

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to 1680 SPRING CREEK ROAD OPERATIONS LLC

LEGAL ENTITY

To operate LEHIGH COMMONS

NAME OF FACILITY OR AGENCY

Located at 1680 SPRING CREEK ROAD, MACUNGIE, PA 18062

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 80  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 14

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 2, 2012 until April 2, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 222050

*Robert E. Robinson*

ISSUING OFFICER

*R. C. [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

APR 19 2012

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

Mr. Walter J. Kielar, Sr. Vice-President of Operations  
1680 Spring Creek Road Operations LLC  
Lehigh Commons  
1680 Spring Creek Road  
Macungie, Pennsylvania 18062

Dear Mr. Kielar:

As a result of the Department of Public Welfare's licensing inspection on February 22, 2012 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.

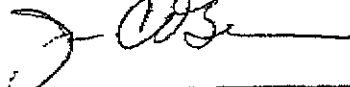
Sincerely,

A handwritten signature in black ink, appearing to read 'RMelusky', written over a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME LEHIGH COMMONS, 1680 SPRING CREEK ROAD MACUNGIE, PA 18062		CURRENT LICENSE NUMBER 222050	
INSPECTION DATES (Include all dates of the inspection) 02/22/2012		REGIONAL REPRESENTATIVE Ann O'Haire, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>JAMES C. O'BRIEN</i> <i>EXECUTIVE DIRECTOR</i> <i>LEHIGH COMMONS</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>3/28/2012</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Morszagalczyn</i>	DATE <i>4/6/12</i>

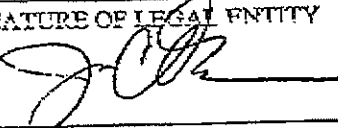
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	The home's MAR's folders were found unattended and out in a public area. The home did place the the home's medication carts out in the home's lobby area near the dining room at lunch time to administer medications but did not secure the MAR'S when staff stepped away and out of sight to administer medications.	<i>Complete</i> <i>3/28/12</i> <i>JD</i>	Medication Tech on duty at the time of violation locked the medication cart, went to a resident to administer medications, but failed to lock MAR in the cart. Going forward all staff responsible for meds will lock the MAR in a large cart drawer whenever the cart is left attended during the Administration process. Re-training on proper handling of the MAR and other confidential Resident records will be conducted by the Resident Care Director by 4/1/12. Resident Care Director will monitor weekly to insure compliance.	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> <i>Date</i> <i>Initials (DPW)</i>

002

LEHIGH COMMONS

04/08/2012 08:59 FAX 6105308091

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

NAME AND ADDRESS OF PERSONAL CARE HOME LEHIGH COMMONS, 1680 SPRING CREEK ROAD MACUNGIE, PA 18062		CURRENT LICENSE NUMBER 222050	
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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) <i>James C O'Brien EXECUTIVE DIRECTOR Lehigh Commons</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 3/28/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalczyk</i>	DATE 4/6/12

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
designated person, or if a court orders disclosure.				

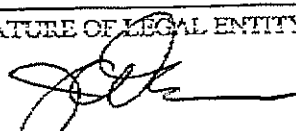
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003

LEHIGH COMMONS

04/06/2012 08:59 FAX 6106308091

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

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident # 1 has an order for Exelon 4.6 mg/24 H 30 Patches that expired 01/2012.  Resident #2 has an order for antus insulin inject 15 Units at bed time; the insulin in the home was opened 12.10.2011. According to the manufacture's instruction, the insulin is to be used within 28 days of the insulin being opened.	<i>Complete</i> 3/28/12 <i>gso</i>	Resident # 1 had been in Hospital/Rehab from 1/29/12 thru date of survey. Returned to Lehigh Commons on March 14, 2012. Exelon patches in Stock for Resident expired 1/2012 while resident out of building holding room. Routine audit for expired drugs will be expanded to include, not only, current residents of building, but also any resident out of building on hospital or rehab leave. Meds of residents out of building on extended leave will be stored in nursing office for further security until they return. Re-training on this procedure will be conducted by Resident Care Director by 4/1/2012. Resident Care Director will monitor weekly to insure compliance.  Resident #2. An opened vial of Insulin dated 12/10/2011 should have been disposed of in January, 2012 (28 days). Vial has been discarded. New vial replaced and dated when opened. All insulin will now be stored in central location for closer monitoring of disposal dates. Re-training on this procedure will be conducted by Resident Care Director by 4/1/2012. Resident Care Director will monitor weekly to insure compliance.	<i>Steps have been taken to correct violation; full compliance is not verified.</i> Date _____ Initials (DPM) _____



004

LEHIGH COMMONS

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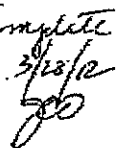
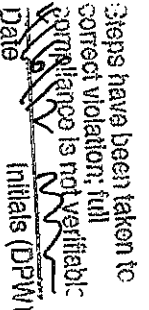
**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

005



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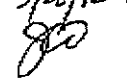
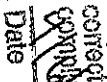
LEHIGH COMMONS

04/06/2012 08:00 FAX 6105308091

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Resident #2 is prescribed 100 units/1ML of Lantus insulin inject 15 units at bed time. The manufacturer directions were missing at the time of the inspection.	Complete 3/18/12 	The standard operating procedure of Resident # 2's pharmacy has been to place the insulin vial in a standard amber medicine container for labeling and delivery. We will contact the pharmacy about supplying manufacturer directions for Lantus insulin. The directions will be kept with the insulin in the future. Re-training on this procedure will be conducted by Resident Care Director by 4/1/2012. Resident Care Director will monitor weekly to insure compliance.	Steps have been taken to correct violation; full compliance is not verifiable  Date _____ Initials (DPW) _____

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

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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	Direct Care staff did not sign or initial the Medication Administration Record for resident #3 on 2/21/2012 at 9:00pm to indicate that resperidone 5mg had been administered.	Complete 3/28/12 	Resident # 3: Missing initial for medication administered on 2/21/12 at 9:00PM. Discovered during licensing survey on 2/22/12. Interviewed staff person responsible who, because of the short time frame between the error and discovery, remembered specifically giving the medication. The administration and documentation error was also recalled because Resident #3 was receiving close attention because of a rapidly declining condition; negotiations regarding transfer to a skilled facility were ongoing with family and PCP and care was being very closely monitored. Resident # 3 was transferred to skilled on 2/23/12. Staff member responsible received counseling on importance of documentation to complete the administration process and the medical record. Resident Care Director will monitor weekly to insure compliance.	 Date Initials (DPW)

Steps have been taken to correct violation; full compliance is not verifiable

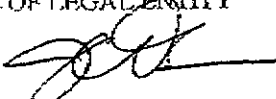
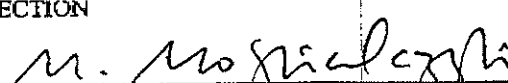
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LEHIGH COMMONS

04/06/2012 09:00 FAX 6105308091

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

007

NAME AND ADDRESS OF PERSONAL CARE HOME LEHIGH COMMONS, 1680 SPRING CREEK ROAD MACUNGIE, PA 18062		CURRENT LICENSE NUMBER 222050	
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LEHIGH COMMONS

04/06/2012 09:00 FAX 6105308091

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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.	—————		Previous page	