

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

January 6, 2023

[REDACTED]  
COUNTRY MEADOWS ASSOCIATES II LP  
[REDACTED]  
[REDACTED]

RE: COUNTRY MEADOWS OF FORKS  
175 NEWLINS ROAD WEST  
EASTON, PA, 18040  
LICENSE/COC#: 22655

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2022, 06/29/2022, 06/30/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: COUNTRY MEADOWS OF FORKS License #: 22655 License Expiration: 08/29/2023  
 Address: 175 NEWLINS ROAD WEST, EASTON, PA 18040  
 County: NORTHAMPTON Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: COUNTRY MEADOWS ASSOCIATES II LP  
 Address: 830 CHERRY DRIVE, HERSHEY, PA, 17033  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 07/12/2016 Issued By: Forks Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 109 Waking Staff: 82

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 06/30/2022

**Inspection Dates and Department Representative**

06/28/2022 - On-Site: [REDACTED]  
 06/29/2022 - On-Site: [REDACTED]  
 06/30/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 90 Residents Served: 74

**Special Care Unit**  
 In Home: Yes Area: Connections Capacity: 36 Residents Served: 34

**Hospice**  
 Current Residents: 5

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 35 Have Physical Disability: 0

**Inspections / Reviews**

06/28/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/23/2022

Inspections / Reviews (*continued*)

## 08/17/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2022  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2022

## 09/30/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/07/2022

## 11/04/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/11/2022

## 12/04/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/12/2022

## 01/06/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/05/2022  
Reviewer: [REDACTED] Follow-Up Type: Not Required

## 25b Contract signatures and renewal

## 1. Requirements

2800.

25b . The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

## Description of Violation

The resident-home contract for Resident #1, dated [REDACTED], was signed by the resident's power of attorney, but not by the resident. There is no indication that Resident #1 was offered to sign the contract.

## POC Submission

Accept

-Resident was immediately offered to sign [REDACTED] lease. Documentation will be provided after POC acceptance.

-Administrator will retrain the operational team on current checklist utilized for resident files to ensure understanding and compliance.

-Administrator or designee will audit charts on a quarterly basis to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented (AG - 11/04/2022)

## 103i Outdated food

## 2. Requirements

2800.

103.i. Outdated or spoiled food or dented cans may not be used.

## Description of Violation

There was a dented can of Dole pineapple tidbits in the home's kitchen pantry.

## POC Submission

Accept

-The dented can was immediately removed from the shelf.

-Dining director or designee will implement and enforce a procedure to inspect cans prior to being placed on shelves.

-Dining director or designee will conduct a monthly audit of all canned goods to ensure they are free from dents.

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented (AG - 01/06/2023)

## 131f Fire extinguisher inspection

## 3. Requirements

2800.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

## Description of Violation

The tag on the fire extinguisher in the mechanical room near the laundry room indicates that the fire extinguisher had not been inspected since June 2020, exceeding the timeframe as required by this regulation.

## POC Submission

Accept

-Director of Maintenance or designee will conduct a monthly audit of all fire extinguishers to ensure compliance.

-All fire extinguishers have been replaced and inspected as of the date of submission.

-Maintenance will number all fire extinguishers and keep a record of location in order to ensure all fire

**131f Fire extinguisher inspection (continued)**

*extinguishers throughout the building are serviced and checked.*

**Licensee's Proposed Overall Completion Date:** 07/19/2022

**Implemented (AG - 01/06/2023)**

**181c Self-Administer Assessment****4. Requirements**

2800.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(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 had a container of Fleet glycerin suppository and Aspercreme with lidocaine in their bathroom at time of inspection. Per the resident's medical evaluation, dated [REDACTED], Resident #1 cannot self-administer medications.*

**POC Submission**

**Accept (AG - 09/30/2022)**

*Responsible person will be Director of Nursing*

**Licensee's Proposed Overall Completion Date:** 08/25/2022

**Implemented (AG - 12/04/2022)**

**183d Current medications****5. Requirements**

2800.

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

**Description of Violation**

*A container of Clomitrazole Cream 1% prescribed to Resident #3 was located in the medication cart, with orders to apply topically to affected area on scalp 2x daily for 14 days. Resident #3's medication record does not list this medication as a current order.*

**POC Submission**

**Accept**

*-Medication was pulled from the medication cart immediately.*

*-Facility currently utilizes medication checklists. These will be reviewed with appropriate staff to ensure understanding and compliance.*

*-Director of Nursing or designee with review on a monthly basis to ensure compliance.*

**Licensee's Proposed Overall Completion Date:** 07/19/2022

**Implemented (AG - 01/06/2023)**

**184a Resident meds labeled****6. Requirements**

2800.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a Resident meds labeled (*continued*)**Description of Violation**

*The pharmacy label for resident #5's Pain Reliever Plus tab does not include the medication dosage.*

**POC Submission**

**Accept (AG - 09/30/2022)**

*Responsible person will be Director of Nursing*

**Licensee's Proposed Overall Completion Date: 08/25/2022**

**Implemented (AG - 12/04/2022)**

## 185a Storage procedures

**7. Requirements**

2800.

