

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEHIGH POINTE SENIOR LIVING TRS LLC

LEGAL ENTITY

To operate WOODLAND TERRACE AT THE OAKS

NAME OF FACILITY OR AGENCY

Located at 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 110
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 13, 2011 until April 13, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223010

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

APR 13 2011

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Sharon Kaiser/CFO
Lehigh Pointe Senior Living TRS, LLC
1920 Main Street, Suite 400
Irvine, California 92614

RE: Woodland Terrace at the Oaks
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103

Dear Ms. Kaiser:

As a result of the Department of Public Welfare's licensing inspection on March 29, 2011 of the above personal care home, we have found that your personal care home is in compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time.

Your NEW license is enclosed.

Sincerely,

Ronald Melusky / 198

Ronald Melusky
Acting Director

Enclosure
License

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Woodland Terrace at the Oaks, 1263 South Cedar Crest Boulevard Allentown, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/29/2011		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)			
SIGNATURE OF LEGAL ENTITY <i>Victoria Peitz</i>	DATE 4/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Salas</i>	DATE 4-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	The following combustible materials were found behind the dryer in the 3rd floor resident laundry room: <ul style="list-style-type: none"> • Dryer sheet • Washcloth 		Please see attached POC	DCV 4-7-11 <i>See response page attached</i>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Woodland Terrace at the Oaks, 1263 South Cedar Crest Boulevard Allentown, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/29/2011		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)			
SIGNATURE OF LEGAL ENTITY <i>Natavia Leitch</i>	DATE 4/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE 4-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183e 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.	Resident #1's Advair 250/50 inhale 1 puff every 12 hours was not dated the day the diskus was opened. The home is not following the manufacturer's instructions for the medication.		Please see attached POC	DCV 4-7-11 See response sheet attached

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NEW SEASONS ALENTOWN

6107709838

04/07/2011 14:54

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Woodland Terrace at the Oaks, 1263 South Cedar Crest Boulevard Allentown, PA 18103		CURRENT LICENSE NUMBER 223010	
INSPECTION DATES (Include all dates of the inspection) 03/29/2011		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)			
SIGNATURE OF LEGAL ENTITY <i>Natasha Freitag</i>	DATE 4/7/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 4-7-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<ul style="list-style-type: none"> The Medication Administration Record for resident #2 reads Aspirin Chewable 8mg tablets, take one tablet by mouth daily. The bottle of the aspirin is ASA easy swallow tablets, take one tablet by mouth daily. The Medication Administration Record for resident #2 reads Atenolol 50mg tablet take one tablet by mouth at bedtime. The label to the bottle reads take one tablet twice a day. 		Please see attached POC.	DCV 4-7-11 See response page attached

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NEW SEASONS ALLENTOWN

6107709838

04/07/2011 14:54

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Victoria Prutzka</i>	DATE <i>4/7/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June C Valance</i>	DATE <i>4-7-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>Please see attached POA</i>	<i>See response page attached DCV</i>

Responses to violation report dated 3/29/2011

183 E- Advair diskus was stored as recommended by manufacturer but diskus did not have an open date on box.

11:00pm to 7:00am shift medication care manager will check nightly, that all appropriate medications have an open date on them. Any medication that is required by manufacture to have an open date on it and does not, will be pulled by the Medication Care Manager and given to the wellness nurse to have rectified.

*Dev
4-7-11*

All Medication Care Managers were retrained in the "date opened" process. Training record will be signed and retained. Training was held on 4/6/2011.

MAR to cart audit were updated to include dating requirements. Audits will be reviewed by the Health Care Coordinator. Additional training will occur when needed.

187 A- MAR to cart audit will continue to be done weekly for label and MAR comparison. Healthcare Coordinator will verify that all procedures are being followed. Healthcare Coordinator will sign audit after review. Next audit will occur 4/12, 4/13 and 4/14.

*Dev
4-7-11*

All Medication Care Managers were re-trained 4/6/2011 on validating that the label matches the MAR. Training was recorded and training log signed.

Each Medication Care Manager will complete the DPW course med label exercise and return it to the Healthcare Coordinator by 4/10/2011

Change of direction sticker will be applied to all labels that have a change after the order has been filled. Medication Care Managers have been reminded to double check the order when a change of direction is supplied.

125 A- Corrected at the time of inspection.

Housekeeping checklist updated to include cleaning behind the residents washers and dryers daily. Housekeepers will initial daily that cleaning has occurred.

*Dev
4-7-11*

Maintenance Coordinator will review checklist weekly and sign.
Executive Director and Maintenance Director will spot check weekly to
ensure compliance is met.

Dev
4-7-11

Victoria Fetzger
Executive Director