

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

March 8, 2023

[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 review on 12/28/2022 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

Staffing Hours

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

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/28/2022

Inspection Dates and Department Representative

12/28/2022 - 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: n/a Capacity: 35 Residents Served: 33

Hospice
 Current Residents: 8

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

12/28/2022 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/27/2023

03/01/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/02/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/08/2023

Inspections / Reviews *(continued)*

03/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/02/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c Locked poisons

1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

The ASP for Resident #1 dated [REDACTED] indicates that the resident cannot safely use or avoid poisonous materials. A progress note in the residents file indicates that on [REDACTED], staff observed the resident with a bottle of hand sanitizer and the pump was in the residents mouth. The hand sanitizer notes call poison control center if swallowed.

Plan of Correction**Accept (AG - 03/01/2023)**

- Resident #1 was evaluated by the nurse on duty on [REDACTED] at the time of the incident and it was determined that no hand sanitizer was ingested by the resident.
- Direct Care Staff will be retrained on poisonous materials on or before 1/31/23. Documentation will be provided.
- Associate Executive Director and Director of Nursing will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (AG - 03/08/2023)

234d Support plan - review

2. Requirements

2800.

234.d. Review of plans.

1. The support plan for a resident of a special care unit for residents with Alzheimer's disease or dementia shall be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes.

Description of Violation

Staff interviews indicated that Resident #1 uses his/her legs to self-propel the wheelchair through the halls most of the day and "collects things" while doing so. Resident #1's current ASP dated [REDACTED] was not updated to indicate this behavior, and how the home will manage this behavior.

Plan of Correction**Accept (AG - 03/01/2023)**

- Resident #1's ASP was updated on [REDACTED] to reflect this behavior. Documentation provided.
- On or before 1/31/23 all appropriate staff will be retrained on proper documentation of the ASP. Training documentation to be provided.
- The Administrator or designee will ensure ongoing compliance with complete documentation in the residents support plan.

Licensee's Proposed Overall Completion Date: 01/25/2023

Implemented (AG - 03/08/2023)