185.a. The residence 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**

*The glucometer for Resident #4 was not calibrated for the current date and time. On 6/28/22 at 12:58pm, the resident's glucometer reported a date and time of 3/29/22 and 10:29am.*

*Resident #3 is prescribed acetaminophen 325mg, milk of magnesia 1200/15, and Clotrimazole cream 1% as needed. The medications with these PRN orders were not in the medication cart at time of inspection.*

*Resident #4 is prescribed acetaminophen 325mg, with orders to take 2 tabs (650mg) for temp 2.4 degrees Fahrenheit greater than baseline. The medication with this PRN orders was not in the medication cart at time of inspection.*

**POC Submission**

**Accept**

*-Glucometer was immediately recalibrated.*

*-Appropriate staff will be retrained on facility's current glucometer checks to ensure compliance.*

*-Director of Nursing or designee will conduct monthly glucometer checks.*

*-Acetaminophen for Resident #3 was ordered and received by pharmacy on 6/29/2022 and presented at time of inspection.*

*-Milk of Magnesia was discontinued 6/29/2022.*

*-Clotrimazole cream 1% received a change of direction sticker on 6/29/2022.*

*-Resident #4's acetaminophen received additional order/update to include fever on 6/29/2022.*

*-DON or designee will conduct monthly cart checks.*

**Licensee's Proposed Overall Completion Date: 07/19/2022**

**Implemented (AG - 01/06/2023)**

## 187a Medication record

**8. Requirements**

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.

187a Medication record (continued)

Description of Violation

Resident #5 is prescribed Pain Reliever Plus tabs, as needed. The medication dosage is not listed on the medication record.

POC Submission

Accept (AG - 09/30/2022)

Responsible person will be Director of Nursing

Licensee's Proposed Overall Completion Date: 08/25/2022

Implemented (AG - 01/06/2023)

187d Follow prescriber's orders

9. Requirements

2800. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Metoprolol 25mg, with parameters to hold the medication is the resident's systolic blood pressure (SBP) is less than 120. On 6/22/22 at 5:00pm, Resident #6's SBP was recorded as 113, therefore the medication should have been held. However, the medication was administered to Resident #6.

POC Submission

Accept

- Appropriate staff will be retrained on the 5 rights of medication and cart checks.
- Director of Nursing or designee will conduct monthly audits to ensure compliance.
- An incident report for the medication error was completed on 6/30/2022.

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented (AG - 01/06/2023)

227d Support plan – med/dental

10. Requirements

2800. 227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #7 utilizes a bed cane for assistance with transfers in/out of bed. The assessment and support plan for Resident #7 does not document the resident's need for a bed cane.

POC Submission

Accept (AG - 09/30/2022)

Responsible person will be Administrator or Director of Nursing

Licensee's Proposed Overall Completion Date: 08/25/2022

Implemented (AG - 12/04/2022)

233c Key-locking devices

**11. Requirements**

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*The home's special care unit has one locked exit door that leads to an unlocked outdoor area, as well as a locked exit door that leads to the locked/gated outdoor area. The directions for operating the residence's locking mechanism are not conspicuously posted near these locked exit doors.*

*The locked gate in outdoor area of the home's special care unit has directions to unlock the gate posted next to the gate. However, the code for the keypad listed in the directions was incorrect.*

**POC Submission****Accept**

*-Postings of directions for operating locking mechanisms were located and hung in appropriate spots during the inspection.*

*-Administrator or designee will ensure postings are hung.*

**Licensee's Proposed Overall Completion Date: 07/19/2022**

**Implemented (AG - 01/06/2023)****236a Staff training****12. Requirements**

2800.

236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

**Description of Violation**

*Direct care staff person A, date of hire [REDACTED], works in the special care unit, but only completed 6.5 hours of initial training related to dementia care within the first 30 days of the date of hire.*

**POC Submission****Accept**

*-Staff member will receive 3 hours of dementia training by 7/23/2022.*

*-Administrator or designee will conduct quarterly audits of co-worker training to ensure ongoing compliance.*

*-Appropriate staff was retrained on appropriate number of hours needed for training.*

**Licensee's Proposed Overall Completion Date: 07/19/2022**

**Implemented (AG - 01/06/2023)****236b Training topics****13. Requirements**

2800.

236.b. The training for each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia at a minimum must include the following topics:

**Description of Violation**

*Direct care staff person A, date of hire [REDACTED], who works in the special care unit did not complete training in the required topic 2) Managing challenging behaviors.*

**236b Training topics (continued)****POC Submission****Accept**

- Co-worker will receive training on managing challenging behaviors by 7/23/2022.
- Administrator or designee will conduct quarterly audits of co-worker training to ensure compliance.
- Appropriate staff was trained on content of training needed to ensure compliance

**Licensee's Proposed Overall Completion Date: 07/19/2022****Implemented (AG - 01/06/2023)**