

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

January 18, 2023

[REDACTED], VP OF OPERATIONS
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
[REDACTED]

RE: MEADOWS LIVING CENTER AT
COUNTRY MEADOWS OF
BETHLEHEM
4005 GREEN POND ROAD
BETHLEHEM, PA, 18020
LICENSE/COC#: 23788

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2022, 12/07/2022 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: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM **License #:** 23788 **License Expiration:** 10/08/2023

Address: 4005 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: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 07/29/2002

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 56

Waking Staff: 42

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 12/07/2022

Inspection Dates and Department Representative

12/06/2022 - On-Site: [REDACTED]

12/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64

Residents Served: 28

Secured Dementia Care Unit

In Home: Yes

Area: Entire Home

Capacity: 64

Residents Served: 28

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 28

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 28

Have Physical Disability: 0

Inspections / Reviews

12/06/2022 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/15/2023

Inspections / Reviews (*continued*)

01/12/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/17/2023

01/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/20/2023

01/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's [REDACTED] was not labeled with the date it was opened for use. The [REDACTED] is to be disposed 30 days after removal from the foil pouch for use, according to the manufacturer's instructions.

Plan of Correction

Accept ([REDACTED] - 01/17/2023)

- Resident 1 – [REDACTED] was not labeled with date it was opened for use. This [REDACTED] is to be disposed 30 days after removal from foil pouch for use, according to manufacturer's instructions
- The [REDACTED] was not labelled once opened so the staff did not know when to dispose. The [REDACTED] was removed and a new one opened on the day of inspection.
- The Medication Associate or Nurse opening the [REDACTED] is responsible to label it upon opening with appropriate instructions for disposal.
- On or before 01/15/23 all appropriate staff will be educated on proper medication labeling and storage.
- The nurse on the floor will ensure proper procedure is followed.
- The Assistant Director of Nursing and Executive Director will routinely review to ensure all medications and treatments are properly dated, labelled and stored.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented [REDACTED] - 01/18/2023)

183f - Discontinued Medications

2. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #1's [REDACTED] was labeled as opened on [REDACTED]. Per manufacturer's instructions the inhaler is to be disposed one month after removal from the foil pouch for use. The expired inhaler was still in use at the time of the medication cart audit.

Plan of Correction

Accept ([REDACTED] - 01/17/2023)

- Resident 2 -- [REDACTED] was labeled open -- [REDACTED]. Per manufacturer's instructions the [REDACTED] is to be disposed one month after removal from foil pouch for use. The expired [REDACTED] was still in use at time of the medication cart audit.
- The [REDACTED] was labelled correctly but the inhaler was not disposed of properly.
- The [REDACTED] was disposed of on the date of inspection and replaced with a new one which was properly labeled.
- The Medication Associate or Nurse opening the [REDACTED] is responsible to label it upon opening with appropriate instructions for disposal.
- On or before 01/15/23 all appropriate staff was educated on proper labeling and storage of medications.

183f - Discontinued Medications (continued)

- The Assistance Director of Nursing and Executive Director will routinely review to ensure all medications and treatments are properly dated, labelled and stored.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (█) - 01/18/2023

251b - Record Entries Legible

3. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the contract for resident #3 dated █ on page 2 on the date of contract line.

Plan of Correction

Accept (█) - 01/12/2023

- Using white out is against Country Meadows Policy. The team will be re-educated on or before 01/15/23 not to use white out on any resident records.
- The Director of Nursing and Executive Director will routinely review leases to ensure that the no white out was used and everything is properly documented in the resident's file.

Licensee's Proposed Overall Completion Date: 01/12/2023

Implemented (█) - 01/18/2023