

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIAKON LUTHERAN SOCIAL MINISTRIES

LEGAL ENTITY

To operate LUTHER CREST RETIREMENT COMMUNITY

NAME OF FACILITY OR AGENCY

Located at COMMONS, 800 HAUSMAN ROAD, ALLENTOWN, PA 18104

(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 58
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 July 29, 2011 until July 29, 2012,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216290

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

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

AUG 03 2011

Mr. Mark Pile, Chief Executive Officer
Diakon Lutheran Social Ministries
798 Hausman Road
Allentown, Pennsylvania 18104

RE: Luther Crest Retirement Community
Commons, 800 Hausman Road
Allentown, Pennsylvania 18104

Dear Mr. Pile:

As a result of the Department of Public Welfare's licensing inspection on June 28, 2011 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHER CREST RETIREMENT COMMUNITY, COMMONS 800 HAUSMAN ROAD ALLENTOWN, PA 18104		CURRENT LICENSE NUMBER 216290	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Gerald Dumas	
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 : Preparation and Submission of this Plan of Correction is Required BY LAW. This Plan Does NOT Constitute An Admission For Purpose of General Liability, Professional Malpractice or Any Other Court Proceedings.</i>			
SIGNATURE OF LEGAL ENTITY <i>Nancy Collazo</i>	DATE 7/14/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michele Mogkalyk</i>	DATE 7-15-11

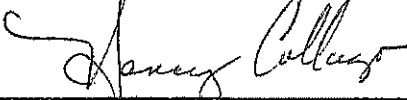
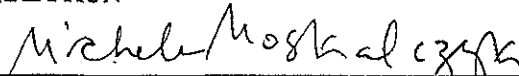
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c2 (2) A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	Staff person A, who is the Admissions Director, stated the contracts of resident #s 1 and 2 did not include a copy of the fee schedule for additional charges to the residents. These contracts were dated 5/13/11 and 3/21/11, respectively. There was not an addendum addressing the fee schedule in these residents' records.	6/28/2011 -	The fee schedule for Resident #1 and #2 had been misfiled at the time of the survey and can now be found with the contract in the resident record.	
		7/31/2011 -	Clinical Records will be audited by the DRS or Designee to ensure the contracts contain the fee schedule. Any issues will be addressed as appropriate.	Steps have been taken to correct violation; full compliance is not verifiable 7-15-11 M.M. Date Initials (DPW)
		7/31/2011 -	The Admissions Director will be educated to attach the fee schedule to the contract	
		7/31/2011 -	Results of random audits will be reported to Quality Assurance for review and recommendation	

RECEIVED

JUL 15 2011

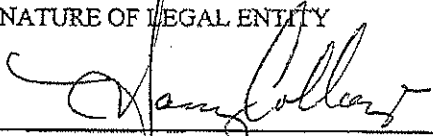
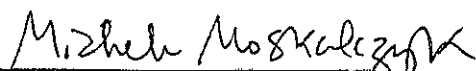
SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHER CREST RETIREMENT COMMUNITY, COMMONS 800 HAUSMAN ROAD ALLENTOWN, PA 18104		CURRENT LICENSE NUMBER 216290	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Gerald Dumas	
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 	DATE 7/14/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-15-11

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
25c5 (5) The method for payment of charges for long distance telephone calls.	Staff person A, who is the Admissions Director, stated the contracts of resident #s 1 and 2 did not include the method for payment of long distance telephone calls. These contracts were dated 5/13/11 and 3/21/11, respectively. There was not an addendum addressing payment of these charges in these residents' records.	7/31/2011 7/31/2011 7/31/2011	<ul style="list-style-type: none"> - The Fee Schedule will be updated to include the method for payment of long distance calls. (see attached) - This will be reviewed with all current Residents in the Personal Care home and All New Admissions to the home. - Random Audits will be completed by the DES or Designee to ensure contracts include method of payment for long distance calls. - Results of Audits will be reported to Quality Assurance for review and recommendations. 	MM 7-15-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHER CREST RETIREMENT COMMUNITY, COMMONS 800 HAUSMAN ROAD ALLENTOWN, PA		CURRENT LICENSE NUMBER 216290	
INSPECTION DATES (Include all dates of the inspection) 06/28/2011		REGIONAL REPRESENTATIVE Betty Bloch, Gerald Dumas	
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 	DATE 7/14/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-15-11

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
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	The sample medication "Once-Monthly Boniva" (150mg tablet) belonging to resident #3 did not contain a label with the resident's first name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, or the name and title of the prescriber on it.	6/28/2011 - 7/31/2011 - 7/31/2011 -	STAFF PLACED A LABEL ON THE SAMPLE MEDICATION "ONCE Monthly Boniva" which contained the Resident's Name, Name of the Medication, Date the Prescription WAS ISSUED, The prescription dosage, instruction for administration, Name and title of the prescriber at the time of the survey. Resident medications will be audited to ENSURE Labels contain all necessary information STAFF will be Re-educated to ensure labels are placed on all Prescription medications including sample medications - Results of Audits will be reported to Quality Assurance for Review AND Recommendation	Steps have been taken to correct violation; full compliance is not verifiable 7-15-11 M.M. Date Initials (DPW)

RECEIVED

JUL 15 2011

SCRANTON FIELD OFFICE
 Adult Residential Licensing