

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

October 22, 2025

[REDACTED], 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 08/21/2025 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 ALLENTOWN License #: 22694 License Expiration: 08/31/2026
 Address: 420 NORTH KROCKS ROAD, BUILDING 2, 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
 Type: C-2 LP Date: 03/11/1997 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 75 Total Daily Staff: 147 Waking Staff: 110

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/21/2025

Inspection Dates and Department Representative

08/21/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 71

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: 71
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

08/21/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2025

Inspections / Reviews *(continued)*

10/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/09/2025

10/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. 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 9:14 a.m. in Hall C, The laptop on medication cart C was unlocked, unattended, and accessible to residents' medication administration records.

At 9:48 a.m. in Hall A, a linen cart was discovered with a sheet of paper with a list of residents' names and an iPhone. Both items were left unlocked, unattended, and accessible to the residents' identity information and medication administration records.

Plan of Correction

Accept ([redacted] - 10/07/2025)

- Moving forward, all Medication Associates and Nurses using the eMAR system will take their medication cart and laptop with them when moving through the hallways during medication pass.
- If a Medication Associate or Nurse leaves the medication cart unattended, they will log out of the eMAR system and be required to log back in with their username and password upon return.
- At the time of the inspection, the sheet of paper with residents' information and the iPhone were handed to a Personal Care Aide (PCA) for safekeeping.
- PCAs have been instructed to keep any documents containing resident information and personal devices (such as iPhones) with them at all times when not in use.
- All Nurses and Medication Associates received retraining on confidentiality and safeguarding of records on 8/26/2025.
- All PCAs will complete retraining on confidentiality and safeguarding of records by 9/24/2025.
- The Director of Nursing (DON), Assistant Director of Nursing (ADON), and Executive Director will monitor ongoing compliance of confidentiality related to electronic health records and safeguarding PCA iPhones and resident information sheets.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented ([redacted] - 10/21/2025)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person A, B and C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert in training year 2024

65g - Annual Training Content (continued)

Plan of Correction

Accept (█) - 10/07/2025

- Staff A completed e-learning on 3/18/2025
- Staff B completed e-learning on 3/16/2025
- Staff C completed e-learning on 7/2/2024
- A fire safety expert was available in the home to staff persons A, B, and C at the time of completion of the fire safety e-learning, however, the expert was not present in the same room when staff members A, B, and C completed the training.
- Staff C completed in-person fire safety retraining with a fire safety expert on 9/3/2025.
- Staff A and Staff B are scheduled to attend in-person fire safety retraining with a fire safety expert prior to 9/24/2025.

Fire safety training is offered and will continue to be offered on an annual basis as an in person training conducted by a trained fire safety expert and/or by a person who was trained by a fire safety expert. Any coworker who does not attend one of the annual in person fire safety training will complete an annual fire safety training on-line with a fire safety expert or a person trained by a fire safety expert present at the time of the training. Talent Development Coordinator and Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/24/2025

Implemented (█) - 10/21/2025

183e - Storing Medications

3. 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

Resident #3's Vitamin D3 expired 6/2024

Plan of Correction

Accept (█) - 10/07/2025

- The expired Vitamin D3 was immediately removed from the medication cart at the time of inspection.
- A new, unexpired bottle of Vitamin D3 was placed on the cart for Resident #3.
- Medication cart audits were conducted by Shift Managers on 8/21/2025 and 8/22/2025. No additional expired medications were found.
- All Medication Associates and Nurses were retrained on proper medication storage and the handling of expired medications on 8/26/2025.
- Weekly medication cart audits will be conducted by ADON or Shift Manager for a period of 3 months starting 10/1/2025 to ensure ongoing compliance.
- The DON and ADON will monitor audit results and oversee compliance ongoing.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█) - 10/21/2025

184a - Resident's Meds Labeled

4. Requirements

184a - Resident's Meds Labeled (continued)

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #1's Chlord/Clidi Cap, take 1 capsule orally daily as needed for (irritable bowel syndrome). does not include dosage.

The pharmacy label for resident # 2's Diphenox/Atropine tab, take 1 tab by mouth every 6 hours as needed for diarrhea does not include dosage.

Plan of Correction

Accept (█ - 10/07/2025)

- At the time of inspection, new labels were printed for resident # 1 and resident # 2 that contained the dosage of each medication.
- A medication cart audit was completed on 8/21/2025 and 8/22/2025 by Shift Managers with no further missing dosages identified.
- LPN approving medication orders is to verify that the dosage for the medication is on the pharmacy label prior to medication being placed on medication cart. Medication Associate administering medication is to verify that dosage is on the pharmacy label prior to administering each dose of medication.
- DON and ADON to monitor for ongoing compliance through monthly audits for the next 3 months starting 10/1/2025.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█ - 10/21/2025)

187a - Medication Record

5. 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 #2 is prescribed Diphenox/Atropine tab, take 1 tab by mouth every 6 hours as needed for diarrhea. However, the resident's medication administration record does not indicate the dosage.

Plan of Correction

Accept (█ - 10/07/2025)

- Resident # 2's medication administration record was updated to include dosage at the time of inspection.
- An audit of resident MARs was conducted on 8/21/2025 by DON and ADON with not further missing dosages identified.
- LPN approving medication orders is to verify that the dosage for the medication which they are approving is listed on the residents medication administration record. Medication Associate administering medication is to verify the medication dosage is listed on the residents MAR prior to administering medication.
- DON and ADON to monitor for ongoing compliance through monthly MAR audits for the next 3 months starting 10/1/2025.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented (█ - 10/21/2025)