

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

December 29, 2025

[REDACTED], ADMINISTRATOR
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
[REDACTED]
[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 11/14/2025 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: 11/14/2025

Inspection Dates and Department Representative

11/14/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 57

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: 57
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 1

Inspections / Reviews

11/14/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/12/2025

12/23/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/23/2025
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/30/2025

Inspections / Reviews *(continued)*

12/29/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/23/2025

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

On [redacted] Resident 1 passed away in the home. The home did not report this incident to the department until [redacted]

Plan of Correction

Accept ([redacted] - 12/23/2025)

-The initial reporter was re-educated on 11/19/2025 regarding the importance of including accurate documentation if a resident passed in-house or out-of-house, as well as the date and time the facility was notified by the provider.

- Effective immediately, the Executive Director will ensure that all reportable incidents, including resident deaths, are reported within 24 hours.
- All administrative and supervisory staff will receive re-education on incident reporting requirements under 2600.16(c) on or before 12/22/25.
- A tracking log will be implemented to establish the date and time the facility is notified of a resident passing away while outside of the facility for reporting purp

Licensee's Proposed Overall Completion Date: 12/22/2025

Implemented ([redacted] - 12/29/2025)

132b - Safety Inspection/Fire Drill

2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

2025’s annual inspection and fire drill observed by a fire safety expert was conducted on 06/26/2025. 2024’s annual inspection and fire drill observed by a fire safety expert was conducted on 06/06/2024.

Plan of Correction

Accept ([redacted] - 12/23/2025)

- The facility will ensure that fire safety inspections and fire drills observed by a certified fire safety expert are conducted annually within a 12-month timeframe.
- The Executive Director contacted the fire safety inspector to ensure the 2026 fire safety inspection is scheduled within the required 12-month timeframe.

• Documentation of each inspection and drill will be maintained on-site and reviewed quarterly by the Maintenance Director and Executive Director for compliance.

Licensee's Proposed Overall Completion Date: 12/19/2025

Implemented ([redacted] - 12/29/2025)

185a - Implement Storage Procedures

3. Requirements

185a - Implement Storage Procedures (continued)

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

Resident 2 is prescribed Bisacodyl-10mg suppository as needed. On 11/14/2025, at 2:00p.m., this medication was not available in the home. As per staff interviews, the medication had expired and was thrown out on the overnight shift of 11/13/2025.

Plan of Correction

Accept (█ - 12/23/2025)

-The medication was re-ordered and returned to the home on 11/14/2025, ensuring that the resident's prescribed treatment was resumed without further delay.

- The Assistant Director of Nursing (ADON) or designee will conduct weekly medication cart audits for three months to ensure all medications are available, properly labeled and stored according to policy. This will begin the week of 12/21/25.
- On 12/16/2025 Medication Associates were re-educated on medication storage, disposal, and replacement procedures.
- The Director of Nursing and ADON will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/21/2025

Implemented (█ - 12/29/2025)

227d - Support Plan Medical/Dental

4. Requirements

2600.

227.d. Each home shall document in the resident's support plan the 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 home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 3 utilizes a bed enabler on the side of their bed, but their Support Plan dated 09/24/2025, does not indicate if a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█ - 12/23/2025)

- The resident's Support Plan has been updated on 11/14/2025 to clearly document the use of the bed enabler and whether a protective cover is required in accordance with FDA and manufacturer guidelines.
- Re-education of coworkers who update and/or create Support Plans will be completed on or before 12/22/2025 on documenting medical and adaptive equipment in the Support Plans.
- The Associate Executive Director will conduct quarterly audits of residents utilizing bed enablers to ensure proper documentation has been completed in the associated Support Plans.

Licensee's Proposed Overall Completion Date: 12/22/2025

Implemented (█ - 12/29/2025)