

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

August 27, 2026

[REDACTED]
COUNTRY MEADOWS OF NORTHAMPTON ASSOCIATES LP
[REDACTED]
[REDACTED]

RE: COUNTRY MEADOWS OF
BETHLEHEM III
4007 GREEN POND ROAD
BETHLEHEM, PA, 18020
LICENSE/COC#: 23288

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/03/2026 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 BETHLEHEM III **License #:** 23288 **License Expiration:** 12/08/2026
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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 63 **Waking Staff:** 47

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 06/03/2026

Inspection Dates and Department Representative

06/03/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 62

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:** 62
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

06/03/2026 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/05/2026

07/17/2026 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/07/2026
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/24/2026

Inspections / Reviews (*continued*)

08/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/10/2026

08/27/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/07/2026

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 [REDACTED] burned chicken nuggets in the microwave in the room, requiring the fire department to respond to the home. There has been no incident report filed for this incident.

Resident [REDACTED] has not treated other residents with dignity and respect on multiple occasions; On [REDACTED], Resident [REDACTED] was overheard by staff telling a [REDACTED] resident they wanted to be "friends with benefits." And asked the [REDACTED] resident to walk in front so they could check them out. The [REDACTED] resident told Resident [REDACTED] to stop multiple times and when confronted by staff, Resident [REDACTED] told staff, they were just joking around. The [REDACTED] resident told staff they were not joking around and did not like the way Resident [REDACTED] spoke to [REDACTED] Resident [REDACTED] then told staff, "this place is a [REDACTED] prison." On [REDACTED], Resident [REDACTED] called another male resident a "queer loser." On [REDACTED], Resident [REDACTED] was overheard in a common area telling another resident they were going to buy them a box of condoms. On [REDACTED], Resident [REDACTED] was overheard calling a [REDACTED] resident a "nasty [REDACTED]" On [REDACTED] Resident [REDACTED] was overheard in a verbal altercation with another resident, telling the other resident you are stupid and an idiot. On [REDACTED], the progress notes indicate the resident made the comment, "I think you need a bodyguard because you're an (expletive), and I don't like you." None of these incidents were reported to the Department.

Repeated Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 07/17/2026)

- All supervisory staff who have reporting responsibilities will be re-educated on regulatory reporting requirements and timelines by 7/3/2026

- Beginning the month of July, 2026 the Executive Director will conduct routine reviews of incident documentation and report submissions to ensure DHS incident reporting requirements are being met. This review will be conducted monthly for 3 months with periodic reviews thereafter to support continued compliance with DHS reporting requirements.

Licensee's Proposed Overall Completion Date: 07/03/2026

Implemented [REDACTED] - 08/27/2026)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident [REDACTED] has not treated other residents with dignity and respect on multiple occasions; On [REDACTED], Resident [REDACTED] was overheard by staff telling a [REDACTED] resident they wanted to be "friends with benefits." And asked the [REDACTED]

42c Treatment of Residents (continued)

resident to walk in front so they could check them out. The [REDACTED] resident told Resident [REDACTED] to stop multiple times and when confronted by staff, Resident [REDACTED] told staff, they were just joking around. The [REDACTED] resident told staff they were not joking around and did not like the way Resident [REDACTED] spoke to them. Resident [REDACTED] then told staff, "This place is a [REDACTED] prison." On [REDACTED], Resident [REDACTED] called a male resident a "[REDACTED] loser." On [REDACTED], Resident [REDACTED] was overheard in a common area telling another resident they were going to buy them a box of condoms. On [REDACTED] Resident [REDACTED] was overheard calling a [REDACTED] resident a "nasty [REDACTED]" On [REDACTED] Resident [REDACTED] was overheard in a verbal altercation with another resident, telling the other resident you are stupid and an idiot. On [REDACTED], the progress notes indicate the resident made the comment, "I think you need a bodyguard because you're an (expletive), and I don't like you."

Plan of Correction**Accept [REDACTED] - 08/06/2026)**

- Resident [REDACTED] was issued a 30 Day discharge notice on 2/7/2026. Campus Executive Director had reinforced the 30 Day notice with Resident [REDACTED] and resident's POA on 4/21/2026 and is set to discharge the week of 7/19/2026. This was an unexpected delay in discharge from the facility due to resident attempting to appeal discharge to the wrong governing agency. A formal letter was sent to facility explaining that the discharge needed to be held until further notice by governing agency who does not regulate PCHs. Once facility was able to ensure discharge proceedings could continue, this was actively addressed.
- The Executive Director will re educate coworkers on resident rights, emphasizing that every resident must be treated with dignity, respect, and privacy by 7/3/2026.
- The Executive Director or designee will continue to reinforce expectations during daily and weekly clinical meetings, new employee orientation and will provide ongoing coaching and immediate intervention of concerns regarding resident rights violations beginning the week of 6/28/2026.
- The Executive Director or designee will conduct random resident interviews x4 per month for 3 months to ensure that resident rights are being upheld. Any concerns expressed by the interviewee will be communicated directly to the Campus Executive Director for follow up beginning the week of 6/28/2026.
- The Executive Director or designee will ensure maintained compliance, ongoing with this regulation.

Licensee's Proposed Overall Completion Date: 07/24/2026

Implemented [REDACTED] - 08/27/2026)**225c - Additional Assessment****3. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED]'s Assessment and Support Plan dated [REDACTED] does not include any updates or addendums to the resident's inappropriate behavior toward other residents or staff. It does not include any information on the behavior

225c - Additional Assessment (continued)

on [REDACTED] when the fire department was dispatched to the facility for the resident burning chicken nuggets in the microwave and causing an evacuation, and the home requesting the family to provide 1:1 support through the weekend.

Plan of Correction**Accept [REDACTED] - 07/17/2026)**

- The resident's support plan was updated on 6/22/2026 to reflect behaviors.
- All supervisory staff who have support plan responsibilities will receive re-education on the regulatory requirements, including the requirement to complete assessments annually and whenever a resident experiences a significant change in condition by 7/2/2026.
- The Executive Director will conduct a random audit of 10% of the resident assessments/support plans monthly beginning in the month of July, 2026 and continue this monitoring over the next 3 months to support compliance with assessment requirements.

Licensee's Proposed Overall Completion Date: 07/02/2026**Implemented [REDACTED] - 08/27/2026)**