

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

January 29, 2024

[REDACTED], EXECUTIVE DIRECTOR
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
[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 12/19/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY MEADOWS OF BETHLEHEM III License #: 23288 License Expiration: 12/08/2024
 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]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/25/1992 Issued By: Bethlehem Township

Staffing Hours

Resident Support Staff: 1 Total Daily Staff: 53 Waking Staff: 40

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 12/19/2023

Inspection Dates and Department Representative

12/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 52
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

12/19/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/14/2024

01/12/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/12/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/17/2024

Inspections / Reviews *(continued)*

01/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately [redacted] am resident #3 pushed resident #1 to the floor. Resident #1 was sent to the hospital with a laceration to the head resulting in multiple stitches.

Plan of Correction

Accept ([redacted] - 01/12/2024)

- Residents were separated immediately on [redacted].
- Resident 1 was assessed by nurse on [redacted] and sent out to the hospital where she received stitches as a result of the laceration.
- Reports were submitted to DHS and Area Agency of Aging on [redacted].
- Resident 3 was taken from the facility by her family on [redacted] to stay with them.
- Resident 3 discharged from the facility on [redacted].
- Training provided coworkers on managing difficult behaviors on [redacted].
- Associate Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented ([redacted] - 01/25/2024)

87 Lighting

2. Requirements

2600.

87. Lighting The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

There is no exterior light above or near the exit door located by the TV room on the far-right end of the first floor.

Plan of Correction

Accept ([redacted] - 01/12/2024)

- Outside light is scheduled to be installed on 1/15/2024.
- All exterior lighting for exits was assessed to ensure sufficient lighting is in place at the exits by the Maintenance Director.
- Maintenance Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented ([redacted] 01/25/2024)

141a 1 10 Medical Evaluation Information

3. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The DME for resident #1 dated [REDACTED] does not indicate their height or weight.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

- Reviewed and verified on [REDACTED] the day of inspection that proper documentation of weight and height were on the DME for resident 1.
- Training will be completed on or before 1/ 12/2024 for managers, wellness secretary, ADON on regulatory requirements for completing a DME. Documentation to be provided.
- DON or designee will conduct DME audits for compliance accuracy over the next 4 weeks for new DMEs received in that timeframe from 1/15/24 2/9/24.
- The DON or designee will be responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [REDACTED] - 01/25/2024)

183f - Discontinued Medications

4. 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

The [REDACTED] prescribed for Resident #4 was noted in the med cart with an expiration date of May 2023.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

- The expired medication was removed from the cart and was reordered on 12/19/23.
- Training will be provided to Nursing and Medication Associates on or before 1/12/2023
- Med Cart Audits will be completed weekly by Medication Associates over the next two weeks from 1/8/24 1/19/24
- ADON or Designee will oversee audits are being completed.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [REDACTED] - 01/25/2024)

185a - Implement Storage Procedures

5. 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

The glucometer used for Resident #4 was not calibrated to the correct date and time.

The following PRN medications prescribed for resident #4 were not available:

- [Redacted] for [Redacted]
- [Redacted]
- [Redacted]

Plan of Correction

Accept [Redacted] - 01/12/2024)

- On 12/19/23, the day of inspection the PRN medication [Redacted] % was ordered, and a new order was received for [Redacted] every four hours for pain, and [Redacted] every four hours for fever.
- On [Redacted] the glucometer was removed from the medication cart and replaced with a new batteries and recalibrated for use.
- Training will be completed with Medication Associates and Nursing regarding PRN medication procedures and glucometer maintenance on or before 1/12/2024.
- Med Cart Audits will be completed weekly by Medication Associates over the next two weeks from 1/8/24-1/19/24.
- ADON or Designee will oversee audits are being completed.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented ([Redacted] - 01/25/2024)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #5 is prescribed [Redacted] for [Redacted] with instructions to hold if systolic blood pressure (SBP) is greater than [Redacted]. On [Redacted] staff did not initial the MAR at [Redacted] to indicate that the resident's SBP was measured or if the medication was administered or withheld.

Plan of Correction

Accept [Redacted] - 01/12/2024)

- The staff who did not initial the MAR was counseled and will be provided training on proper documentation when completing a MAR on or before 1/12/24.
- Training with Medication Associate and Nurses will be provided on or before 1/12/24 to review proper documentation when completing a MAR.
- Random audits of the MAR with be completed by DON or ADON twice over the next two weeks from 1/8/24-

187a - Medication Record (continued)

1/19/24 to ensure proper documentation is being maintained.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [REDACTED] - 01/25/2024)

227a - Support Plan 30 Days

7. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The RASP for resident #2 indicates the assessment was finalized on [REDACTED]. The date the support plan was finalized is listed as [REDACTED]. The support plan must be finalized within 30 days of the assessment being finalized.

Plan of Correction

Accept [REDACTED] - 01/12/2024)

- Spoke with [REDACTED], N.E. Human Services Licensing Supervisor regarding this citation.
- Explained that resident #2 was an existing resident and not a new admission which would allow the annual DME date to be outside of 30 days of completion of the RASP.
- Supporting documentation provided.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [REDACTED] - 01/25/2024)