



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

Sent via email to: [REDACTED]
MAILING DATE: June 7, 2012

Ms. Sharon Kaiser/CFO
Lehigh Pointe Senior Living TRS, LLC
1920 Main Street, Suite 400
Irvine, California 91614

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 May 1, 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.

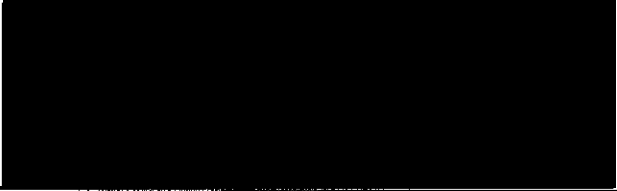

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing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

Sincerely,

Anne Graziano
Regional Licensing Administrator

Enclosure
Violation Report

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

PCH Name: WOODLAND TERRACE AT THE OAKS		License Number: 223010
Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103		County: Lehigh
Administrator: Victoria Leitgeb		Region: NORTH
Legal Entity Name: LEHIGH POINTE SENIOR LIVING TRS LLC		
Legal Entity Address: 1920 MAIN STREET SUITE 400, IRVINE, CA 92614		
Certificate(s) of Occupancy		
I-2 10/14/2011 Salisbury Township	C-1 10/06/2010 Salisbury Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/01/2012: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 110 Number of Residents Served: 71 Secured Dementia Care Unit In Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 34 	Number of Residents who: 	

Violation Report: 22301 - 05/01/2012 - Novak, Ryan

1. REGULATION 56 Pa.Code §2600

2800.44(e) - Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

2. DESCRIPTION OF VIOLATION

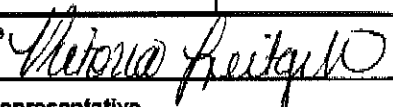
On March 12, 2012, a written complaint regarding resident care, and staffing was filed in the home. The home did not provide a status report within 2 business days to Resident #1's designated person.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

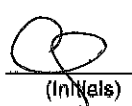
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Executive Director was not made aware of complaint until several day after the initial complaint was given to the Director of Wellness. The Executive Director has instructed all team members to present all formal written complaint statements to their immediate department supervisor. The department supervisor will respond to the designated party with a status report within two days. Should the department supervisor be unable to respond for any reason, it will be escalated to the ED or their designee, for their response within the appropriate amount of time.

Executive Director or designee will respond within two days and keep a log of all responses. Executive Director or designee will continue to monitor for ongoing compliance. Incidents will be reviewed in quality management meetings. The Executive Director was able to show the licensing representative other documentation of previous complaints being handled in a complaint manner.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Victoria Leitgeb, Executive Director			Date 5-25-2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-5-12</u> (Date)	Verification of Legal Entity Representative Signature <u>6-5-12</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22301 - 05/01/2012 - Novak, Ryan

1. REGULATION 55 Pa.Code §2600

2600.44(f) - Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

2. DESCRIPTION OF VIOLATION


On March 12, 2012, a written complaint regarding resident care, and staffing was filed in the home. The home did not provide its investigative findings and plan to resolve the complaint to Resident #1's designated person.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Executive Director has instructed all team members to give all formal written complaint statements to their immediate department supervisor. The department supervisor will respond to the designated party within seven days of the complaint. Should the department supervisor be unable to respond for any reason it will be escalated to the Executive Director or designee for their response. The response will include the investigation findings and actions the home plans to take to resolve the issue, or if the complaint was unfounded. Executive Director will keep a log of complaints and outcomes. Executive Director or designee will continue to monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Victoria Leitgeb, Executive Director			Date 5-25-2012

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