



JUN 17 2013

Ms. Victoria Leitgeb, Acting Executive Director
Lehigh Pointe Senior Living TRS, LLC
189 S. Orange Avenue, #1700
Orlando, Florida 32801

RE: Woodland Terrace at the Oaks
1263 S. Cedar Crest Boulevard
Allentown, Pennsylvania 18103

Dear Ms. Leitgeb:

This is to acknowledge receipt of your request to appeal the Department's decision to issue a PROVISIONAL license for Woodland Terrace at the Oaks. Your request has been forwarded to the Department of Public Welfare, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "RM", is written over a thin horizontal line.

Ronald Melusky
Director

cc: Megan Wiest, Office of General Counsel

RECEIVED

JUN 04 2013

May 30, 2013

Jacob Herzing
Department of Public Welfare
625 Forster St
Harrisburg, Pa 17120

Human Services Licensing

Mr. Herzing,

This letter is to request an appeal of the provisional license issued to Woodland Terrace at the Oaks. (License number 223011). As the acting Executive Director, I have reviewed the violation report and have found some discrepancies. One item should not have been cited at all and other were fully implemented prior to the provisional being issued. I would be happy to discuss my areas of concern at your convenience. This community has historically done very well on survey and prides itself on consistently upholding the regulations set forth by the Department of Public Welfare.

After reviewing the packet, I feel that we are in full compliance of the violations cited on 1/29/2013 and would like to be considered for expedited inspection to clear us of the provisional license. Please feel free to contact me with any questions. 610-433-9220. Thank you very much for your consideration in this matter.

Sincerely,



Victoria Leitgeb
Acting Executive Director
Woodland Terrace at the Oaks



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAY 17 2013

Ms. Sharon C. Kaiser, CFO
Lehigh Pointe Senior Living TRS, LLC
189 S. Orange Avenue, #1700
Orlando, Florida 32801

RE: Woodland Terrace at the Oaks
1263 S. Cedar Crest Boulevard
Allentown, Pennsylvania 18103

Dear Ms. Kaiser:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 29, 2013 and February 25, 2013, of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

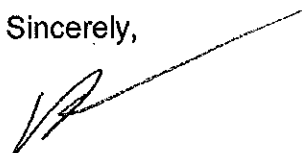
Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Sharon C. Kaiser

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', is written over a long, thin horizontal line that extends to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LEHIGH POINTE SENIOR LIVING TRS LLC

To operate WOODLAND TERRACE AT THE OAKS

Located at 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103

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

The total number of persons which may be cared for at one time may not exceed 110
or the maximum capacity permitted by the Certificate of Compliance, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 34

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

and shall remain in effect from May 16, 2013 until November 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 223011

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

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: Lynn Pellicciotti		Region: NORTH
Legal Entity Name: LEHIGH POINTE SENIOR LIVING TRS LLC		
Legal Entity Address: 189 SOUTH ORANGE AVE SUITE 1700, ORLANDO, FL 32801		
Certificate(s) of Occupancy		
I-2	C-2 LP	
10/15/2010	06/30/1997	
Salisbury Township	L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 109	Working Staff: 82
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/29/2013: Novak, Ryan; Dumas, Gerald		
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: 77 Secured Dementia Care Unit in Home: Yes Area: N/A Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 0

Violation Report: 22304 - 01/20/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2800
 2800.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 The home did not have the licensing inspection summary dated 5/1/12 posted in a public conspicuous place in the home.

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.

Violation reports will be kept in a notebook at reception area. As each approved correction report is received at Woodland Terrace, this will be monitored by Executive Director or designee & will be monitored quarterly.

Reps on site to measure compliance on 4-9-13.
 YRS still not posted. Not Implemented. *[Signature]*
 4-11-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lynn Pellicciotti, ED			Date 3/27/2013
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4-11-13</u> (Date)		Plan of correction Implementation status as of <u>4-11-13</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented	

Violation Report: 22301 - 01/20/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2800
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 1/20/13 77 residents were present in the home. From 9:00pm-12:00am only 1 person certified in first aid and CPR was present in the home. On 1/21/13 77 residents were present in the home. From 12:00am - 7:00am only 1 person certified in first aid and CPR was present in the home.

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.

