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

October 29, 2026

[redacted], ASSOCIATE EXECUTIVE 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 09/15/2026 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 ALLENTOWN* **License #**: *22694* **License Expiration**: *08/31/2027*

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**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *09/15/2026*

Inspection Dates and Department Representative

09/15/2026 - 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: *71*

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

09/15/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/09/2026*

10/14/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/28/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/21/2026*

Inspections / Reviews *(continued)*

10/26/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/28/2026*

10/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/28/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:38 a.m. under the dining room kitchenette sink, there was brown sludge hanging from the PVC pipe to the base of the cabinet.

Plan of Correction ***Accept (- 10/23/2026)***

The area was immediately cleaned, and the brown sludge and any affected surfaces were thoroughly cleaned and disinfected using an appropriate cleaning/disinfecting product on 9/15/2026 the day of inspection. The PVC pipe and sink plumbing were inspected to determine the source of the buildup. Maintenance was notified to assess the plumbing and tightened the piping under the dining room sink to prevent further leakage or accumulation.

Staff responsible for kitchen sanitation will be re-educated on maintaining sanitary conditions under and around sinks, including promptly reporting leaks, plumbing concerns, or any buildup that could create an unsanitary condition. Training will be completed by the Dining Director on or before 10/16/2026.

The dining room manager will monitor the area weekly for 30 days beginning on 10/1/2026 to ensure compliance. Any identified concerns will be corrected immediately and documented. Results of monitoring will be reviewed with the appropriate department leadership, and additional education or corrective action will be provided if necessary.

Immediate correction upon identification on 9/15/26
Ongoing monitoring conducted by Dining Room Manager
Sign in sheet for re-training to be provided.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented (- 10/29/2026)

86b - Bathroom

3. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At approximately 9:25 a.m. in hallway C's public bathroom, the ventilation fan was inoperable.

Plan of Correction ***Accept (- 10/26/2026)***

The exhaust was inspected to ensure it was operable and adjusted to the proper setting on 9/15/2026 by the Maintenance Director.

The maintenance director or designee will incorporate bathroom exhaust fans into routine monthly environmental/maintenance inspections beginning in the month of October 2026.

86b - Bathroom (continued)

Monthly Environmental inspections conducted by the Maintenance Director

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented ([redacted] - 10/29/2026)

91 - Telephone Numbers

4. 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 2:30 p.m. resident #1's landline phone did not have emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline, posted on or near the telephone.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

The required emergency telephone numbers were immediately obtained and posted on or near Resident #1's telephone in a location that is clearly visible and easily accessible to the resident. This was completed on 9/15/2026 the day of the inspection.

All appropriate staff will be re-educated regarding the requirement to ensure that emergency telephone numbers are posted on or near resident telephones and remain current, legible, and readily accessible on or before 10/16/2026.

The building manager will conduct monthly audits of resident telephones for 4 weeks to verify that all required emergency telephone numbers are present, current, and legible. Following the initial monitoring period, telephone checks will be incorporated into routine environmental/safety rounds. Any deficiencies identified during monitoring will be corrected immediately and reported to the building manager for follow-up.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented ([redacted] - 10/29/2026)

103e - Left Overs

5. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 2:56 p.m. in the kitchen, there was an unlabeled and undated plastic container that contained a food item that was identified as croutons.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

The unlabeled and undated container of croutons was immediately removed from the kitchen and discarded on

103e - Left Overs (continued)

9/15/2026 the day of the inspection.

All dietary/kitchen staff will be re-educated on proper food storage procedures, including the requirement that all prepared, opened, and/or transferred food items be properly labeled with the food item name and appropriate date in accordance with facility policy.

The Dining Director will conduct daily audits for 2 weeks, followed by weekly audits for 4 weeks, to ensure all food stored in the kitchen is properly labeled and dated. Any identified concerns will be corrected immediately, and additional staff education will be provided as needed.

Immediate correction upon identification; staff education and kitchen inspection to be completed by 10/16/2026.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented ([redacted] - 10/29/2026)

103f - Refrigerator/Freezer Temps

6. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

Between 3:23 p.m. and 5:30 p.m. the temperature in the ice cream freezer located in the dining room ranged between 6 and 8 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 10/23/2026)***

The freezer was inspected to ensure the temperature was set to the proper setting on 9\15\2026 the day of the inspection by the Dining Director and Maintenance Director.

The temperature will be monitored and documented daily starting on 9/21/2026 by the Dining Director or Designee to ensure the freezer consistently maintains the required temperature.

Dietary staff will be re-educated regarding required refrigerator/freezer temperatures and documentation of temperature checks by the Dining Director on or before 10/16/2026.

Dietary staff will be re-educated regarding required refrigerator/freezer temperatures and documentation of temperature checks by the Dining Director on or before 10/16/2026.

Daily temperature monitoring of freezer by Dining Director of designee.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented ([redacted] - 10/29/2026)

103g - Storing Food

7. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 2:05 p.m., 4 large containers of ice cream were stored in the ice cream freezer in the dining room. The ice cream freezer was open and the ice cream inside was uncovered.

