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

October 23, 2026

[redacted], DOO
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 09/23/2026 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: *MEADOWS LIVING CENTER AT COUNTRY MEADOWS OF BETHLEHEM* **License #**: *23788* **License Expiration**: *10/08/2027*

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**: *Dept of L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *74* **Waking Staff**: *56*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *09/23/2026*

Inspection Dates and Department Representative

09/23/2026 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* **Residents Served**: *37*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Connections* **Capacity**: *64* **Residents Served**: *37*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *37*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *37*

Have Physical Disability: *0*

Inspections / Reviews

09/23/2026 - Full

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *10/18/2026*

Inspections / Reviews *(continued)*

10/19/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *10/22/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *10/26/2026*

10/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/22/2026*

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

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home's Carbon Monoxide detector located outside of the laundry room had batteries that were last replaced 10/06/24. The Care Facility Carbon Monoxide Act requires the batteries to be changed annually.

Plan of Correction ***Accept ([redacted] - 10/19/2026)***

The batteries in the carbon monoxide detector were replaced immediately by a maintenance associate and the date of the replacement was labeled properly on the detector. The detector was immediately tested to ensure it was functioning properly. Completed on 9/23/26.

1. The Maintenance Director or designee will inspect all carbon monoxide detectors throughout the neighborhood to ensure that batteries have been replaced within the required time-frame and that the date of replacement is documented. Completed on 9/24/26.

2. The Maintenance Director will educate maintenance employees regarding the requirements of the Care Facility Carbon Monoxide Alarm Standards Act, including the requirement to replace batteries at least annually or sooner. The date of battery replacement will be documented on an on-going basis. Education completed on 10/16/26.

3. The Maintenance Director will conduct monthly inspections of all carbon monoxide detectors to verify proper functioning. Inspections and corrective actions will be documented and maintained by the Maintenance director. Inspections starting 10/16/26.

Licensee's Proposed Overall Completion Date: *10/17/2026*

Implemented ([redacted] - 10/23/2026)

183e - Storing Medications

2. 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 2:10 p.m., the home's medication cart contained resident #1's unopened bottle of Latanoprost 0.005% eye drops. According to the manufacturer's instructions the medication must be refrigerated until opened.

Repeated Violation: 11/14/2025.

Plan of Correction ***Accept ([redacted] - 10/19/2026)***

The medication in question was immediately removed from the medication cart and stored in the medication

183e Storing Medications (continued)

refrigerator. The pharmacy was contacted to determine whether or not the medication remained suitable for use. The pharmacy indicated that the medication should be properly discarded. The Director of Nursing discarded the medication as per the pharmacy's directive and a replacement was ordered, received, and properly stored prior to the resident's required dosage. Completed on 9/23/26.

1. The Director of Nursing conducted a review of all medications in the neighborhood to ensure that medications requiring refrigeration were stored according to manufacturer's instructions. Any identified deficiencies were corrected immediately. Completed on 9/23/26.

2. The Director of Nursing or designee will educate employees responsible for medication storage and administration on the requirements of 2600.183.e. with emphasis on following manufacturer specific storage requirements. Started on 10/16/26.

3. The Director of Nursing or designee will conduct medication storage audits weekly for 4 weeks and monthly for 2 additional months to ensure ongoing compliance. Any identified deficiencies will be corrected immediately and additional education will be provided as needed. Started on 10/12/26.

Licensee's Proposed Overall Completion Date: *10/17/2026*

Implemented ([redacted] - 10/23/2026)

190c - Record of Training

3. 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

Staff person A's Annual Summary and Requalification form for the year 2025 does not document a completion date.

Plan of Correction ***Accept ([redacted] - 10/19/2026)***

The Executive Director immediately reviewed the Medication Administration Training Course summary and re qualification form and corrected it to include the verified completion date. Completed on 9/23/26.

1. The Executive Director or designee will review the medication administration training and re qualification records for all medication associates to ensure each record contains the required information. Any identified deficiencies will be corrected. Completed on 10/12/26.

2. The Executive Director will educate each employee responsible for maintaining the Annual Summary and Re qualification forms of the proper requirements. Completed on 9/23/26.

3. The Executive Director or designee will audit medication administration training records monthly for 3 months

190c Record of Training (continued)

to ensure compliance with documentation. Any deficiencies identified during the audits will be corrected and additional education will be provided as needed. Started 10/2026.

Licensee's Proposed Overall Completion Date: *10/17/2026*

Implemented (- 10/23/2026)

221c - Post Activity Calendar

4. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The activities calendar only posted activities for the current day and not the required week.

Plan of Correction ***Accept (- 10/19/2026)***

The Executive Director and Director of Dynamic living immediately identified that the weekly calendar failed to display on the community's digital engagement platform. The system was reset and corrected immediately to display the weekly calendar. Completed on 9/23/26.

1. The Dynamic Living Director or designee will audit the digital engagement display weekly for 4 weeks and monthly for 2 additional months to ensure that a current weekly calendar is displayed correctly. Started on 10/12/26.

Licensee's Proposed Overall Completion Date: *10/17/2026*

Implemented (- 10/23/2026)

224a - Preadmission Screen Form

5. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The pre admission screening form dated for resident #2 was incomplete and did not include the level of supervision needed.

Plan of Correction ***Accept (- 10/19/2026)***

The Executive Director reviewed Resident #2's pre admission screening and updated it to reflect the correct supervision needs. Completed on 9/23/26.

1. The Executive Director audited a sample of pre admission screening forms to ensure that required information, including the level of supervision, was documented appropriately. Completed on 9/24/26.

2. The Executive Director or designee will educate employees responsible for completing pre admission screening forms regarding all proper requirements. Started on 10/12/26.

224a - Preadmission Screen Form (continued)

3. The Executive Director or designee will review all newly completed pre-admission screening forms for completeness before admission for 3 months. Any identified deficiencies will be corrected and any additional education will be provided as needed. Started 10/2026.

Licensee's Proposed Overall Completion Date: *10/17/2026*

Implemented (- 10/23/2026)

234b - Support Plan Needs Elements

6. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #3 has an order to receive a pureed diet effective, [redacted] Their Resident Assessment and Support Plan dated [redacted] does not list their diet as pureed and only states that they need assistance with cutting their meats.

Plan of Correction ***Accept (- 10/19/2026)***

The Director of Nursing immediately reviewed Resident #3's physician's order and updated the support plan to reflect the appropriate diet as well as resident's required assistive needs. Completed on 9/23/26.

1. The Director of Nursing or designee will review the current physician's orders and support plans of resident's requiring special diets and/or textures to ensure dietary needs are accurately documented. Any discrepancies identified will be corrected. Started on 10/12/26.

2. The Director of Nursing and/or Executive Director will educate appropriate employees responsible for maintaining support plans the importance of following physician's orders for special diets and modified food textures. Started on 10/12/26.

3. The Director of Nursing and/or Executive Director will review residents' dietary orders and support plans weekly for 4 weeks and monthly for 2 additional months to verify that prescribed diets and food textures are accurately documented. Any discrepancies identified will be corrected and additional education will be provided as needed. Started 10/12/26.

Licensee's Proposed Overall Completion Date: *10/17/2026*

Implemented (- 10/23/2026)