

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

April 16, 2025

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

RE: COUNTRY MEADOWS OF
BETHLEHEM V
4025 GREEN POND ROAD
BETHLEHEM, PA, 18020
LICENSE/COC#: 20075

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2025 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: COUNTRY MEADOWS OF BETHLEHEM V License #: 20075 License Expiration: 12/08/2025
 Address: 4025 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: I-2 Date: 02/25/2014 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/13/2025

Inspection Dates and Department Representative

02/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 126 Residents Served: 61
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 14 Have Physical Disability: 1

Inspections / Reviews

02/13/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2025

Inspections / Reviews (*continued*)

04/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/04/2025

04/16/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

In the main laundry room, a sock was found along side the back of the dryer on the floor.

Plan of Correction

Accept () - 04/02/2025

- The sock found next to the dryer was removed immediately on 2/13/25, the day of the inspection.
- A thorough inspection of all laundry rooms and areas near heat sources was conducted on 2/14/25 by Executive Director to ensure no combustible materials are near heat sources.
- Coworkers were trained on the proper storage of combustible materials in and around laundry areas on 3/12/2025. Ongoing compliance will be monitored by Maintenance Director and Executive Director. Documentation attached.

Licensee's Proposed Overall Completion Date: 03/17/2025

Implemented () - 04/16/2025

132a - Monthly Fire Drill

2. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The facility did not have an unannounced fire drill completed in the month of August in the year 2024.

Plan of Correction

Accept () - 04/02/2025

- On 2/14/25 the Executive Director reviewed all fire drill logs for the past 12 months to verify compliance and ensure no additional months were missed.
- All coworkers responsible for scheduling and conducting fire drills will be retrained on the requirements, including the necessity of unannounced monthly drills and proper record keeping, on 3/14/25 by the Director of Maintenance or designee. Documentation attached.
- A Fire Drill Schedule Tracker was created to ensure that a drill is planned, conducted, and documented each month using the template provided by the corporate fire safety expert. Effective 4/1/25 the Executive Director will conduct quarterly reviews of the calendar and logs to ensure drills are scheduled and follow the required timeframe to be in compliance with the regulation. Template provided.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented () - 04/16/2025

132c - Fire Drill Records

3. Requirements

2600.

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 home 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 logs indicated a fire drill was completed on 5-31-24. The administrator confirmed that a fire drill was conducted on 5/31/24, however the home failed to record time of day, amount of time to evacuated, exit, number of residents in the home, number of residents evacuated, number of staff participating, if alarm was activated, was alarm operative, problems and planned corrective action.

Plan of Correction

Accept (█) - 04/02/2025)

- All coworkers responsible for scheduling and conducting fire drills will be retrained on the requirements, including the necessity of unannounced monthly drills and proper recordkeeping, on 3/14/25 by the Director of Maintenance or designee. Documentation attached.
- A Fire Drill Schedule Tracker was created to ensure that a drill is planned, conducted, and documented each month using the template provided by the corporate fire safety expert. Effective 4/1/25 the Executive Director will conduct quarterly reviews of the calendar and logs to ensure drills are scheduled and follow the required timeframe to be in compliance with the regulation. Template provided.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented (█) - 04/16/2025)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a sleeping hour fire drill on 7-24-24. The home's previous sleeping hour fire drill was conducted on 12-28-23.

Plan of Correction

Accept (█) - 04/02/2025)

- Coworkers responsible for scheduling and conducting fire drills were retrained on 3/14/25 on the specific requirement to hold sleeping hour drills at least every six months. Emphasizing the importance of timely scheduling and compliance with regulatory timeframes. Documentation attached.
- A Fire Drill Schedule Tracker was created to ensure that a drill is planned, conducted, and documented each month using the template provided by the corporate fire safety expert. Template provided.
- Effective 4/1/25 the Executive Director will conduct quarterly reviews of the calendar and logs to ensure sleeping hour drills follow the required timeframe to be in compliance with the regulation.

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented (█) - 04/16/2025)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 1's most recent Medical Evaluation, dated [REDACTED] does not have information completed as to whether or not the resident can Self-Administer medications.

Plan of Correction

Accept ([REDACTED] - 04/02/2025)

- The missing information regarding the resident # 1's ability to self-administer medications was verified and their medical evaluation was updated on 2/14/2025.
- Coworkers responsible for reviewing medical evaluations will be trained on the importance of including all required information in medical evaluations on 3/14/25. Documentation attached.
- The Executive Director or designee will conduct quarterly audits of a random sample of medical evaluations to ensure compliance with regulatory requirements beginning on 4/1/25 and ending on 9/30/25.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented ([REDACTED] - 04/16/2025)

185a - Implement Storage Procedures

6. Requirements

2600.

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

Resident #2 has an order for Oxycodone 5mg tablets to be administered every 12 hours. The resident's medications were reviewed on 2-13-25 at approximately 3:30pm. The medication was administered on 2-13-25 at 8:00 a.m. however the medication count was not adjusted in the home's narcotics book causing the medication count to be inaccurate when reviewed.

Plan of Correction

Accept ([REDACTED] - 04/02/2025)

- The narcotics book was reviewed to ensure accuracy of medication counts on 2/14/25 for Resident #2.
- A training for Medication Associates and Nurses on how to properly document and track the use of narcotic medications was completed on 3-12-2025. Document attached.
- The Associate Director of Nursing will monitor the ongoing procedure of counting narcotics by Medication Associates and Nurses responsible for administering narcotic medications.

Licensee's Proposed Overall Completion Date: 03/17/2025

Implemented ([REDACTED] - 04/16/2025)