



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 2, 2011**

Mr. Mark Pile, CEO  
Diakon Social Lutheran Ministries  
Luther Crest Retirement Communities  
800 Hausman Road  
Allentown, Pennsylvania 18104

Dear Mr. Pile:

As a result of the Department of Public Welfare's licensing inspection on July 30, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script, appearing to read "Glenn Emswiler".

Regional Licensing Administrator

Enclosure(s)

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Luther Crest Retirement Community, 800 Hausman Road, Allentown, Pennsylvania 18104		CURRENT LICENSE NUMBER 216290
INSPECTION DATE(S) (Include all dates of the inspection) July 30, 2010	REGIONAL REPRESENTATIVE Ryan Novak	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>NANCY COLLAZO DRS</i>		

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nancy Collazo</i>	DATE 9/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Elaine Erwin</i>	DATE 3/2/11
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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (14) Name and initials of the staff person administering the medication.	The following medications for Resident #1 were not initialed on the MAR indicating that the medication was given by Staff member A on 7/29/2010:  <ul style="list-style-type: none"> <li>• Aspirin EC 81mg tab</li> <li>• Vitamin C 250mg tab</li> <li>• Atacand 32mg tab</li> <li>• Diltiazem CD 240mg cap</li> <li>• Daily Vite Tablet</li> </ul>	7/30/2010  9/15/2010	- Medications for Resident #1 - ASA EC 81mg, Vitamin C 250mg, Atacand 32mg, Diltiazem CD 240mg. Daily Vite were administered as confirmed by the resident and staff member. The staff member did not initial the MAR immediately after administration. This was reported to DPW on 7/30/2010.  Staff will be re-educated by the CSM/Designee regarding initialing the MAR immediately after administration of medication	Steps have been taken to correct violation; full compliance is not verifiable 3/2/11 Date: <i>EE</i> Initials (DPW)

9/15/2010 - Current MARs will be randomly audited by the CSM/Designee to ensure compliance of staff documenting administration of medication timely.  
 - Audit results will be reported to CDE

SEP 7 2010

**Adult Residential Licensing**