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

September 25, 2024

[redacted], EXECUTIVE
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 08/22/2024, 08/28/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *COUNTRY MEADOWS OF ALLENTOWN* **License #**: *22693* **License Expiration**: *08/31/2025*

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* **Issued By**: *Upper Macungie Twp*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *123* **Waking Staff**: *92*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *08/28/2024*

Inspection Dates and Department Representative

08/22/2024 - On-Site: [redacted]

08/28/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *118* **Residents Served**: *74*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Connections* **Capacity**: *64* **Residents Served**: *41*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *74*

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

Have Mobility Need: *49* **Have Physical Disability**: *1*

Inspections / Reviews

08/22/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/16/2024*

Inspections / Reviews *(continued)*

09/16/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/23/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/21/2024*

09/20/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/23/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *09/25/2024*

09/25/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *09/23/2024*

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

85a - Sanitary Conditions

2. Requirements

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

Description of Violation

On 7/26/24, Resident #1's glucometer was used to measure Resident #2's glucose, and Resident #2's glucometer was used to measure Resident #1's glucose.

Plan of Correction ***Accept ([redacted] - 09/16/2024)***

- *Upon discovering that Resident # 1 glucometer was used on Resident # 2 and Resident # 2 glucometer was used on Resident # 1, both glucometers were replaced with new glucometers on 7/28/24 by nurse on duty.*
- *Resident names had previously been placed on the back of each resident's glucometer; however, as of 7/28/24, residents' names are now being place on the front and back of the glucometer as an additional safety measure by the nurse on duty.*
- *Retraining for Medication Associates and Nurses was held on 9/9/24, 9/10/24, and 9/11/24 by the Director of Nursing. Documentation to be provided.*
- *DON or ADON to monitor for ongoing compliance through monthly reviews of glucometers and what is recorded.*

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented ([redacted] - 09/20/2024)

103i - Outdated Food

3. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the walk in freezer there were 5 bags of unlabeled and undated pancakes.

In the walk in freezer there was a bag of 3 pizzas, unlabeled and undated.

In the walk in refrigerator there were 2 salads unlabeled and undated.

In the walk in refrigerator there was 1 ½ trays of desserts that were undated.

In the refrigerator there were 2 containers of Yoplait Original vanilla yogurt dated 8-21-24.

Plan of Correction ***Accept ([redacted] - 09/16/2024)***

- *At the time of discovery on 8/22/24, all unlabeled and undated items as well as the outdated item were thrown away by the Director of Dining Services.*
- *Culinary and Dining Associates were retrained on labeling/dating items and monitoring expiration dates by the Director of Dining Services on 9/7/24, 9/8/24, and 9/9/24. Documentation to be provided.*
- *Director of Dining Services or Dining Services Manager to monitor for ongoing compliance through weekly inspections of refrigerators and freezers.*

103i - Outdated Food (continued)

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented (- 09/20/2024)

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was lint behind the dryer in the Secure Dementia Care Unit (SDCU) near the sunroom, posing a fire hazard.

Plan of Correction ***Accept (- 09/16/2024)***

- *Lint was removed from behind the dryer on the day of inspection on*
- *Personal Care Associates were retrained on removing lint after each use on 9/9/24 and 9/10/24. Documentation to be provided.*
- *Connections Manager or designee to monitor for ongoing compliance through daily inspection of dryers.*

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented (- 09/20/2024)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.
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

Resident #3's Document of Medical Evaluation (DME) dated does not indicate the resident's health status. The section is blank.

Plan of Correction ***Accept (- 09/16/2024)***

- *A written order was obtained from resident # 5's PCP by the Assistant Director of Nursing regarding the residents health status on 8/22/24. The DME was updated on 8/22/24 to reflect the PCP's order.*

141a 1-10 Medical Evaluation Information (continued)

- *Appropriate staff has been retrained on completion of DME's according to regulation on 9/9/24 and 9/10/24 by the Campus Executive Director. Documentation to be provided.*
- *Director of Nursing or Executive Director or designee to monitor for ongoing compliance.*

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented (- 09/25/2024)

141b1 - Annual Medical Evaluation

6. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent DME was completed . The previous DME was completed on more than one year previous.

