

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

October 23, 2025

[REDACTED]
COUNTRY MEADOWS OF ALLENTOWN LLC
[REDACTED]

RE: COUNTRY MEADOWS OF
ALLENTOWN
430 NORTH KROCKS ROAD
BUILDING 1
ALLENTOWN, PA, 18106
LICENSE/COC#: 22693

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/09/2025 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 ALLENTOWN **License #:** 22693 **License Expiration:** 08/31/2026
Address: 430 NORTH KROCKS ROAD, BUILDING 1, 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 1 **Date:** 05/23/1997 **Issued By:** Upper Macungie Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 112 **Waking Staff:** 84

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/09/2025

Inspection Dates and Department Representative

09/09/2025 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 118 **Residents Served:** 71

Secured Dementia Care Unit

In Home: Yes **Area:** NA **Capacity:** 60 **Residents Served:** 36

Hospice

Current Residents: 6

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: 41 **Have Physical Disability:** 1

Inspections / Reviews

09/09/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 10/17/2025

Inspections / Reviews *(continued)*

10/17/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/22/2025

10/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at 9:40A.M., Staff members witnessed Resident [redacted] approach resident [redacted], who was seated in the dining room, bilaterally grabbing and squeezing resident [redacted]. The residents were immediately separated. Both residents are admitted to the home's Secure Dementia Unit. Staff interviews indicate that resident [redacted] makes inappropriate comments to staff. Resident [redacted]'s Support plan dated [redacted] does not include the resident engages in inappropriate comments or include the recent event of inappropriate touching.

Plan of Correction

Accept [redacted] - 10/17/2025)

We take the safety of our residents seriously and at the time of the incident, Resident # [redacted] was immediately separated from Resident [redacted]

Once separated Resident [redacted] was assessed by our clinical team and did not sustain any injuries as a result of this incident.

Resident [redacted] was placed on a 1:1 during waking hours immediately following incident to ensure their safety as well as the safety of others residing in the SDU.

This incident was reported to the Lehigh County Area Agency of Aging, PA Department of Human Services, and the Upper Macungie Police Department on 8/30/2025.

The Primary Care Physician for Resident # [redacted] was also notified and ordered a urinary analysis to rule out a Urinary Tract Infection. A medication review was also completed for this resident by their PCP. Resident # [redacted] is also followed by Behavioral Health Services and they were also informed of the incident and will continue to also review the on-going changes with the residents behavioral health care needs.

Resident [redacted] RASP was updated 10/12/2025 by the SDU Manager and Director of Nursing following this inspection to include appropriate information related to the significant change in residents care.

Co-workers of the Secure Dementia Unit were re-trained by 10/18/2025 regarding residents rights and resident abuse.

Secure Dementia Unit Manager, Director of Nursing, and Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/18/2025

Implemented [redacted] - 10/23/2025)

234d - Support Plan Revision

2. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident [redacted]'s Support plan dated [redacted] does not include any mention of the resident engaging in inappropriate

234d Support Plan Revision (continued)

comments or include the recent event of inappropriate touching. On [REDACTED] at 9:40A.M., Staff members witnessed Resident # [REDACTED] approach resident [REDACTED] who was seated in the dining room, bilaterally grabbing and squeezing resident [REDACTED]s [REDACTED]. The residents were immediately separated. Both residents are admitted to the home's Secure Dementia Unit. Staff interviews indicate that resident [REDACTED] makes inappropriate comments to staff.

Plan of Correction

Accepted [REDACTED] 10/17/2025)

Resident # [REDACTED] support plan was updated on 9/2/2025 to address the implementation of a 1:1 aide during waking hours that were put in place as a result of the incident that occurred on 8/30/2025.

Resident [REDACTED] support plan was updated on 10/12/2025 to address any previous inappropriate comments made by Resident [REDACTED] towards staff members and address the incident that occurred on 8/30/2025.

An Audit will be completed by the Director of Nursing, Assistant Director of Nursing and/or program managers to ensure that all residents who need addendum for changes in care needs or a significant change RASP, have been updated or completed. This audit will be completed by 11/1/2025. Documentation to be provided.

Campus Executive Director provided re training on annual RASP and RASP updates due to changes in the residents condition on 10/9/2025.

Secure Dementia Unit Manager, Director of Nursing, and Executive Director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented [REDACTED] - 10/23/2025)