

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

December 22, 2025

[REDACTED], EXECUTIVE DIRECTOR
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
[REDACTED]

RE: MEADOWS LIVING CENTER AT
COUNTRY MEADOWS OF
BETHLEHEM
4005 GREEN POND ROAD
BETHLEHEM, PA, 18020
LICENSE/COC#: 23788

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: MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM License #: 23788 License Expiration: 10/08/2026
 Address: 4005 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: 07/29/2002 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]
 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: 64 Residents Served: 31

Secured Dementia Care Unit

In Home: Yes Area: entire unit Capacity: 64 Residents Served: 31

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 31
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 31 Have Physical Disability: 0

Inspections / Reviews

11/14/2025 - Full

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

Inspections / Reviews (*continued*)

12/15/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/20/2025

12/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At 12:53 p.m., resident #3 had a bed enabler that was held in place only by the weight of the mattress and was not securely fastened to the bed frame.

Repeated Violation 11-7-25

Plan of Correction

Accept () - 12/15/2025

On 11/14/25, resident #3's bed enabler was securely fastened to the bed by manufacturers specifications and regulatory guidelines by the campus Maintenance team.

• The campus Environmental Services Supervisor completed a building-wide audit of all resident bed enablers and mobility equipment to ensure each is securely fastened, clean, and in good repair which was completed by 11-15-2025

• All direct care, maintenance and housekeeping co-workers will be in-serviced on proper installation and verification of company approved bed enablers in accordance with safety guidelines on or before 12/26/25.

• The Environmental Services Supervisor or designee will verify bed enabler security weekly for 60 days, then monthly thereafter starting on 12-15-2025

• The Environmental Services Supervisor or maintenance team designee will be responsible for on-going compliance with this regulation.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented () - 12/22/2025

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:20A.M., Staff member A did not sanitize hands in between administering two resident medications.

At 12:55 p.m., resident #3's, bedroom chair had a dark brown crusted stain on the seat cushion. Also, at 12:53, resident #3's bed enabler had a white creamlike substance covering the handrail.

Plan of Correction

Accept () - 12/15/2025

• Staff member A was re-educated on proper hand hygiene requirements during medication administration on 11/28/25.

• Resident #3's chair was cleaned and sanitized the day of inspection, 11/14/25.

• The bed enabler was disinfected the day of inspection, 11/14/25.

• All resident rooms were inspected for sanitation concerns on 11/15/25.

• The Director of Nursing will have all Direct Care co-workers complete a hand-hygiene in-service on or before 12/26/25.

• All Direct Care co-workers and housekeeping team will complete an environmental sanitation in-service taught

85a - Sanitary Conditions (continued)

by the Director of Nursing and Housekeeping Supervisor on or before 12/26/25.

- The Assistant Director of Nursing or designee will observe hand hygiene practices randomly 2 times weekly for 30 days, then weekly for 60 days starting on 12-15-2025
- The Housekeeping Supervisor will complete weekly sanitation audits of resident rooms to ensure proper sanitation is in place for 30 days.
- The Director of Nursing, Assistant Director of Nursing and/or Housekeeping Supervisor will be responsible for on-going compliance of this regulation.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented (█) - 12/22/2025)

91 - Telephone Numbers

3. 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

At 1p.m. in resident #4's room the landline phone did not have emergency contact phone numbers posted in the room.

Plan of Correction

Accept (█) - 12/15/2025)

- Emergency numbers were posted in resident #4's room on 11/14/25.
- An audit of all resident apartments and common area phones was completed on 11/15/25 to ensure emergency numbers were posted on or next to all phones.
- The Executive Director and Housekeeping Supervisor will re-educate on the posting requirements of 2600.91 on or before 12/26/25.
- Emergency number postings will be verified weekly starting on 1-1-2026 by the housekeeping teams. Phone Stickers will be created with all local emergency phone numbers as well as AAA's contact information and placed on the housekeeping carts to easy implantation as needed.
- The Housekeeping Supervisor or designee will be responsible for compliance of this regulation on-going.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented (█) - 12/22/2025)

107c - Food/Water 3 Day Supply

4. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 11/14/25 there were 31 residents in the home, requiring the home to have 93 gallons of of emergency water stored in the home. The home had zero gallons on-site.

