

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

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 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 June 14, 2013 until June 14, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 222050

Robert E. Robinson

ISSUING OFFICER

LC 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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUN 14 2013

Mr. Walter J. Kielar, Sr. V-P 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 (Department) licensing inspection on February 26, 2013, 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 Human Services 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
Director

Enclosures
License
Violation Report

Violation Report: 22205 - 02/28/2013 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Department Representatives determined that resident #1 self administers all medications without any assistance from others. The medical evaluation for resident #1 dated 8/10/12 states the resident can not self administer medications. Resident #1 has not been assessed by a physician, physician assistant or certified registered nurse practitioner regarding the ability to self administer medication.

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.


Medical evaluation dated 8/10/12 incorrectly indicated that Resident #1 cannot self administer medications. Resident #1 is Independent in her ADL's and has self administered since her admission on 7/28/12. Physician was contacted the day of Inspection and sent facility an updated order that the Resident was able to self medicate. Going forward the Director of Resident Care will be responsible for reviewing all incoming Medical Evaluations for accuracy and will be responsible that all current documentation for all residents is accurate. Completed at time of Inspection.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) James C. O'Brien, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James C. O'Brien, NHA Executive Director	Date 3/8/2013
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>3/29/13</u> (Date)	Plan of correction implementation status as of <u>3/29/13</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22205 - 02/26/2013 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - 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.

2a. DESCRIPTION OF VIOLATION
 Lumigen eye drops prescribed to resident #2 did not have a pharmacy label.

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.

Resident #2 received a "twin pack" of Lumigen eyedrops from the pharmacy. One accurate label was wrapped around the package. Resident was transferred to the hospital on 1/17/2013 and his medications were moved to storage pending his return. He had not yet returned to Lehigh Commons as of date of inspection. The twin pack became separated and one of the eye drop packs did not have the original label attached. Going forward we will check all "twin packs" or multiple packs of medication received from the pharmacy to guarantee the original label (2600.184(a)) remains attached and intact. Resident Care Director will check regularly to verify that this is being done by all staff responsible for Medication Administration. Review process will begin immediately

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) James C. O'Brien, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James C. O'Brien, NHA Executive Director Date 3/8/2013

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Violation Report: 22205 - 02/26/2013 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 It is the home's policy that all narcotic medication be counted by two staff at the beginning and end of each shift and that the correct count of the medication be documented.

Residents #3 and #4 are both prescribed Comfort -Paks containing multiple narcotic medications. The narcotics contained in the Comfort Pak prescribed to resident #3 are Haloperidol, Atropin, Morphine, and Prochlorper. The narcotics contained in the Comfort Pak prescribed to resident #4 are Prochlorper, Morphine, and Haloperidol. It was stated that the Comfort Paks are checked daily to ensure that they have not been opened but there is no documentation to indicate the Comfort Paks are checked at the beginning and end of each shift by two staff persons as stated by the home's policy.

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.

- Lehigh Commons will correct this violation by implementing the following procedure immediately:
1. We have reached out to Hospice agencies currently servicing residents to remove and/or destroy the Comfort Paks not expected to be used soon for any Hospice resident
 2. Any remaining and sealed Comfort Paks will be checked at the beginning and end of each shift to verify that the Paks remain sealed and are present. Staff will document the check.
 3. When a physician orders that a Comfort Pak be unsealed, the medication/narcotics will be stored, managed, administered and documented according to our current policies and procedures and in accordance with the applicable regulations of Code 2600
 4. Resident Care Director will regularly review the new procedure to be sure all staff members responsible for Medication Administration are checking and documenting Comfort Paks properly.
 5. All aspects of this plan to guarantee compliance will be completed and in place by 3/15/2013

Repeat Violation: No	Date(s) of Previous Violation(s):		
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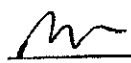
Signature of Legal Entity Representative **James C. O'Brien, NHA**
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James C. O'Brien, NHA Executive Director	Date 3/8/2013
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