



JUL 05 2013

Mr. Mark Pile, CEO  
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 7, 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.

Your regular license for the period of July 30, 2013 to July 30, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", is written above the typed name.

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: LUTHER CREST RETIREMENT COMMUNITY		License Number: 216290
Address: COMMONS 800 HAUSMAN ROAD, ALLENTOWN, PA 18104		County: Lehigh
Administrator: Nancy Collazo		Region: NORTHEAST
Legal Entity Name: DIAKON LUTHERAN SOCIAL MINISTRIES		
Legal Entity Address: 798 HAUSMAN ROAD, ALLENTOWN, PA 18104		
Certificate(s) of Occupancy C-1 10/22/1990 Department of Health		
<b>Staffing Hours</b>		
Resident Support: .	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/07/2013: Hummel, Jesse; Bloch, Betty		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 187a, 183d		Random Indicators: 42w, 25h, 26b, 13b, 27a
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 58	Number of Residents who:	
Number of Residents Served: 25	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 25	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 21629 - 05/07/2013 - Hummel, Jesse  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 65 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the Nurses' Station had the following expired medications in it:

- (5) - 0.9g packages of "Fougera" Bacitracin Zinc Ointment USP with an expiration date of 11/2012 on the manufacturer's packaging
- (1) box containing 12 "X-Gen" Ammonia Inhalants with an expiration date of 2/2013 on the manufacturer's packaging.

A partially used 0.1 ml vial of "JHP" Tubercillin, Purified Protein Derivative, Diluted Aslisol 5 TU labeled "Stock" was stored in the refrigerator located in the "Small Medication Room". The "Open Date" on the box was 3/13/13. The manufacturer's instructions state, "Once entered, vial should be discarded after 30 days."

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 expired items found in the first aid kit located at the Nurse's Station were removed at the time of the survey. This included: "Fougera" Bacitracin Zinc Ointment with an expiration date of 11/20/12. The remaining "Fougera" Bacitracin Zinc ointments that were current remain in the first aid kit. The box of 12-"X-Gen" Amonia inhalants with an expiration date of 2/2013 were also removed. Although not required, new Amonia inhalants replacements were ordered.

The partially used vial of "JHP" Tuberculin, purified protein derivative with an open date of 3/13/2013 with a manufacturer's instruction to "Once entered, vial should be discarded after 30 days", was removed at the time of the survey on 5/7/2013.

- Staff will be re-educated to discard and replace (as needed) any expired medications including those with a 30 day shelf life by May 31, 2013.
- \* Periodic audits will be completed by the Personal Care Administrator/designee to ensue compliance.
- Completed Audits will be reported to our Continuous Quality Improvement meeting for review and recommendation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nancy Collazo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Nancy Collazo Administrator / DRS*

Date

*5/17/13*

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

The above plan of correction is approved as of

*5/30/13*  
 (Date)

Plan of correction implementation status as of

*5/30/13*  
 (Date)

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

The above plan of correction was approved by

*m*  
 (Initials)

**Violation Report: 21629 - 05/07/2013 - Hummel, Jesse**  
**PCH Name: LUTHER CREST RETIREMENT COMMUNITY**

**1. REGULATION 55 Pa.Code §2600**  
**2600.187(a)** - 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 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.

**2a. DESCRIPTION OF VIOLATION**  
 The May 2013 Medication Administration Record (MAR) did not include a diagnosis or purpose for the following residents' medications:

Resident #1: Vitamin D-3 200 mg; Docusate Sodium 100 mg; Amaryl 1mg; Caltrate 600 mg + D; Labetalol HCl 200 mg; Vitamin B-12 500 mg; Cozaar 50 mg; Miralax powder; Detrol LA 2 mg; Ecotrin 81 mg; Simvastatin 40 mg; and Zolof 25 mg.

Resident #2: Fentanyl 50 mcg/hr Adh Patch; Preservision Areds Softgel 14320-226; and Trimethoprim 100 mg

Resident #3: Gilmeperide 1 mg; Coumadin 3 mg; and Coumadin 4 mg

Resident #4: Sertraline HCl 50 mg 1.5 tablets (75 mg)

Resident #5: Chlorthalidore 50 mg tablet, take ½ tab (25 mg); Klor-Con M20 20 MEQ tablet ER

**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.

*See Attached*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nancy Collazo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nancy Collazo Administrator / DRS</i>	

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The above plan of correction was approved by <u><i>[Signature]</i></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

187a

Luther Crest Personal Care: #216290

The medication record for the following residents did include the following for whom medications are administered: 1. The resident 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 precautions, inapplicable. 13. Date and name of administration. 14. Name and initials of the staff person administering the medication.

The MAR has been updated to also include #12: Diagnosis or purpose of the medication, including pro re nata (PRN) for the following resident medications:

Resident #1: Vitamin D-3 200mg; Docusate Sodium 100mg; Amaryl 1mg; Caltrate 600mg + D; Labetalol 200 mg; Vitamin B-12 500 mg; Cozaar 50 mg; Miralax powder; Detrol LA 2 mg; Ecotrin 81 mg; Simvastatin 40 mg; and Zolof 25 mg. (See attached)

Resident #2: Fentanyl 50 mcg/hr Adh Patch; Preservision Areds Softgel 14320-226; and Trimethoprim 100 mg. (See attached)

Resident #3: Glimepride 1 mg; Coumadin 3 mg; and Coumadin 4mg. (See attached)

Resident #4: Sertraline HCL 50mg 1.5 tablets (75 mg) (See attached)

Resident #5: Chlorthalidone 50 mg tablet, take 1/2 tab (25 mg); Klor-Con 20 MEQ tablet ER (See attached)

- Staff will be reeducated to ensure each medication also has a diagnosis listed by May 31, 2013.
- ~~✗~~ Periodic audits will be completed by the administrator/designee to ensure the diagnosis is listed for each medication.
- Completed Audits will be reported to the Quality Assurance meeting for review and recommendation

*Nancy Collazo*

*M*  
*5/30/13*

*Nancy Collazo Administrator/DRS 5/17/2013*

Violation Report: 21629 - 05/07/2013 - Hummel, Jesse  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment for resident #5 was completed on 4/20/2012. The home has not assessed the personal care needs of resident #5 annually as required.

**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 assessment for resident #5 could not be completed for compliance before the final due date of Sunday May 5, 2013; however it was completed and reviewed with the resident on Wednesday 5/8/2013. (See attached)

- The staff member who completes the assessments will be re-educated to complete the assessment on an annual basis by May 31, 2013. This information will include the allotted 15 day grace period.
- ✗ A periodic audit will be completed by the administrator/designee to ensure compliance with annual assessments.
- Findings will be reported to our Continuous Quality Improvement meeting for review and recommendation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marcy Callazo*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Marcy Callazo Administrator/DAS*

Date

*5/17/2013*

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*5/30/13*  
 (Date)

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*5/30/13*  
 (Date)

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- Not Implemented

The above plan of correction was approved by

*M*  
 (Initials)