

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

June 24, 2024

[REDACTED], CAMPUS EXECUTIVE DIRECTOR
COUNTRY MEADOWS ASSOCIATES II LP
[REDACTED]
[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 05/21/2024 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 FORKS **License #:** 22655 **License Expiration:** 08/29/2024

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: [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 07/12/2016 **Issued By:** Forks Twp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 104 **Waking Staff:** 78

Inspection Information

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

Reason: Incident **Exit Conference Date:** 05/21/2024

Inspection Dates and Department Representative

05/21/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 **Residents Served:** 72

Special Care Unit

In Home: Yes **Area:** Connections **Capacity:** 45 **Residents Served:** 30

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 72

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

Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

05/21/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/14/2024

Inspections / Reviews *(continued)*

06/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/20/2024

06/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect

1. Requirements

2800.

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] Resident #1 walked behind Resident #2, unprovoked, and slapped Resident #2 in the back of the head at approximately [redacted]. Then at [redacted] Resident #1 was sitting at the dinner table and Resident #1's table mate was sitting at the table. Resident #1 kicked Resident #3 in the leg. Then at [redacted], Resident #4 was singing, and Resident #1 walked up and slapped Resident #4 in the face. Then on [redacted] Resident #1 approached Resident # 5. Resident #5 tried to shoo Resident #1 away and Resident #1 grabbed Resident #5's forearm, causing a skin tear.

Plan of Correction

Accept [redacted] - 06/13/2024)

- All appropriate interventions were enacted on [redacted] and [redacted] following the incidents including:
- Separating residents immediately after the incidents.
- Medication review and adjustments made by the primary care physician for Resident 1 on [redacted].
- One-on-one supervision provided by facility and family throughout the weekend following the incident on 3/8/2024 for resident 1.
- Resident 1 was monitored for any ongoing behaviors.
- Resident 1 discharged from the community on [redacted]
- Associate Executive Director will monitor resident behaviors for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented [redacted] - 06/24/2024)

224a3 15 days after admission

2. Requirements

2800.

224.a.3. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days after admission if one of the following conditions applies:

Description of Violation

Resident #4 was admitted on [redacted]. The resident's initial assessment was not completed until [redacted].

Plan of Correction

Accept [redacted] - 06/13/2024)

- Initial support plan was originated within 15 days of admission, but was not finalized within 30 days.
- Facility conducted an audit of all support plans immediately following visit to ensure regulatory compliance. The audit was completed on 5/22/24.
- All appropriate staff members have been retrained on this regulation on 5/22/24.
- Administrator and Director of Nursing will monitor support plan finalization dates to ensure regulatory compliance.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented [redacted] - 06/24/2024)

227d Support plan – med/dental

3. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident # 1's ASP dated [REDACTED] determined that the resident needs encouragement to stay hydrated and under agitation, gets frustrated. However, the ASP does not indicate what level of assistance the resident requires. Resident #5's ASP dated [REDACTED], determined that resident needs encouragement to participate in social and leisure activities. However, the ASP does not indicate what level of assistance the resident requires.

Resident #5 uses a bed cane. The Resident Assessment and Support Plan dated [REDACTED] does not include the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, the specific device to be used, and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 06/13/2024)

- Facility conducted an audit of all support plans immediately following visit to ensure regulatory compliance. The audit was completed on [REDACTED].
- Updates for residents #1 and #5 related to level of assistance were completed on [REDACTED].
- Bed cane documentation was added for resident #5 and an audit was completed to ensure all other residents who have bed canes also had the appropriate documentation. Completed on [REDACTED].
- Administrator and Director of Nursing will monitor support plans to ensure regulatory compliance.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented [REDACTED] - 06/24/2024)