

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

December 4, 2024

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

RE: COUNTRY MEADOWS OF
ALLENTOWN
420 NORTH KROCKS ROAD
BUILDING 2
ALLENTOWN, PA, 18106
LICENSE/COC#: 22694

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2024 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 ALLENTOWN **License #:** 22694 **License Expiration:** 08/31/2025
Address: 420 NORTH KROCKS ROAD, BUILDING 2, ALLENTOWN, PA 18106
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: COUNTRY MEADOWS OF ALLENTOWN LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 05/23/1997 **Issued By:** Upper Macungie Twp

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 67 **Waking Staff:** 50

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 10/08/2024

Inspection Dates and Department Representative

10/08/2024 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 100	Residents Served: 65		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 65		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 2	Have Physical Disability: 0		

Inspections / Reviews

10/08/2024 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 11/09/2024

Inspections / Reviews (*continued*)

11/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/29/2024

11/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/27/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #5 has an order for [REDACTED] once daily at bedtime. On [REDACTED] at [REDACTED] the resident was out of the building and did not receive the medication as prescribed. An incident report was not submitted to the Department regarding the medication error.

Plan of Correction

Accept ([REDACTED] - 11/22/2024)

- Medication error was discovered during annual licensing inspection on 10/8/24.
- The home reported the medication error to the Department on [REDACTED]
- On [REDACTED] resident # 5 was out of the facility, however, the medication was marked in the EMAR as refused.
- Resident # 5 did not experience any adverse reactions Resident # 5 was educated on making sure that they notify nursing staff that they are leaving the building so that nursing staff can provide resident their medications to take with them.
- Appropriate staff were re-trained on 11/4/2024 on 2600.16(c) by the Campus Executive Director on reporting incidents within 24 hours to the Department.
- Staff member responsible for incorrectly documenting medication as refused was retrained on medication refusals and reporting any alleged refusals to the nurse prior to documenting in the EMAR system. This re-training took place on 10/9/24 and was conducted by a certified med trainer.
- Director of Nursing and Assistant Director of nursing to conduct routine EMAR reviews to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented ([REDACTED] - 12/04/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 10:25am the electronic medication administration records (EMARS) were unlocked and accessible. The computer was unlocked on top of the medication cart near room #239. Blood pressure sheets for hallway B were also noted on top of the medication cart unlocked and accessible. The EMARS and blood pressure sheets contained confidential information of the residents.

Plan of Correction

Accept ([REDACTED] - 11/22/2024)

- At the time of discovery, resident record was closed out and sheets containing blood pressures were removed from the medication cart on 10/8/24 by the Campus Executive Director.

17 - Record Confidentiality (continued)

- Retraining completed on 10/15/2024 regarding 2600.17 regarding confidentiality of records and closing out any unsecured screens in the EMAR system.
- On 10/15/24, staff was trained by the Director of Nursing that when passing medication, they are to close out screens that cannot be locked upon signing in to the EMAR system and blood pressure sheets are to be stored inside the medication cart.
- Director of Nursing and Assistant Director of Nursing to monitor for ongoing compliance through routine audits of medication cart screens.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented () - 12/04/2024)

18 - Compliance With Laws

3. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not change and date the batteries in the homes CO2 monitor on an annual basis. At 10:35am, it was discovered that the homes carbon monoxide detector located in the laundry room was dated 4/29/23. The Care Facility Carbon Monoxide Alarms Standard Act requires carbon monoxide detector batteries are to be changed annually and dated when that occurs.

Plan of Correction

Accept () - 11/22/2024)

- At the time discovery, a Maintenance co-worker replaced the batteries and dated them 10/8/24.
- An audit was conducted by the Director of Maintenance on all CO2 detectors in the home on 10/17/24. All CO2 detectors were in compliance during this audit.
- Retraining completed on 10/15/24, 10/16/24, and 10/17/24 on changing CO2 detector batteries and labeling them annually by the Executive Director.
- Director of Maintenance to monitor for ongoing compliance through weekly checks of CO2 detectors.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented () 12/04/2024)

91 - Telephone Numbers

4. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

During rooms inspections at 2:10pm, it was discovered that Rm 219 and 276 did not have the required emergency numbers posted at or near the phone.

