

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

February 24, 2023

[REDACTED]
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
[REDACTED]
[REDACTED]

RE: COUNTRY MEADOWS OF
BETHLEHEM III
4007 GREEN POND ROAD
BETHLEHEM, PA, 18020
LICENSE/COC#: 23288

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/19/2023 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 III **License #:** 23288 **License Expiration:** 12/08/2023

Address: 4007 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:** 03/25/1992 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Waking Staff:** 50

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 01/19/2023

Inspection Dates and Department Representative

01/19/2023 On Site Ryan Yankowy, [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 65

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 65

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

01/19/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/09/2023

02/09/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/13/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/14/2023

Inspections / Reviews *(continued)*

02/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/16/2023

02/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The electronic EMARS and other confidential information of the residents was left unlocked and unattended on the computer located on top of the medication cart near Room # [REDACTED] at approximately 10 am.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

- The medication associate was called away to assist a resident and failed to lock the screen on the med cart computer. Once reminded on 1/19/23 she locked the screen and didn't have any other issues.
- That med associate has been retrained along with the rest of the team, on proper safeguarding of resident information on 1/20 and 1/21/23. Documentation to be provided.
- The Administrator and Associate Director of Nursing will ensure ongoing compliance through visual audits of the med cart computers weekly for the next three weeks on the following dates: 2/13/23, 2/20/23 and 2/27/23. Documentation to be provided.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/24/2023)

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 #1's PRN [REDACTED] tablet was not available at the time of the inspection.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

- This medication was ordered on an as needed basis. The resident had an illness and used the remainder of the [REDACTED] medication which was then not reordered as it was no longer needed. The staff should have requested that the physician discontinue this medication however that was not done in a timely manner.
- The ADON has retrained all staff on 1/20 and 1/21/23 on the need to have all physician ordered medications on hand at all times. Documentation to be provided.
- The ADON and Administrator will ensure compliance ongoing through med cart audits every other week through March on the following dates 2/13/23, 2/27/23, 3/13/23 and 3/27/23.

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] - 02/24/2023)

227c - Support Plan Revision

3. Requirements

227c - Support Plan Revision (continued)

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment.

Description of Violation

Resident #2's most recent resident assessment and support plan was completed on [REDACTED] 23, the previous was completed on [REDACTED] /21.

Plan of Correction

Accept [REDACTED] - 02/10/2023)

- Resident #2 was ill when [REDACTED] appointment was scheduled with [REDACTED] PCP for [REDACTED] annual visit. That appointment was canceled at the request of the family and the next earliest appointment was for [REDACTED] 2023.
- A RASP was developed on [REDACTED] /23 following that appointment however it was after the proper time frame. RASP to be provided.
- Effective the date of inspection 1/19/23 and moving forward all annual RASP's will be completed within the proper time frame to maintain regulatory compliance.
- All parties who complete the RASP's were educated again on 1/26/23. Documentation to be provided.
- The Administrator and ADON will ensure ongoing compliance using a tracking spreadsheet (to be provided).

Licensee's Proposed Overall Completion Date: 02/09/2023

Implemented [REDACTED] 02/24/2023)