Plan of Correction

Accept (█) - 12/15/2025)

- On 11/14/25, 93 gallons of bottled emergency drinking water were purchased and stored in secured designated emergency supply locations.

107c - Food/Water 3 Day Supply (continued)

- A quarterly inventory system was implemented to ensure ongoing compliance with 3-day water requirements based on census.
- The Department Management team will be in-serviced on or before 12/26/25 by the Executive Director regarding ongoing monitoring requirements for emergency supplies.
- Emergency supply inventory will be verified monthly starting on 1-1-2026 by the Executive Director or designee for the next 3 months, quarterly thereafter.
- The Executive Director and Maintenance Director will be responsible for on-going compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/01/2026

Implemented (█) - 12/22/2025

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 9:35 a.m. the fire exit door located in the north stair tower would not open without excessive force, preventing immediate egress in the event of an emergency.

At 9:32 a.m. the Memory Care courtyard fence located on the back left side of the building would not open when the code was entered without excessive force.

Repeated violation 11/7/24

Plan of Correction

Accept (█) - 12/15/2025

- Maintenance lubricated and adjusted both the fire exit door and the courtyard gate on 11/14/25 to allow free and immediate egress.
- All building egress routes were inspected for ease of access and proper functioning by the Maintenance Director on 11/17/25.
- A monthly egress-route check will be conducted by the Maintenance Director to ensure ongoing compliance.
- Maintenance and administrative coworkers will be retrained on or before 12/26/25 regarding 2600.121(a) compliance.
- Executive Director will verify egress operability weekly starting on 12-15-2025 for 60 days due to repeated violation status.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented (█) - 12/22/2025

183e - Storing Medications

6. 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.

183e - Storing Medications (continued)

Description of Violation

At 1:25 P.M., the home's medication cart contained resident #1's eye drop bottle of Timolol 0.5% that was opened on 9/24/25. According to the manufacturer's instructions the medication is good for 28-30 days after opening.

At 1:30P.M., the home's medication cart contained resident #2's eye drop bottle of Latanoprost that was opened on 9/24/25. According to the manufacturer's instructions the medication is good for 6 weeks after opening.

At 1:27 P.M., the home's medication cart contained resident #3's bottle of Brimo/timol sol 0.2/0.5% that was opened on 9/29/25. According to the manufacturer's instructions the medication is good for 28-30 days after opening.

Plan of Correction

Accept (█) - 12/15/2025

- All expired or out-of-date eye drop medications were removed from the cart and disposed of per facility policy on 11/14/25.
- A medication-cart audit was conducted by Assistant Director of Nursing to ensure all medication was current and stored correctly 11-14-2025
- Nursing and Medication Associates will be reeducated on or before 12/26/25 by the DON or designee on 2600.183(e) requirements and manufacturer storage guidelines.
- Medication cart audits will be completed weekly starting on 11-21-2025 for 60 days, then monthly thereafter Director of Nursing or Assistant Director of Nursing.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented (█) - 12/22/2025

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

At 1:25 P.M., the home's medication cart contained resident #1's eye drop bottle of Timolol 0.5% that was opened on 9/24/25. According to the manufacturer's instructions the medication is good for 28-30 days after opening.

At 1:30P.M., the home's medication cart contained resident #2's eye drop bottle of Latanoprost that was opened on 9/24/25. According to the manufacturer's instructions the medication is good for 6 weeks after opening.

At 1:27 P.M., the home's medication cart contained resident #3's bottle of Brimo/timol sol 0.2/0.5% that was opened on 9/29/25. According to the manufacturer's instructions the medication is good for 28-30 days after opening.

Plan of Correction

Accept (█) - 12/15/2025

- All expired or out-of-date eye drop medications were removed from the cart and disposed of per facility policy on 11/14/25.
- A medication-cart audit was conducted by Assistant Director of Nursing to ensure all medication was current and stored correctly 11-14-2025
- Nursing and Medication Associates will be reeducated on or before 12/26/25 by the DON or designee on 2600.183(e) requirements and manufacturer storage guidelines.
- Medication cart audits will be completed weekly starting on 11-21-2025 for 60 days, then monthly thereafter Director of Nursing or Assistant Director of Nursing.

Licensee's Proposed Overall Completion Date: 12/26/2025

Implemented (█) - 12/22/2025

183e - Storing Medications *(continued)*