91 Telephone Numbers (continued)

Plan of Correction

Accept (█ - 11/22/2024)

- Emergency stickers containing the required emergency numbers have been placed on the phone in apartment 219 and 267 on 10/8/24 by the Executive Director.
- An audit was completed by the Executive Director of all apartments to check for emergency numbers on 10/17/24. No additional phones without stickers were identified during this audit.
- Retraining completed on 10/15/24, 10/16/24, and 10/17/24 by the Executive Director regarding each telephone having emergency phone numbers posted near them,
- Direct care staff or housekeeping to conduct monthly audit for emergency phone stickers.
- Executive Director to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented (█ - 12/04/2024)

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At 2:10pm, it was discovered that resident in room 219 did not have an operable lamp or other source of lighting on or at bedside

Plan of Correction

Accept (█ - 11/25/2024)

- There was a lamp located near the bed in apartment 219, however, it was determined that the lamp was too far away from the bed for the resident to reach.
- The lamp has been moved closer to the resident's bedside and is in reach for the resident on 10/8/24 by the Executive Director.
- An audit was completed by the Executive Director of all apartments to ensure that there is an accessible bedside lamp in every apartment 10/17/24.
- Retraining completed on 10/15/24, 10/16/24, and 10/17/24 regarding the need for an accessible bedside lamp by the Executive Director.
- Direct care staff or housekeeping to conduct monthly audit of bedside lamps.
- Executive Director to monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented (█ 12/04/2024)

103i - Outdated Food

6. Requirements

2600.

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

Description of Violation

At 1:50pm, a dented can of blueberry pie filling was observed in the kitchen's dry storage area.

103i - Outdated Food (continued)

Plan of Correction

Accept () - 11/22/2024)

- At the time of inspection, the dented can was removed from the dry storage area of the home on 10/8/2024.
- Director of Dining Services and Dining Services Manager completed an audit of the cans in the homes dry storage area to check for any dented cans on 10/8/2024- no additional dented cans were identified.
- Director of Dining Services and Dining Services Manager to complete weekly audits for ongoing compliance.
- Retraining completed on 10/15/24 by the Director of Dining Services regarding dented cans.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented () - 12/04/2024)

125a - Combustible Storage

7. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A box of tissues and pad of sticky notes was found on the external dryer vent behind the dryer in the laundry room of the home, posing a possible fire hazard.

Plan of Correction

Accept () - 11/22/2024)

- At the time of inspection on 10/8/2024, the box of tissues and sticky notes were removed from behind the dryer by the Maintenance Associate.
- Retraining completed on 10/15/24, 10/16/24, and 10/17/24 regarding not having combustible materials near a heat source by the Executive Director.
- Direct care staff were educated by the Executive Director on 10/15/24, 10/16/24, and 10/17/24 to check behind the dryer before and after each load of laundry.
- Executive Director or designee to monitor for ongoing compliance through daily checks of each laundry area.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented () - 12/04/2024)

183b - Meds and Syringes Locked

8. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

During rooms inspection, around (), () was observed in Resident #1's room and () was observed in Resident #2's room unlocked, unattended, and accessible in both rooms. Neither resident is able to self-medicate.

Plan of Correction

Accept () - 11/22/2024)

- At the time of discovery, the () was removed from Resident # 1's apartment. Resident # 1 was educated on not being able to have medications in their apartment without a self-administration order by the Director of Nursing 10/9/24.
- Self-administration order was obtained on () for Resident # 2 to administer ().

183b - Meds and Syringes Locked (continued)

- Director of Nursing completed retraining on 10/15/24 on 2600.183b and educated staff on residents self-administering medication.
- Director of Nursing and Assistant Director of Nursing to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [REDACTED] - 12/04/2024)

187a - Medication Record

9. Requirements

2600.

