

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

October 7, 2026

[REDACTED], VICE PRESIDENT OF OPERATIONS
COUNTRY MEADOWS ASSOCIATES II LP
[REDACTED]
[REDACTED]

RE: COUNTRY MEADOWS OF FORKS
175 NEWLINS ROAD WEST
EASTON, PA, 18040
LICENSE/COC#: 22655

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/20/2026, 08/25/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY MEADOWS OF FORKS

License #: 22655

License Expiration: 08/29/2027

Address: 175 NEWLINS ROAD WEST, EASTON, PA 18040

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: COUNTRY MEADOWS ASSOCIATES II LP

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I 1

Date: 07/12/2016

Issued By: DLI

Staffing Hours

Resident Support Staff: 115

Total Daily Staff: 185

Waking Staff: 139

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 08/25/2026

Inspection Dates and Department Representative

08/20/2026 On Site: [REDACTED]

08/25/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90

Residents Served: 36

Special Care Unit

In Residence: Yes

Area: SDCU

Capacity: 45

Residents Served: 34

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 70

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 70

Have Mobility Need: 34

Have Physical Disability: 1

Inspections / Reviews

08/20/2026 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/21/2026

Inspections / Reviews (*continued*)

09/22/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/29/2026

09/29/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/06/2026

10/07/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a Sanitary conditions**1. Requirements**

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/25/26, at 1:15p.m., upon entering the room of resident's # 10 and #11, there was a strong odor of urine.

Plan of Correction**Accept () - 09/22/2026)**

Resident was immediately assisted with incontinence related episode. Housekeeping was also notified and responded. The bathrooms and main living areas were thoroughly cleaned to address the odor and restore sanitary conditions.

Housekeeping will continue with their routine cleanings of resident apartments and perform a daily check on rooms #10 and #11 for a period of 3 months to ensure cleanliness is maintained. Person responsible will be housekeeping supervisor or designee.

Licensee's Proposed Overall Completion Date: 09/21/2026**Implemented () - 10/07/2026)****132c Fire drill records****2. Requirements**

2800.

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 residence 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 indicates on 9/6/26, 79 residents were in the home and 78 evacuated. Also, on 12/20/25 there were 73 residents in the home and 77 residents evacuated. Staff interviews confirmed all residents were evacuated.

Plan of Correction**Accept () - 09/29/2026)**

Upon investigation it was determined both discrepancies were clerical errors. Fire Drill record was immediately corrected to reflect the appropriate number of residents

ED will continue to input information from fire drills but log will be audited by trained Fire Safety expert on a quarterly basis to ensure information is accurate. Fire drill log will be reviewed monthly for a period of 6 months to ensure all information is captured correctly.

Updated Fire Drill Log and monthly audit log

Licensee's Proposed Overall Completion Date: 09/28/2026**Implemented () - 10/07/2026)****182c Medication administration****3. Requirements**

2800.

182.c. Medication administration includes the following activities, based on the needs of the resident:

182c Medication administration (continued)**Description of Violation**

On 4/1/26, at 8:00 a.m., staff person A administered Lisinopril 40mg and Vitamin D3 50 mcg to resident #1. The resident does not have orders for these medications. Staff person A failed to identify the correct resident.

Plan of Correction**Accept () - 09/29/2026)**

PCP was contacted and made recommendation for blood pressure checks and ongoing monitoring with community to report any changes. PCP also ordered blood pressure medication to be held that morning. Community followed all PCP recommendations with no adverse affects noted. All medication associates have been retrained on the regulation and importance of correctly identifying residents prior to administration.

The Director of Nursing (DON) or designee will conduct weekly medication administration reviews of the Connections residents for a period of 2 months. Staff person A has been re-educated on the 5 rights of Medication Administration by 9/28/26.

Training Sheets attached

Proposed Overall Completion Date: 09/28/2026

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/07/2026)**183b Medications and syringes locked****4. Requirements**

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

Resident #2 self-administers medications that they store in a medicine cabinet and drawer in their bathroom. The cabinet and drawer do not lock. Resident indicates that they never lock the room when the room is unoccupied, leaving the medication unlocked, unattended, and accessible to any person entering the room.

