

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DIAKON LUTHERAN SOCIAL MINISTRIES

To operate LUTHER CREST RETIREMENT COMMUNITY

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

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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 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 30, 2012 until July 30, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216290

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

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

JUL 12 2012

Mr. Mark T. Pile, President
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 May 23, 2012, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

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

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21629 - 05/23/2012 - Harvey, Jason
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's most recent letter to the local fire department (dated 5/8/11) indicates the home has only one resident with mobility needs. As of 5/23/12, the home has nine residents who would require additional assistance in the event of an emergency evacuation. The home's current letter to the local fire department does not accurately reflect the needs of the home's residents.

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.

Preparation and Submission of this plan of Correction is required by State and Federal laws. This plan does not constitute an admission for purposes of general liability professional malpractice or any other court proceeding.

A Revised letter was sent to the local fire department identifying residents with mobility issues. A copy of this letter is attached

The mobility status of current residents will be reviewed and any resident who is considered immobile will be added to the list. Our letter to the local fire department will be updated and sent to the Fire Department indicating the names of any current resident requiring assistance to evacuate in an emergency.

Staff will be reeducated to review mobility status and need to inform the fire department of updates. The DME will be reviewed upon admission for new residents and annually or with significant change for current residents.

The mobility status will be reviewed monthly by the CSM/designee with an appropriate letter sent to the fire department with any updates. Results will be reported to CQI for review and recommendation.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Nancy Collozo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Collozo, PC Administrator/DRS* Date *6/12/12*

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

The above plan of correction is approved as of 6-26-12 (Date)

Plan of correction implementation status as of 6-26-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *OC* (Initials)