

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

September 18, 2025

[REDACTED], COO
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 07/24/2025 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: COUNTRY MEADOWS OF FORKS License #: 22655 License Expiration: 08/29/2026
 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: 0 Total Daily Staff: 121 Waking Staff: 91

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/24/2025

Inspection Dates and Department Representative

07/24/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 90 Residents Served: 84

Special Care Unit
 In Home: Yes Area: Memory Care Capacity: 45 Residents Served: 37

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 84
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 37 Have Physical Disability: 1

Inspections / Reviews

07/24/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2025

Inspections / Reviews *(continued)*

09/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/10/2025

09/18/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b Resident equip – good repair

1. Requirements

2800.

81b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1 uses a bedside mobility device to help with getting in and out of bed. The resident's uncovered bedside mobility device was observed to have an opening measuring approximately 6.5 inches by 10 inches, posing a risk of entrapment or injury. The resident's bedside mobility device was not firmly attached to the bed and moved freely from side to side when grabbed.

Plan of Correction

Accept ([redacted]) - 09/08/2025

- Resident #1's personal bed cane was removed from the bed on 7/25/2025 and replaced with DHS approved bed cane.
- Environmental Services (EVS) Supervisor checks all bed canes on a monthly basis to ensure all safety requirements are met and the device is in good working order. This resident was added to this checklist and will be checked monthly.
- Administrator and/or EVS supervisor will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented ([redacted]) - 09/18/2025

121a Unobstructed egress

2. Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 7/24/25, at 9:45a.m. in the boiler room, blocked egress from the residence's to evacuate.

Repeat Violation 9/26/24

Plan of Correction

Accept ([redacted]) - 09/08/2025

- The maintenance team immediately began clearing the boiler room to provide egress for evacuation on 7/24/25, the day of inspection.
- Maintenance supervisor will perform weekly safety checks of the boiler room for the duration of 2 months to ensure path of egress remains clear starting the week of 8/17/2025.
- Maintenance supervisor will include this area for routine monthly safety checks to monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented ([redacted]) - 09/18/2025

132g Fire drills – days/times

3. Requirements

132g Fire drills – days/times (continued)

2800.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The residence routinely holds sleeping hours fire drills at the beginning or end of 3rd shift as evidenced by the following drills 12/15/24 at 5:53a.m., 4/8/25 at 5:03a.m., 6/5/25 at 12:04a.m.

Plan of Correction

Accept () - 09/08/2025

- The use of a fire drill matrix will be utilized to ensure compliance with the required varied days and times outlined in 2800.132.g (matrix attached).
- Maintenance team was retrained on matrix and fire regulation on 7/29/2025.
- Administrator and/or maintenance director will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented () - 09/18/2025

183d Current medications

4. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 7/24/25, Rosuvastatin 10 mg, take 1/2 tablet by mouth at bedtime, prescribed for resident # 2, was in the residents bin in the medication cart; however, the medication was discontinued prior to 7/1/25 because it does not show on the 7/2025 Medication Administration Record.

Plan of Correction

Accept () - 09/08/2025

- Nursing conducted audit on remaining medication carts from 7/25/25 to 7/27/25 and no other unauthorized medications were noted.
- DON or designee will conduct weekly audits of the medication carts for a 2-month time frame to ensure compliance.
- Nurses will be retrained on 8/21/2025 on appropriate medication handling and MAR documentation (attached)
- Director of Nursing (DON) and/or Assistant Director of Nursing (ADON) will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented () - 09/18/2025

225b Assessment content

5. Requirements

2800.

225.b. The assessment must, at a minimum include the following:
2. The mobility needs of the resident.

Description of Violation

Resident #1 uses a bedside mobility device to get in and out of bed. The resident's assessment dated () did not

225b Assessment content (continued)

contain information regarding the resident using the bedside mobility device.

Plan of Correction

Accept (█ - 09/08/2025)

- Resident #1 installed the noncompliant bed cane without notifying the community.
- Bed cane was removed on 7/25/2025 and replaced with appropriate DHS approved bed cane.
- ASP addendum was completed on 7/25/2025 indicating the presence of bed cane (attached)
- All apartments were checked by EVS supervisor for additional unauthorized bed canes (between 7/25/2025 and 7/31/2025) and none were identified.
- Environmental Services (EVS) Supervisor checks all bed canes on a monthly basis to ensure all safety requirements are met and the device is in good working order. This resident was added to this checklist and will be checked monthly
- Administrator and/or EVS supervisor will monitor for ongoing compliance basis

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█ - 09/18/2025)

231d No objection statement**6. Requirements**

2800.

231.d. Resident admission to special care unit. Each resident record must have documentation that the resident or potential resident and, when appropriate, the resident's designated person or the resident's family have agreed to the resident's admission or transfer to the special care unit.

Description of Violation

Resident # 3 was admitted to the special care unit on █ However, the resident's record does not include documentation that the resident agreed to admission to the special care unit.

Plan of Correction

Accept (█ - 09/08/2025)

- Community obtained resident's signature on form on 7/25/2025 (attached).
- Administrator conducted audit of Connections (special care unit) files on 7/30/2025 and no other signatures noted as missing.
- Administrator and/or designee will perform monthly audit on all new admissions to the Connections (special care unit) files for a 3-month period to ensure compliance.
- Administrator and/or Connections Manager will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█ - 09/18/2025)

233c Key-locking devices**7. Requirements**

2800.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At approximately 9:30 a.m., the directions for operating the residence's locking mechanism were not posted near the exit door by room 17 in the special care unit.

233c Key-locking devices (continued)

Plan of Correction

Accept (█ - 09/08/2025)

- Signage containing directions for operating the residence’s locking mechanism was located in resident’s apartment and placed near the exit door on 7/24/2025.
- Community will affix new signage to the wall by 8/22/2025 so it is unable to be removed to ensure directions remain accessible for immediate egress.
- Administrator and/or designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█ - 09/18/2025)

253c Records – logging disposed

8. Requirements

2800.

253.c. The residence shall keep a log of resident records destroyed on or after January 18, 2011. This log must include the resident’s name, record number, birth date, admission date and discharge date.

Description of Violation

The Destroyed Record Log does not include a resident record number.

Plan of Correction

Accept (█ - 09/08/2025)

- Community has amended record log to show a number system for resident records
- All staff responsible for destruction of resident records will be retrained on importance of recording resident record number in the log
- Administrator and/or Office Manager will be responsible for ongoing compliance

Licensee's Proposed Overall Completion Date: 08/22/2025

Implemented (█ - 09/18/2025)