Plan of Correction**Accept () - 09/22/2026)**

Resident #1 was provided with a lock box to store medication and education provided to resident that must utilize the lock box for medication.

Associate Executive Director (AED) or designated person will conduct weekly room audits of residents who self-administer for a two month period to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/21/2026

Implemented () - 10/07/2026)**183e Storing Medications****5. Requirements**

183e Storing Medications (continued)

2800.

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 Ativan 0.5mg medication card was tampered with and had tape on the back of the card holding tablet #47 in place.

Plan of Correction**Accept () - 09/29/2026)**

Ativan was immediately removed and destroyed per community policy.

Director of Nursing (DON) or designee will conduct monthly medication cart audits for a period of 3 months to ensure ongoing compliance. All nurses and medication associates retrained on proper medication storage and handling by 9/28/26.

Training sheet

Proposed Overall Completion Date: 09/28/2026

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/07/2026)**185a Storage procedures****6. Requirements**

2800.

185.a. The residence 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 #4's Lyrica 50 mg medication card contained 28 pills, the narcotic log indicated there were 29 pills.

Resident #4's Lyrica 100 mg medication card contained 27 pills, the narcotic log indicated there were 28 pills.

Plan of Correction**Accept () - 09/29/2026)**

Narcotic log was immediately corrected and medication error report was submitted. PCP was contacted to notify of error and no new orders at this time. Nursing and direct care staff monitored resident; no adverse affects noted.

Discrepancy occurred because resident #4 was inadvertently given evening dose of Pregabalin 100MG cap during the morning medication pass, resulting in the count being off.

Director of Nursing (DON) or designee will do a monthly audit check of the narcotic counts to ensure they are correct. This will occur for a 3-month period. All staff who handle medications have been retrained.

Corrected Narc Log. Training sheet

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/07/2026)

187d Follow prescriber's orders

7. Requirements

2800.

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

Description of Violation

On 4/1/26, at 8:00 a.m., staff person A administered Lisinopril 40mg and Vitamin D3 50mcg to resident #1. The resident does not have orders for these medications.

On 4/11/26, at 8:00 p.m., resident #5 was administered Alprazolam .25mg instead of Alprazolam .5mg as ordered.

On 5/1/26 and 5/4/26, resident #6 administered PRN Clonazepam .25mg incorrectly. The order indicated the medication is for dental appointments. The resident did not have any dental appointments on these dates.

On 6/25/26, at 8:00 a.m. resident #7 was administered Carvedilol 25g. The order for this medication stated Carvedilol 12.5mg twice daily.

Plan of Correction

Accept () - 09/29/2026

All medication error reportables were submitted to BHSL at the date of the error in accordance with regulations. All staff who handle medication were retrained on following prescriber's orders by 9/28/26.

Director of Nursing (DON) or designee will review proper medication administration at monthly meetings for a period of 3 months to ensure education is provided to all staff. DON or designee will perform weekly cart and MAR audits for a period of 3 months. Staff Member A was individually retrained on proper medication administration

Training Sheet

Proposed Overall Completion Date: 09/28/2026

Licensee's Proposed Overall Completion Date: 09/28/2026

Implemented () - 10/07/2026

225a2 Assessment – significant change

8. Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #8 has a cochlear implant and bilateral hearing loss. During resident interview, it was reported that the resident removes the implant to sleep and is completely deaf without the device attached. The resident has a strobe light next to the bed and a bed shaker under the pillow in the event the fire alarm is activated. This information is not in the residents' assessment and support plan dated ()

Plan of Correction

Accept () - 09/29/2026

Resident's support plan was immediately updated (on 8/26/2026) to reflect above items.

225a2 Assessment – significant change (continued)

Executive Director (ED) or designee will do an audit of all resident apartments to ensure all care equipment is captured on the ASP by 9/30/2026. Community currently has monthly environmental checklists that will be reviewed by ED or designee monthly.

Corrected ASP addendum and blank environmental checklist

Licensee's Proposed Overall Completion Date: 09/30/2026

Implemented () - 10/07/2026)