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

Description of Violation

Resident # 5 has an order for [REDACTED] once daily at bedtime. On [REDACTED] at [REDACTED] the Medication Administration Record (MAR) notes the resident refused the medication. The resident was out of the building at this time and did not receive the medication as prescribed. The MAR was incorrectly documented.

Resident #4 has an order for [REDACTED] and to be taken at [REDACTED]. The Medication Administration Record also notes an order for [REDACTED] to be administered at [REDACTED]. As per interviews with staff, the medication is the same medication but is noted on the Medication Administration Record as 2 different medications with different administration times.

Plan of Correction

Accept ([REDACTED] - 11/22/2024)

- At the time of inspection, 10/8/2024, it was discovered resident #5 did not receive their [REDACTED] and the MAR was incorrectly documented.
- Medication error report was completed and sent to the department on 10/9/2024.
- Co-worker who incorrectly documented in the MAR was retrained on 10/9/2024 a certified med trainer on medication refusals and proper documentation of medication refusals.
- Resident # 4 had an order for [REDACTED] had from her PCP. On [REDACTED], resident received an order for [REDACTED] from [REDACTED] Urologist. Resident received both the [REDACTED] and [REDACTED].
- On 10/8/24, during annual inspection, it was discovered that resident had not received their [REDACTED] dose of [REDACTED].
- Facility contacted resident # 4s PCP on [REDACTED] for clarification of orders since resident had two orders for a probiotic.
- PCP discontinued the order for [REDACTED] on [REDACTED].
- Retraining completed on 10/15/24 regarding 2600.187a. by the Director of Nursing.
- Director of Nursing and Assistant Director of nursing to conduct routine EMAR reviews to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [REDACTED] - 12/04/2024)

187c Refusal of Medication

10. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #5 refused the prescribed [redacted] and [redacted] on [redacted] at [redacted] the prescriber was not notified regarding the refusals.

Resident #6 refused the prescribed [redacted] on [redacted] at [redacted], the prescriber was not notified regarding the refusal.

Plan of Correction

Accept ([redacted] - 11/22/2024)

- It was discovered during the annual licensing inspection on 10/8/24 that resident # 5 had refused their [redacted] and [redacted].
- Resident # 5's refusal of [redacted] and [redacted] was communicated to the residents PCP on [redacted] via a telephone call by the nurse on duty. PCP provided no new orders.
- It was discovered during the annual licensing inspection on 10/8/24 that resident # 6 had refused their [redacted] SR tablet on 10/2/24.
- Resident # 6's refusal of [redacted] tablet was communicated to the residents PCP on 10/8/24 via a telephone call by the nurse on duty. PCP provided no new orders.
- Education provided to responsible co-worker on 10/9/24 regarding medication refusals.
- Retraining completed on 10/15/24 regarding 2600.187c and any trained co-worker receiving a refusal from a resident regarding a medication is to notify the nurse of shift manager of the refusal so that the PCP can be notified.
- Director of Nursing and Assistant Director of Nursing to review MAR dashboard for refusals. DON or ADON will follow up with nursing staff to make sure residents PCP was notified for any refusals.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [redacted] - 12/04/2024)

187d Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident #5 has an order for [redacted] once daily at bedtime. On [redacted] at [redacted] the resident was out of the building and did not receive the medication as prescribed.

Resident #5 has an order for [redacted] once daily. From [redacted] the resident was administered [redacted].

Resident #3 has an order for [redacted] tablets to be administered daily at [redacted] which should be held if the resident has a systolic blood pressure less than [redacted] or a heart rate less than [redacted]. On [redacted] the resident

187d Follow Prescriber's Orders (continued)

had a heart rate of [REDACTED]. The medication was administered when it should have been held.