On 2/28/2013 + 3/1/2013 - 22 employees were re-certified or certified in CPR + first aid. See attachments. Wellness Director will monitor closely the CPR/first aid book on a monthly bases in order to stay compliant with DPW regulation. The schedule will reflect 2 employees at this time with CPR + first aid

4-9-13 on site verification - 1st Aid/CPR cards not present. QP. 4-11-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lynn Pellicciotti, SO

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

Lynn Pellicciotti, SO

Date 3/27/2013

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The above plan of correction is approved as of 4-11-13
 (Date)

Plan of correction implementation status as of 4-11-13
 (Date)

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

The above plan of correction was approved by

QP
 (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Administrator A only completed 20 hours of the required 24 hours of annual training for 2012.

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.

Administrator will keep a copy of all training in the building. This will be kept current for all fiscal years. Executive Director will and must be held accountable for this task. Executive Director will monitor on a quarterly basis.

3/9/13 - RDO will monitor Executive Directors training quarterly to ensure that 24 required hours are met. Compliance will be noted on the RDO tracking tool and maintained on file Victoria Bertol 3/9/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lynn R. Licciotti, ED</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynn R. Licciotti, ED</i>			Date <i>3/27/2013</i>

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

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The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented
	<input type="checkbox"/> Partially Implemented - Adequate Progress
	<input type="checkbox"/> Partially Implemented - Inadequate Progress
	<input checked="" type="checkbox"/> Not Implemented

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 Upon entering the homes secure dementia unit there is a extremely strong smell of urine.

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.

Order in the Dementia Unit has been addressed.
 All carpets were shampooed. Routine cleaning of q. 6 months + pro is in place. Staff members have been trained in using mini shampoo cleaners.
 Maintenance Director will be cleaning carpet 8/2013 on 11p - 7a shift. Memory Care Director and Maintenance Director will monitor.

on-site verification 4-9-13. Ok. P. 4-11-13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lynne Bellicciotti*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynne Bellicciotti, SO* Date *3/27/2013*

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

The above plan of correction is approved as of 4-11-13
 (Date) Plan of correction implementation status as of 4-9-13
 (Date)

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

The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The exterior Emergency Exit door, located at Tower # 2 was rusted across 1/4 of the door and had a 1" hole at the bottom allowing for the possible penetration of rodents or insects.

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.

Tower # 2 Door is being replaced on 4/4/2013.
 Maintenance Director will monitor exterior of building q. 6 months

On-site verification 4-9-13 Reps discussed w/
 Maintenance Director the need to track status
 via a computer system @ the home. Recommend
 monthly checks to maintain ongoing compliance.
 JQ 4-11-13

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)			Date
Lynn Bellucio-H, Sr			3/27/2013

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

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 Plan of correction implementation status as of 4-11-13 (Date)

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

The above plan of correction was approved by JQ (Initials)

Violation Report: 22301 - 01/20/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

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 has not notified 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 since 6/24/11. The evacuation needs of the residents has changed since.

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.

Attached letter has been sent to local fire company. This will be sent with every admission and discharge or on a monthly bases. Monitored by Executive Director or designee.

4/9/13 - Letter on file from local fire department requesting that list of mobile and immobile residents will be kept with the fire panel. Current list date 3/21/13 was found at panel. List will be updated with mobility changes as needed. Executive Director will monitor list weekly and make note in survey book that compliance was met. Salisbury fire dept letter specifically stated they did not want changes sent or faxed per observation. Victoria Furtgill 4/9/13

Verified on site 4-9-13 by Reps.
 4-11-13

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)	
Date	

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 (Date)

Plan of correction implementation status as of 4-11-13
 (Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by OP
 (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2800

2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

Ancillary staff member B, who conducts the fire drills reported to this writer that the census for the day is used for total residents in the home at the time of the fire drill. The number of residents evacuated during a fire drill is actually the number of residents physically present in the home at the time of the fire drill. The home is improperly documenting the number of residents in the building at the time of the fire drill.

The fire drill conducted on 5/25/12 at 2:51pm notes 70 residents in the home but only 63 evacuated.
 The fire drill conducted on 9/28/12 at 4:23pm notes 92 residents in the home but only 91 evacuated.
 The fire drill conducted on 10/10/12 at 1:55 notes 91 residents in the home but only 81 evacuated.

The fire drill conducted on 10/10/12 at 1:55 does not indicate if the drill was conducted am/pm.

The fire drills conducted on 6/27, 7/20, 8/2, 9/28, & 12/27 does not indicate the year the drill was conducted in.

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.

Maintenance Director has been trained on how to conduct fire drills and the documentation. This is monitor by Executive Director or designee
 On site review 4-9-13. Adm or designee used monitor on a monthly basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lynn Pellicciotti, ED

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

Lynn Pellicciotti, ED

Date

3/27/2013

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 (Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 9/28 at 4:23pm notes 9 minutes and 43 seconds for evacuation. The maximum evacuation time designated by a fire safety expert is 9 minutes and 30 seconds. The home is exceeding their safe evacuation time.