Plan of Correction ***Accept (- 09/16/2024)***

- *The Assistant Director of Nursing has implemented utilizing Point Click Care in order to track due dates of DME's in accordance with regulation. The Wellness Secretary is to monitor the due dates and obtain DME's accordingly. This system goes into effect on 9/16/24.*
- *Resident had an appointment scheduled with their PCP on in order to obtain their annual DME, however, this appointment was cancelled by the resident and re-scheduled for*
- *The facility was in communication with the PCP's office to obtain the DME prior to , but the PCP would not complete the DME without seeing the resident at their appointment on .*
- *The DME was sent with the resident to their appointment on , however, the DME was not completed by the PCP at this appointment. The facility called the PCP office on 6/13/24, 6/20/24, and 7/1/24. The facility also re-faxed the DME to the PCP office on 7/2/24 and 7/8/24.*
- *Appropriate staff has been re-trained on obtaining a DME annually for each resident on 9/9/2024, 9/10/24, and 9/11/24 by Campus Executive Director. Documentation to be provided.*
- *An audit of DME's was conducted on 8/22/24 by the Director of Nursing and Wellness Secretary.*
- *Director of Nursing or Executive Director, or designee to monitor for ongoing compliance through ongoing audits of DME's.*

Licensee's Proposed Overall Completion Date: *09/16/2024*

Implemented (- 09/20/2024)

181c - Self-administration Assessment

7. Requirements

2600.
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #4 self-administers some medications. Resident #4's assessment and support plan (RASP) dated and

181c - Self-administration Assessment (continued)

DME dated [redacted] state the resident is unable to self-administer medications.

Plan of Correction ***Accept ([redacted] - 09/16/2024)***

- *An order was received from resident # 4's PCP by the Assistant Director of Nursing on 8/29/2024 indicating that resident # 4 can administer some, but not all of their medications.*
- *Appropriate staff has been retrained on self-administration documentation on DME's and RASP's on 9/9/24 and 9/10/24 by the Campus Executive Director.*
- *Director of Nursing and Executive Director to monitor for ongoing compliance by reviewing residents RASPs to the DME upon their completion.*

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented ([redacted] - 09/25/2024)

185a - Implement Storage Procedures

8. 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 home's controlled substance policy includes documenting in the Controlled Medication Record when a medication is administered and what the remaining amount of the medication is. On 8/28/24, Resident #5 was administered [redacted] Apap/Codeine tab 300-30mg in the morning. However, this administration was not documented in the Controlled Medication Record.

Plan of Correction ***Accept ([redacted] - 09/16/2024)***

- *The resident did not miss a dose of medication, it was an error in the documentation which was corrected. The controlled medication record was updated at the time of inspection to reflect that resident # 5 was administered their medication on the morning of 8/28/24 by the medication associate.*
- *Medication Associate and Nursing staff have been retrained on proper documentation for administered controlled substances by the Director of Nursing on 9/9/24, 9/10/24, and 9/11/24. Documentation to be provided.*
- *Director of Nursing and Assistant Director of Nursing to monitor for ongoing compliance through routine audits of the controlled medication record.*

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented ([redacted] - 09/25/2024)

227c - Support Plan Revision

9. Requirements

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 #4's most recent RASP was completed on [redacted] The previous RASP was completed [redacted], more than one year previous.

227c - Support Plan Revision *(continued)*

Plan of Correction ***Accept (- 09/16/2024)***

- *Due to resident #4's annual DME being obtained late from the PCP, the RASP was then late.*
- *Resident had an appointment scheduled with their PCP on in order to obtain their annual DME, however, this appointment was cancelled by the resident and re-scheduled for*
- *The facility was in communication with the PCP's office to obtain the DME prior to , but the PCP would not complete the DME without seeing the resident at their appointment on*
- *The DME was sent with the resident to their appointment on , however, the DME was not completed by the PCP at this appointment. The facility called the PCP office on 6/13/24, 6/20/24, and 7/1/24. The facility also re-faxed the DME to the PCP office on 7/2/24 and 7/8/24.*
- *The DME was received by the facility on 7/8/24 and the RASP was completed on 7/8/24.*
- *Appropriate staff has been retrained on completion of annual RASPs by the Campus Executive Director on 9/9/24 and 9/10/24. Documentation to be provided.*
- *Executive Director or designee to monitor for ongoing compliance through routine audits of DME's and RASPs.*

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented (- 09/20/2024)

227g -Support Plan Signatures

10. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1's Resident Assessment and Support Plan dated is not signed by the resident, and there is no indication if the resident was unable or refused to sign.

Plan of Correction ***Accept (- 09/16/2024)***

- *Resident # 1 participated in the development of their support plan; however, the resident did not want to sign the support plan. Resident # 1's family member signed the RASP at the time of completion. RASP was updated on 8/22/24 to reflect that resident refused to sign.*
- *Appropriate staff has been retrained on obtaining signatures of the individuals who participate in the development of the support plan by the Campus Executive Director on 9/9/24 and 9/10/24. Documentation to be provided.*
- *Executive Director or designee to monitor for ongoing compliance through review of RASP's as they are completed.*

Licensee's Proposed Overall Completion Date: *09/12/2024*

Implemented (- 09/25/2024)