Resident #3 has an order for [REDACTED] tablets to be administered daily at [REDACTED] which should be held for a systolic blood pressure less than [REDACTED] or a heart rate less than [REDACTED]. On [REDACTED] the resident had a heart rate of [REDACTED]. The medication was administered when it should have been held.

Plan of Correction

Accept [REDACTED] - 11/22/2024

- It was discovered during the annual licensing inspection on 10/8/24 that resident # 5 did not receive their [REDACTED] as ordered.
- Medication error report was sent on 10/9/24 to the department regarding resident # 5 not receiving their [REDACTED].
- Responsible co worker who did not give resident # 5 their [REDACTED] was re trained on proper documentation in the EMAR system on 10/9/24. Documentation to be provided.

- It was discovered during the annual licensing inspection on 10/8/24 that resident # 5 had received the incorrect dose of [REDACTED].
- Resident # 5's [REDACTED] is provided by family members and not ordered through the facilities pharmacy. Resident # 5's family was contacted on [REDACTED] upon discovering the incorrect dose and family brought in a bottle of the correct dosage of [REDACTED].
- Resident # 5's PCP was notified of the error on [REDACTED]. Resident # 5 experience no adverse reactions.
- Medication error report was sent on [REDACTED] to notify the department regarding Resident # 5 receiving the incurred dose of [REDACTED].
- Education provided to the nursing team on 10/15/24 regarding family member provided medications and making sure the correct dose is being provided.

- It was discovered during the annual licensing inspection on 10/8/24 that resident # 3 received their Losartan Potassium 100mg tablet on 10/5/24 even though the medication should have been held per the physicians order due to heart rate less than 65.
- Resident # 3's PCP was notified of the error on 10/8/24. Resident # 3 experienced no adverse reactions.
- Medication error report was sent on 10/9/24 to notify the department regarding resident # 3 receiving this medication outside of the prescribed parameter.
- Education provided to responsible co worker on 10/15/24 regarding medications with parameters. Documentation to be provided
- Any trained co worker administering medication containing a parameter will consult nurse or shift manager before administering or holding medication.
- Director of Nursing and Assistant Director of nursing to conduct routine EMAR reviews to monitor for ongoing compliance.

- It was discovered during the annual licensing inspection on 10/8/24 that resident # 3 received their Amlodipine 5mg tablet on 10/5/24 even though the medication should have been held per the physicians order due to a heart rate less than 65.
- Resident # 3's PCP was notified of the error on 10/8/24. Resident # 3 experienced no adverse reaction.
- Medication error report was sent on 10/9/24 to notify the department regarding resident # 3 receiving this medication outside of the prescribed parameter.

187d - Follow Prescriber's Orders (continued)

- Education provided to responsible co-worker on 10/15/24 regarding medications with parameters.
- Any trained co-worker administering medication containing a parameter will consult nurse or shift manager before administering or holding medication.
- Retraining completed on 10/15/24 regarding 2600.187d. Documentation to be provided
- Director of Nursing and Assistant Director of nursing to conduct routine EMAR reviews to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented (████) - 12/04/2024)

188b - Medication Error Reporting

12. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #5 has an order for ██████████ once daily at bedtime. On ██████████ the resident was out of the building and did not receive the medication as prescribed. The prescriber was not notified regarding the medication error.

Plan of Correction

Accept (████) - 11/22/2024)

- This medication error was discovered during the annual inspection held on 10/8/24.
- Missed dose of ██████████ for Resident # 5 was reported to PCP, POA, and resident on ██████████ after the error was discovered.
- Resident # 5 experienced no adverse reactions.
- Any medication pass trained co-worker who misses passing a dose of medication or encounters a refusal of medications from a resident are to be report to the nurse or shift manager immediately so that proper notification can be made.
- Co-worker who incorrectly documented in the MAR was retrained on 10/9/2024 on medication refusals and proper documentation of medication refusals.
- Retraining completed on 10/15/24 regarding 2600.188b. Documentation to be provided.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented (████) - 12/04/2024)