provided to DHS.

Completion Date: 05/10/2022

Update: 05/11/2022

Please send proof of staff training. 5-11-2022 MM

Document Submission

Implemented

Please send proof of staff training. 5-11-2022 MM

181c - Self-administration Assessment

1. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #2's Documentation of Medical Evaluation dated [REDACTED] indicates that the resident is unable to self administer medications. On 2/10/22 during a resident interview a weekly storage pill box was observed on resident #2's desk. The pill box contained several pills stored in different compartments.

Plan of Correction

Accept

The resident moved to personal care from independent living and brought [REDACTED] medi-set with her. The resident's DME stated that [REDACTED] cannot self-administer [REDACTED] medications following the assessment by their physician. At the time of this incident the resident was having [REDACTED] medications administered by the staff of the facility. The additional medications in [REDACTED] room were removed immediately upon discovery. The staff will be retrained on or before May 15, 2022 on proper medication storage and documentation will be provided. The Director of Nursing will ensure

**181c - Self-administration Assessment (continued)**

*ongoing compliance with med administration.*

**Completion Date:** 05/10/2022

**Update:** 05/11/2022

*Please send proof of staff training. 5-11-2022 MM*

**Document Submission**

**Implemented**

*Please send proof of staff training. 5-11-2022 MM*

**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**

*On 01/25/22 staff person B incorrectly administered 5 medications to resident #2 that were supposed to be administered to another resident. The home did not have documentation that staff person B completed the department's required medication administration training course.*

**Plan of Correction**

**Accept**

*The medications found in the resident's room have been removed after determining they were medications from another level of care where they previously self-administered and did not match their current medication list. The facility was unaware that the resident was in possession of these medications. Their current medication orders were in the facility's possession and being administered by trained staff. The Director of Nursing or Assistant Director of Nursing will ensure that all prescription medications are accurate to current orders and administered by the appropriate party per our policy and regulation.*

**Completion Date:** 05/10/2022

**Update:** 05/11/2022

*Please send proof of staff training. 5-11-2022 MM*

**Document Submission**

**Implemented**

*Please send proof of staff training. 5-11-2022 MM*

**182c - Medication Administration****1. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.

**182c - Medication Administration (continued)**

4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

**Description of Violation**

*On 01/25/22 staff person B administered 5 medications to resident #2 in error. The medications administered were: Melatonin, Warfarin, Entresto, Gabapentin, and Isosorb mono. These medications are prescribed to another resident living in the bedroom next to resident #2.*

**Plan of Correction****Accept**

*The involved staff have been re-trained in proper medication administration and completed the medication administration course, documentation is submitted. The Director of Nursing or Assistant Director of Nursing will ensure that all staff administering medications are trained according to regulation.*

**Completion Date:** 05/10/2022

**Update:** 05/11/2022

*Please send proof of staff training. 5-11-2022 MM*

**Document Submission****Implemented**

*Please send proof of staff training. 5-11-2022 MM*

**183d - Prescription Current****1. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

*On 2/10/22 a weekly pill storage box was found in resident #2's bedroom. The pill box contained several pills that the home did not have a current prescription for listed on the resident's Medication administration record and staff could not identify all of the pills in the pill box.*

**Plan of Correction****Accept**

*The medications found in the resident's room were removed at the time of discovery and discarded of. The medications were from another level of care where the resident was self-administering their medications. These medications were not being used at the time of discovery, nor was the facility aware that the resident had them in their possession. Staff will be retrained on proper storage of medication and what to look for in resident rooms on or before May 15, 2022 and documentation submitted to DHS. The Executive Director or Director of Nursing will continue to ensure that only prescription medications on a resident's current medication list will be kept in the home.*

**Completion Date:** 05/10/2022

**Update:** 05/11/2022

*Please send proof of staff training. 5-11-2022 MM*

**Document Submission****Implemented**

*Please send proof of staff training. 5-11-2022 MM*