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.

Maintenance Director has been retrained on evacuation times. Should we not come in 9 min and 30 seconds another fire drill will occur in that month. This will be monitored by Executive Director or designee, on monthly basis

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Signature] ED

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

Lynn Pellicciotti ED

Date 3/27/2013

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The above plan of correction is approved as of

4-11-13
 (Date)

Plan of correction implementation status as of 4-11-13
 (Date)

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

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa. Code §2600


144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

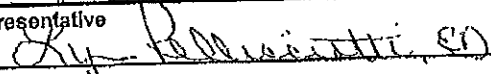
A five gallon, covered, metal pail, located in the home's designated smoking area, Gazebo; contained approximately one hundred cigarette butts mixed with paper cigarette packs and (2) 20 oz. plastic empty bottles of Poland Spring Water.

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 five gallon metal pail has been removed from the Gazebo where the residents smoking location is located. Smoking residents have been education on where to place trash. This area is monitored by Maintenance Director or designee - on a weekly basis. Documentation of these checks will be maintained by the home and provided to the Department upon request.
 on site review
 4-9-13.  4-11-13

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


Signature of Legal Entity Representative
 (Required on EVERY Page)  ED

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Lynn Pellicciotti, ED Date 3/27/2013

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

The above plan of correction is approved as of 4-11-13 (Date) Plan of correction implementation status as of 4-11-13 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION.
 The menu posted is dated 2/3-2/9/13. The home does not have the current weeks menu posted.

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.

Weekly menus are posted in lobby area.
 This is monitored by Chief Manager or designee

4/9/13 - Menus will be posted as per regulation current and following will be posted at all times. Executive Director will initial the back of each week prior to posting to ensure compliance.
 Victoria Frutkin 4/9/13

On site verification by Dept reps on 4-9-13 not posted.
 4-11-13

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)		Date
Lynn Fellicciotti, EN 3/27/2013		
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The above plan of correction was approved by	OP (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

3 pills were found under the resident's medication cards, in the first drawer, of the B Medication Cart located on the third floor. At the time of the inspection, the staff of the home was unable to determine who these medications belonged to.

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.

Medication carts are checked & cleaned weekly by Lead Medication Techs. This process was reviewed with each lead tech by Wellness Director. Medication carts will be checked monthly by Wellness Director or designee.

Documentation of the weekly and monthly checks need be reviewed by Adm. or designee. These records need be maintained by the home and provided to Dept. Repr upon request.
 On site review 4-9-11. *CO* 4-11-13

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Lynn Pellicciotti, ED</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lynn Pellicciotti, ED</i>			Date <i>3/27/2013</i>

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

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The above plan of correction was approved by <i>CO</i> (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: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

2a. DESCRIPTION OF VIOLATION
 The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority for the magnetic locks, used on the exit doors from the SDCU.

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.

At time of inspection papers could not be located.
 All paper work is attached. Papers placed in Executive Directors office.

on-site verification 4-9-13. Still no documentation produced. CP. 4-11-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Lynn Pellegrinotti, EO

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

Lynn Pellegrinotti, EO

Date

3/27/2013

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

The above plan of correction is approved as of

4-11-13
 (Date)

Plan of correction implementation status as of

4-11-13
 (Date)

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

The above plan of correction was approved by

CP
 (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:
 (1) Upon a signal from an activated fire alarm system, heat or smoke detector.
 (2) Power failure to the home.
 (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

2a. DESCRIPTION OF VIOLATION
 The home does not have a statement from the manufacturer of the magnetic locks verifying that the locks will release when the fire alarms system is activated, the home's power fails, and when the lock releasing device is operated.

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.

All time of inspection papers could not be located.
 All paper work is attached. Papers have been placed in Executive Directors office.
 Reps on site 4-9-13 - no documents available for review. Of 4-11-13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lynn Pellicciotti*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynn Pellicciotti, Esq* Date *3/27/2013*

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

The above plan of correction is approved as of 4-11-13
 (Date)

Plan of correction Implementation status as of 4-11-13
 (Date)

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

The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
FCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
The directions for operating the home's locking mechanism are not conspicuously posted near the following doors in the homes SDU:
The exit doors labeled tower #3 & #4
The exit gate from the homes courtyard
The entrance from the courtyard into the SDU

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 code for exit doors at Tower 3 & 4, exit gate from courtyard and back in to the SDU have been posted. Memory Care Director will monitor. This will be completed quarterly.