Plan of Correction ***Accept (- 10/23/2026)***

The ice cream containers were immediately inspected on 9/15/2026 the day of inspection by the Dining Director. Any food that was not adequately protected was discarded.

The Dining Director or Designee will inspect refrigerators, freezers, dry-storage areas, and dining areas to verify appropriate food storage daily beginning on 9/21/2026.

The Dining Director will reeducate the dietary staff that food must be stored in closed or sealed container on or before 10/16/2026.

The Dining Director or Designee will inspect refrigerators, freezers, dry-storage areas, and dining areas to verify appropriate food storage daily beginning on 9/21/2026.

The Dining Director will reeducate the dietary staff that food must be stored in closed or sealed container on or before 10/16/2026.

Re-training sign in sheets to be provided.

Daily checks of refrigerators, freezers, dry-storage areas, and dining areas to verify appropriate food storage daily beginning on 9/21/2026.

Licensee's Proposed Overall Completion Date: *10/21/2026*

Implemented (- 10/29/2026)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 9:30 a.m. in C hall laundry room, dryer D08B2 had a thick layer of lint that cascaded from the vent duct to the bottom of the dryer.

Plan of Correction ***Accept (- 10/14/2026)***

The lint was removed immediately on 9/15/2026 the day of inspection. The lint trap, drum, vent duct, and

105g - Lint Removal and Duct Cleaning (continued)

accessible internal/external ductwork was thoroughly cleaned and inspected for proper functioning by the Maintenance Director on 9/16/2026.

All Staff will be re-educated on or before 10/16/2026 regarding proper dryer cleaning procedures, including checking lint traps and surrounding areas and reporting excessive lint accumulation, blocked vents, or other equipment concerns to Maintenance immediately

The housekeeping and maintenance supervisors will inspect all dryer lint traps and accessible vent areas daily for 30 days starting on 10/1/2026 to ensure they are clean and free of excessive lint accumulation.

Re-training sign in sheets to be provided.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented ([redacted] - 10/29/2026)

124 - Notice to Fire Department

9. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The homes documentation of written notification to the local fire department, dated 10/29/25, indicates the home is licensed for 100 residents and currently houses 65-70 residents that are mobile. At present the home has 71 residents and 1 of those residents is immobile.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

The Executive Director or designee will update the written notification to the local fire department to accurately reflect the information required by regulation 2600.124 on or before 10/16/2026.

The Executive Director will review fire notification letters at least annually to ensure accuracy and update as needed.

Updated letter sent to the local fire department.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented ([redacted] - 10/29/2026)

185a - Implement Storage Procedures

10. Requirements

2600.

185a - Implement Storage Procedures *(continued)*

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

At 2:29 p.m. in resident #1's room there were 2 oxygen tanks that were stored on the floor and not properly secured or held in a storage container.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

The two oxygen tanks were immediately removed from the floor and properly secured in an approved oxygen cylinder storage holder/container in accordance with facility policy and manufacturer recommendations on 9/15/2026 the day of inspection.

Nursing and other applicable staff will be re-educated on the proper storage and securing of oxygen cylinders, including the requirement that oxygen tanks be maintained in an approved holder or storage container and secured to prevent tipping or falling. on or before 10/26/2026.

Director of Nursing, will conduct weekly audits for 4 weeks of resident rooms with oxygen to ensure cylinders are properly secured and stored. Any deficiency identified will be corrected immediately, and additional staff education will be provided as necessary.

Re-training sign in sheets to be provided.

Licensee's Proposed Overall Completion Date: *10/26/2026*

Implemented ([redacted] - 10/29/2026)

190c - Record of Training

11. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person B does not include the completion date or if the staff person requalified/failed to requalify.

The home's medication administration training record for staff person C does not include the completion date.

Plan of Correction ***Accept ([redacted] - 10/14/2026)***

The original medication administration training records for staff person B and staff person C were reviewed on 9/17/2026. Documents were updates to indicate the proper completion dates. Staff person B's documentation was verified to ensure that they requalified successfully.

An audit of medication administration training records was completed on 9/17/2026 to verify that each record contains the staff person's name, completion date, and documentation of successful requalification.

190c Record of Training (continued)

A medication training record audit will be completed monthly by the Director of Nursing or Assistant Director of Nursing starting October of 2026.

Licensee's Proposed Overall Completion Date: *10/09/2026*

Implemented (- 10/29/2026)

225c - Additional Assessment

12. 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 # 1's assessment dated did not include the resident's fall history on , and the resident's 2 hour toileting schedule that began on , and physical therapy and wound care services that began on

Plan of Correction ***Accept (- 10/14/2026)***

Resident #1's assessment will be reviewed and updated to accurately reflect the resident's current needs, including fall history, toileting schedule, physical therapy, and wound care on 9/22/2026.

An audit of current residents' assessments was completed on 9/22/2026 to ensure that significant changes have been appropriately documented into assessments.

Staff responsible for assessments will be re educated on or before 10/16/2026 regarding the requirement to document any significant changes into the assessment prior to the annual assessment.

Licensee's Proposed Overall Completion Date: *10/16/2026*

Implemented (- 10/29/2026)