

Department of Human Services
Bureau of Human Service Licensing

September 19, 2022

[REDACTED]

COUNTRY MEADOWS ASSOCIATES II LP

[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 licensing inspections on 08/30/2022 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Administrator

Name: [REDACTED] Phone: *4845443880* Email: [REDACTED]

Legal Entity

Name: *COUNTRY MEADOWS ASSOCIATES II LP*
Address: [REDACTED]
Phone: *4845443880* 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: *105* Waking Staff: *79*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/30/2022*

Inspection Dates and Department Representative

08/30/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *70*

Special Care Unit

In Home: *Yes* Area: *Connections* Capacity: *45* Residents Served: *32*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *35* Have Physical Disability: *1*

Inspections / Reviews

08/30/2022 - Partial
Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND