

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

January 19, 2024

[REDACTED]  
COUNTRY MEADOWS OF ALLENTOWN LLC  
[REDACTED]  
[REDACTED]

RE: COUNTRY MEADOWS OF  
ALLENTOWN  
420 NORTH KROCKS ROAD  
ALLENTOWN, PA, 18106  
LICENSE/COC#: 22694

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/29/2023 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 License #: 22694 License Expiration: 08/31/2024  
 Address: 420 NORTH KROCKS ROAD, 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 Issued By: Upper Macungie Township

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 11/29/2023

**Inspection Dates and Department Representative**

11/29/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 100 Residents Served: 68

**Secured Dementia Care Unit**  
 In Home: No Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: [REDACTED]

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: [REDACTED] Have Physical Disability: 0

**Inspections / Reviews**

11/29/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/30/2023

01/09/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 01/12/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/12/2024

Inspections / Reviews *(continued)*

01/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The following items were in the homes walk in refrigerator in the kitchen that were not labeled: applesauce, fruit salad, celery and carrot sticks, vanilla and chocolate pudding and cheese.

Plan of Correction

Accept [redacted] - 01/09/2024)

- The food items that were not labeled at the time of inspection were immediately labeled on 11/29/2023 with the date and the name of the item contained within the storage container.
- Retraining was conducted on 12/08/2023 with the Dining Services Team regarding labeling and dating left over food items by the Director of Dining or designee. Documentation to be provided.
- Director of Dining Services, Dining Services Manager, or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [redacted] - 01/19/2024)

182b - Prescription Medication

2. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Direct care staff member A's most recent annual practicum was completed on [redacted], the previous one was completed [redacted].

Direct care staff member B 's initial medication administration course was completed on [redacted]. Only [redacted] of the required [redacted] medication administration observations were completed.

Direct care staff member C 's initial medication administration course was completed on [redacted]. Only [redacted] of the required [redacted] medication administration observations were completed.

Plan of Correction

Accept [redacted] - 01/09/2024)

- Direct care staff member A was observed completing two medication passes on [redacted].
- Direct care staff member B passed the medication administration training program greater than [redacted] days ago and therefor needed to repeat the entire training.
- Direct care staff member B re-took the Medication Associate training course on [redacted] and [redacted].
- Direct care staff member B was observed completing four medication passes on [redacted].
- Direct care staff member C was observed completing six medication passes on [redacted].
- Re-training regarding the number of observations needed once the exam is passed was completed on [redacted].

182b - Prescription Medication (continued)

- The Assistant Director of Nursing, Director of Nursing, and Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/19/2024)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] utilizes a bed cane. The Resident Assessment and Support Plan (RASP) dated [REDACTED] did not contain the required verbiage for the device; specific need, intended use, the risks associated, or the resident's ability to use safely, identification of the specific device to be used and if a cover is required to meet Federal Drug Administration (FDA) guidelines.

Resident [REDACTED] utilizes a bed cane. The Resident Assessment and Support Plan (RASP) dated [REDACTED] did not contain the required verbiage for the device; specific need, intended use, the risks associated, or the resident's ability to use safely, identification of the specific device to be used and if a cover is required to meet Federal Drug Administration (FDA) guidelines.

Resident [REDACTED] utilizes a bed cane. The Resident Assessment and Support Plan (RASP) dated [REDACTED] did not contain the required verbiage for the device; specific need, intended use, the risks associated, or the resident's ability to use safely, identification of the specific device to be used and if a cover is required to meet Federal Drug Administration (FDA) guidelines.

Resident [REDACTED] utilizes a bed cane. The Resident Assessment and Support Plan (RASP) dated [REDACTED] did not contain the required verbiage for the device; specific need, intended use, the risks associated, or the resident's ability to use safely, identification of the specific device to be used and if a cover is required to meet Federal Drug Administration (FDA) guidelines.

Plan of Correction

Accept [REDACTED] - 01/09/2024)

- An addendum to the Resident Assessment and Support Plan (RASP) was updated on [REDACTED] for Resident [REDACTED] Resident [REDACTED] Resident [REDACTED] and Resident [REDACTED] to include the required verbiage for the bed cane device. Documentation to be provided.
- Co-workers responsible for completing Resident Assessments and Support Plans (RASPs) were re-trained on 11/30/23 regarding the required verbiage to be used within a RASP for any resident utilizing a bed cane. Documentation to be provided.
- Director of Nursing, Assistant Director of Nursing, or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/28/2023

227d - Support Plan Medical/Dental (*continued*)

*Implemented* [REDACTED] - 01/19/2024)