

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

December 4, 2022

[REDACTED]
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
[REDACTED]
[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 09/07/2022, 09/08/2022 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 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: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: I-2 Date: 02/25/2013 Issued By: Bethlehem Township

Staffing Hours

Resident Support Staff: 18 Total Daily Staff: 117 Waking Staff: 88

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/08/2022

Inspection Dates and Department Representative

09/07/2022 - On-Site: [REDACTED]
 09/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 126 Residents Served: 81

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 81
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 18 Have Physical Disability: 6

Inspections / Reviews

09/07/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/09/2022

Inspections / Reviews (*continued*)

11/02/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/09/2022

12/04/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

184a - Resident's Meds Labeled

1. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1's PRN albuterol HFA inhaler and Resident #2's PRN glucagon kit did not have a pharmacy label attached.

POC Submission**Accept (AG - 11/02/2022)**

1. *At the time of inspection resident #1's PRN inhaler and resident # 2's glucagon had been relabeled with a printed physicians order per the pharmacy and was not in its original packaging due to wear. We reached out to the pharmacy for them to remake a label however they are unable to do so due to pharmacy regulations. Date of inspection 9/7 we again attached the pharmacy instructions to these two medications. A call was placed to the Northeast Regional Licensing Director who agreed that this was acceptable.*
2. *All other medications have been checked to be sure the original pharmacy label is in place for each one.*
3. *Moving forward the facility will retain the original packaging with the original label.*
4. *On or before 10/15/22 nurses will be educated on the need to retain the original pharmacy label. (correct this was done) Training sign in sheets will be provided to DHS.*
5. *The Assistant Director of Nursing and Executive Director will check for the original pharmacy labels during their routine cart checks and ensure compliance.*

Licensee's Plan Completion Date: 10/11/2022

Implemented (AG - 12/04/2022)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home 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

Resident #3's PRN Tylenol 325mg was not available at the time of the inspection.

POC Submission**Accept (AG - 11/02/2022)**

1. *During the time of inspection the resident #3's prn Tylenol suppository was located while the inspector was on site and presented to the inspector. 9/7*
2. *Due to recent unit changes in which two wellness offices were merged the Medication Associate working at the time did not realize [REDACTED] should check in the locked refrigerator on the other side of the unit. The merger of the two offices occurred the same week of inspection so at the time of inspection not all staff had been present to receive the updates.*
3. *What date and can you provide sign in sheets?? (Sent. Completed between 9/9 and 9/12 dates) Since inspection all the Medication Associates and Nurses have been educated on the location of all refrigerated items and all items are in an accessible location.*

185a - Implement Storage Procedures (continued)

4. The Assistant Director of Nursing and Executive Director will on an ongoing basis make sure that all items are accessible and in known locations by staff administering.

Licensee's Plan Completion Date: 10/11/2022

Implemented (AG - 12/04/2022)

187d - Follow Prescriber's Orders**3. Requirements**

2600.

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

Description of Violation

Resident #4 has an order for digoxin .125mg tablet daily, hold for pulse rate less than 60. On 8/26/22 the pulse rate was 60, the medication was held and should have been administered.

POC Submission

Accept (AG - 11/02/2022)

1. The resident's vital signs were obtained to ensure that [REDACTED] medications were being administered in accordance with physicians orders on the same day as inspection. Physician was notified that there had been an error on 8/26/22.
2. All medication associates and nurses were reeducated on the understanding of parameters and respective hold orders. Sign in sheets to be provided.
3. The Assistant Director of Nursing and Executive Director will on an ongoing basis will ensure that parameters are being adhered to as per physicians orders.

Licensee's Plan Completion Date: 10/11/2022

Implemented (AG - 12/04/2022)