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

August 14, 2023

[redacted], EXECUTIVE DIRECTOR
COUNTRY MEADOWS OF ALLENTOWN LLC
[redacted]

RE: COUNTRY MEADOWS OF ALLENTOWN
430 NORTH KROCKS ROAD
BUILDING 1
ALLENTOWN, PA, 18106
LICENSE/COC#: 22693

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2023, 07/19/2023 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 ALLENTOWN* **Licen e #**: *22693* **Licen e Expiration**: *08/31/2023*

Address: *430 NORTH KROCKS ROAD, BUILDING 1, ALLENTOWN, PA 18106*

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *COUNTRY MEADOWS OF ALLENTOWN LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I 2* **Date**: *05/23/1997* **I ued By**: *Upper Macungie Twnp.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *99* **Waking Staff**: *74*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *07/19/2023*

Inspection Dates and Department Representative

07/18/2023 On Site [redacted]

07/19/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *118* **Residents Served**: *62*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Connections* **Capacity**: *60* **Residents Served**: *29*

Hospice

Current Residents: *5*

Number of Residents Who:

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

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

Have Mobility Need: *37* **Have Physical Disability**: *1*

Inspections / Reviews

07/18/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/10/2023*

08/08/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/09/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/14/2023*

Inspections / Reviews *(continued)*

08/14/2023 - **Document Submission**

Submitted By: [redacted] **Date Submitted**: *08/09/2023*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/19/23 at 7:45 am, Staff person A used resident #1's glucometer to test resident #2's blood glucose level.

Plan of Correction ***Accept [redacted] - 08/08/2023)***

• 4/19/2023- DON notified of resident # 1's glucometer being used on resident # 2 and immediately replaced resident # 1's glucometer with a brand-new machine.
• 4/19/2023- The primary care physician for resident # 2 was notified and instructed staff to monitor the residents blood glucose level four times over the next four hours and again at 5:00p.m- these blood glucose checks were completed and reported to the primary care physician- no new orders were received.
• 4/19/2023- Resident # 2's primary care physician was contacted to obtain an order to check for any communicable disease that resident # 1 could have potentially been exposed to as a result of this error.- no communicable disease was detected.
• 4/19/2023- Staff person A was immediately removed from the medication cart and the Director of Nursing provided a re-training to Staff person A regarding medication administration and glucometer use.
• 7/25/2023- Training for all Medication Associates and LPN's was provided by the Director of Nursing regarding maintaining sanitary conditions and safe glucometer use.
• Ongoing- As a result of this incident, a larger resident photograph was placed on the outside of each resident's glucometer case to aide in proper resident identification.
• Director of Nursing and Assistant Director of Nursing to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented ([redacted] - 08/14/2023)

103g - Storing Food

2. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A box of frozen pasta shells was noted in the freezer opened. The box was not dated to indicate when it was opened.

Plan of Correction ***Accept[redacted] - 08/08/2023)***

• 7/18/2023- At the time of inspection, the box of frozen pasta shells was disposed of.
• 7/19/2023- The Dining Services Manager provided an in service/re-training with all Culinary Associates on proper food storage and labeling.
• The Dining Services Manager will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented [redacted] - 08/14/2023)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted]/23 at [redacted] am, staff person A used resident #1 s glucometer to test resident #2 s blood glucose level. As a result, Staff person A administered 13 units of [redacted] to resident #2 according to resident #1 s prescription on the MAR. Review of Resident #3 s MAR indicates they are prescribed [redacted] (1/2 tab) daily; hold if heart rate is less than 60. On 7/8/23, the medication was administered with a heart rate of [redacted] and on [redacted]/23, the medication was administered with a heart rate of [redacted]
Review of Resident #4 s MAR indicates they are prescribed [redacted] mg daily; hold if blood pressure is less than 110. On [redacted]/23 at [redacted] am, the medication was administered but their blood pressure was not recorded on the MAR. On [redacted]/23 the medication was held but their their blood pressure was not recorded on the MAR.

Plan of Correction ***Accept [redacted] - 08/08/2023)***

• 4/19/2023- DON notified of resident # 1's glucometer being used on resident # 2 and immediately replaced resident # 1's glucometer with a brand-new machine.
• 4/19/2023- The primary care physician for resident # 2 was notified and instructed staff to monitor the residents blood glucose level four times over the next four hours and again at 5:00p.m- these blood glucose checks were completed and reported to the primary care physician- no new orders were received.
• 4/19/2023- Resident # 2's primary care physician was contacted to obtain an order to check for any communicable disease that resident # 1 could have potentially been exposed to as a result of this error.- no communicable disease was detected.
• 4/19/2023- Staff person A was immediately removed from the medication cart and the Director of Nursing provided a re-training to Staff person A regarding medication administration and glucometer use.
• 6/22/2023- Resident # 3 received a new blister card of [redacted] containing 30 half tablets
• 6/23/2023- Staff began using blister card that was received on 6/22/2023.
• Between 6/23/2023-7/22/2023- Resident # 3 should have received a dose of [redacted] a total of fifteen times in accordance with the parameter restrictions. Resident # 3's blister card still contains fifteen doses which would ndicate that no pills were administered outside of the parameter on July 8, 2023 and July 11, 2023. The Medication Associate who indicated they administered the medication on the MAR on July 8, 2023 and July 11, 2023 indicated that they did hold the medication in accordance with the parameter in place and had documented this incorrectly in the MAR.
• 7/1/2023- Resident #4's blood pressure was not taken prior to [redacted] being administered.
• 7/2/2023- Resident # 4's blood pressure was [redacted] which resulted in the medication being held in accordance with the parameter in place.
• 7/3/2023- Resident # 4's MAR for [redacted] daily was updated to include a location for the residents blood pressure to be documented due to the order containing a parameter.
• 7/25/2023- Training for all Medication Associates and LPN's was provided by the Director of Nursing regarding following the directions of the prescriber.
• The Director of Nursing and Assistant Director of Nursing will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: *08/08/2023*

Implemented [redacted] 08/14/2023)