

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

April 10, 2025

[REDACTED], COO
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 03/04/2025 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 BETHLEHEM III License #: 23288 License Expiration: 12/08/2025
 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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/25/1992 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 59 Waking Staff: 44

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/04/2025

Inspection Dates and Department Representative

03/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 58
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

03/04/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/29/2025

Inspections / Reviews (*continued*)

04/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/11/2025

04/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED] for resident #1 was not signed by the resident and did not indicate if the resident was given the opportunity to sign.

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

- o (Contract was signed on Friday, March 21st 2025 Copy attached)
- o The Executive Director or designee reviewed all current resident-home contracts on March 25th, 2025 to ensure that the resident, the payer (if different), and the designated person (if applicable) sign the contract as required by regulation.
- o Reviewed the requirements of completing contracts and the necessity of giving residents the opportunity to sign contracts was reviewed with the coworkers responsible for completing contracts on 3/24/2025.
- o The Executive Director of designees will monitor to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([REDACTED] - 04/10/2025)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not update a quality management plan for 2024.

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

- o The Executive Director updated the home's Quality Management Plan on 3/18/2025 to reflect a review of reportable incidents, complaint procedures, training, licensing violations, POCS, and resident concerns.
- o The updated plan was reviewed by management and key staff on 3/24/2025 to ensure alignment with current regulations and quality improvement objectives.
- o The Executive Director or designee will monitor the Quality Management Plan follow-up and establish a timeline to complete a plan for 2025.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([REDACTED] - 04/10/2025)

132a - Monthly Fire Drill

3. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (continued)

Description of Violation

An unannounced fire drill was not held during the month of August in 2024.

Plan of Correction

Accept () - 04/04/2025

- o On 3/5/25 the Executive Director reviewed all fire drill logs for the past 12 months to verify compliance and ensure no additional months were missed.
- o All coworkers responsible for scheduling and conducting fire drills will be retrained on the requirements, including the necessity of unannounced monthly drills and proper recordkeeping, on 3/18/2025 by the Director of Maintenance or designee. Documentation attached
- o Maintenance Director or designees will monitor the monthly fire drill tracker to ensure compliance
- o A Fire Drill Schedule Tracker was created to ensure that a drill is planned, conducted, and documented each month using the template provided by the corporate fire safety expert. Effective 4/1/25 the Executive Director will conduct quarterly reviews of the calendar and logs to ensure drills are scheduled and follow the required timeframe to be in compliance with the regulation. Template provided.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented () - 04/10/2025

132c - Fire Drill Records

4. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 1/26/24 does not include the time the drill was conducted.

The fire drill record for the drill conducted on 5/31/2024 does not include the time of the drill, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, or the number of staff persons participating.

Plan of Correction

Accept () - 04/04/2025

- o All coworkers responsible for scheduling and conducting fire drills have been retrained on the requirements, including proper recordkeeping, on 3/18/2025 by the Director of Maintenance or designee. Documentation attached.
- o Maintenance Director or designees will monitor the monthly fire drill tracker to ensure compliance
- o A Fire Drill Schedule Tracker was created to ensure that a drill is planned, conducted, and documented each month using the template provided by the corporate fire safety expert. Effective 4/1/25 the Executive Director will conduct quarterly reviews of the calendar and logs to ensure drills are scheduled and follow the required timeframe to be in compliance with the regulation. Template provided.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented () - 04/10/2025

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

The annual Medical Evaluation dated [REDACTED] for Resident #2 was incomplete. The resident's height was not indicated on the form.

Resident #2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

- o The medical evaluation for Resident #2 was updated on 03/05/2025 to include the resident's height.
- o Coworkers responsible for reviewing annual medical evaluations were retrained on annual medical evaluation regulatory requirements and Country Meadows medical evaluation review process on 3/31/2025 by our ADON, [REDACTED]. Documentation attached.
- o The annual medical evaluation review process will be monitored by the Executive Director or designee to maintain compliance.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([REDACTED] - 04/10/2025)

183d - Prescription Current

6. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 3/4/25, resident # 6's prescription for Lantus Solostar 100ml quick pen was found in the medication cart. This medication was discontinued on 3/3/25.

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

- o The discontinued medication for Resident #6 was removed from the medication cart immediately and disposed of properly on 03/04/2025 a full medication audit was completed by the ADON immediately following.
- o Coworkers responsible for monitoring and removing discontinued medications from the medication cart were retrained on the how to properly track, document and dispose of discontinued medication on 3/21/2025. Documentation attached.
- o The Associate Director of Nursing will monitor the ongoing procedure for tracking and disposing of discontinued medication for ongoing compliance weekly for two months.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([REDACTED] - 04/10/2025)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/4/25, resident # 7's prescription for Lantus Solostar 100ml quick pen was placed in the medication cart. The medication pen was documented being opened on 1/24/25. The manufactures directions state that the medication is good for 28 days after opening.

Plan of Correction

Accept ([redacted] - 04/04/2025)

- o The medication for Resident #7 was properly disposed on 03/04/2025.
- o A new medication for Resident #7 was ordered from the pharmacy on 12/17/2024 and 3/14/2025.
- o A medication audit was conducted on 3/05/2025 by the ADON to ensure compliance with manufacturer instructions and necessity of medication if it is not regularly being administered.
- o Coworkers responsible for monitoring medication use were retrained on the how to properly track, document and dispose of outdated medication on 3/21/2025. Documentation attached.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([redacted] - 04/10/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #3 has an order for Midodrine 5mg tab 3 times a day, hold for systolic blood pressure greater than 140. On 2/27/25 at 5:00p.m, resident #3's blood pressure was 152/82 and medication was administered. On 3/2/25 at 5:00 p.m. resident #3's blood pressure was 138/90 and the medication was held.

Plan of Correction

Accept ([redacted] - 04/04/2025)

- o Resident #3 was assessed and physician contacted.
- o All medication associates were retrained on medication administration process on 3/11/2025. Documentation attached.
- o Weekly audits of medications with parameters will be conducted by Assistant Director of Nursing for a 2-month time frame to ensure accuracy starting April 1st 2025.
- o Director of Nursing or Assistant Director of Nursing will be responsible for ensuring ongoing compliance.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented ([redacted] - 04/10/2025)

224a - Preadmission Screen Form

9. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED]

Resident #5 preadmission screening dated [REDACTED] was incomplete. Section III, determination, did not indicate if the home can meet the resident's needs.

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

- o The Executive Director conducted an audit of preadmission screening forms for the past 60 days on 3/21/2025 to ensure regulatory compliance.
- o A preadmission screening form for Resident #4 was completed on 3/21/2025.
- o The preadmission screening form for Resident #5 was updated to include that the home can meet the resident's needs on 3/21/2025.
- o All coworkers responsible for completing and reviewing preadmission screening forms have been retrained on the preadmission screening requirements of this regulation on 3/26/2025. Documentation attached.
- o The Executive Director or designee will monitor that preadmission screening requirements are maintained to meet regulatory compliance.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([REDACTED] - 04/10/2025)

225c - Additional Assessment

10. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on [REDACTED] The resident's previous assessment was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 04/04/2025)

- o The Executive Director and Associate Executive Director conducted an audit on 3/21/2025 for all current residents for compliance with annual assessment timelines.
- o A tracker was put in place on 3/21/2025 to monitor RASP completion and due dates to maintain compliance with required regulatory requirements. Document attached.
- o The Executive Director or designee will monitor RASP dates for ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/28/2025

Implemented ([REDACTED] - 04/10/2025)