Home will conduct weekly checks to insure proper posting. Documentation of these checks will be maintained by the home and provided to the Dept. upon request. *OP* 4-11-13
on-site review 4-9-13

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lynn Pellicciotti ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lynn Pellicciotti ED* Date *3/27/2013*

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

The above plan of correction is approved as of *OP*
(Date) *4-11-13*

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

Plan of correction implementation status as of *4-11-13*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.236 - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person C hired 4/8/04 did not receive 6 hours of additional training in dementia care for training year 2012.

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.

Dementia care training will be monitored monthly to ensure all staff has the required amount of training needed. This will be monitored by Memory Care Director or designee. Adm or designee will track required training monthly to insure ongoing compliance. Documentation of these monthly checks will be retained by the home and provided to the Dept. upon request. *QP* 4-11-13

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lynn Pellicciotti, ED*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lynn Pellicciotti, ED* Date *3/27/2013*

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

The above plan of correction is approved as of 4-11-13
 (Date)

Plan of correction implementation status as of 4-11-13
 (Date)

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

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

Violation Report: 22301 - 01/29/2013 - Novak, Ryan
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 66 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records for the following residents: #1 (Date of Admission 8/17/12), #2 (Date of Admission 8/21/12), #3 (Date of Admission 8/22/12) did not indicate the resident's height, weight, color of hair, color of eyes, of religious affiliation (if any).
 The resident record #4 (Date of Admission 8/12/12) did not indicate the resident's identifying marks or religious affiliation (if any).

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.

President records have been reviewed by Wellness Director to ensure all information is available. This will be monitored by Wellness Director or designee, on a quarterly basis.

An on-site review conducted 4-9-13 found ongoing violations. 4-11-13

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)

Date 3/27/2013

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

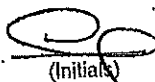
The above plan of correction is approved as of

4-11-13
 (Date)

Plan of correction implementation status as of 4-11-13
 (Date)

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

The above plan of correction was approved by


 (Initials)

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

PCH Name: WOODLAND TERRACE AT THE OAKS		License Number: 223010
Address: 1283 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103		County: Lehigh
Administrator: Lynn Pellicciotti		Region: NORTHEAST
Legal Entity Name: LEHIGH POINTE SENIOR LIVING TRS LLC		
Legal Entity Address: 189 SOUTH ORANGE AVE SUITE 1700, ORLANDO, FL 32801		
Certificate(s) of Occupancy 1-2 07/09/2012 Salisbury Township		
Staffing Hours Resident Support:		Total Daily Staff: 119 Waking Staff: 89
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 02/25/2013: Hummel, Jesse		
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 who:	
Number of Residents Served: 83	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 83	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 34	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 19	Have a Mobility Need: 36	
Number of Current Hospice Residents: 3	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 17		

Violation Report: 22301 - 02/25/2013 - Hummel, Jesse
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2800
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility dresses resident #1 and resident #2 in a one piece "jump suit" that secures with a zipper in the rear of the suit. The "jump suit" restricts the residents ability to toilet independently. Resident #1 and resident #2 are dressed in these one piece "jump suits" daily upon the residents waking, and are removed by staff each evening when the residents are changed for bed. Resident #1 and resident #2 are unable to remove these suits independently. It was determined through interviews that these "jump suits" are utilized to prevent the residents from urinating and or defecating in common areas of the facility. Resident #1 and resident #2 have a primary diagnosis of Dementia and are cognitively unable to express displeasure with the "jump suit" or their desire to have the suits removed. The staff of the facility are failing to treat the residents care needs with dignity and respect 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.

Jump suits for residents #1 + 2 have been removed.
 Bowel + bladder program is being utilized. Residents are being toileted q. 2 hrs and or as needed. This task is completed by staff and follow up by Memory Care Director. Each resident with dementia will be treated with dignity and respect.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lynn Pellicciotti EO*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lynn Pellicciotti* Date *3/27/2013*

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

The above plan of correction is approved as of 4-30-13 (Date) Plan of correction implementation status as of 4-30-13 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 22301 - 02/25/2013 - Hummel, Jesse
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 58 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.


2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility dresses resident #1 and resident #2 in a one piece "jump suit" that secures with a zipper in the rear of the suit. The "jump suit" restricts the residents ability to toilet independently. Resident #1 and resident #2 are dressed in these one piece "jump suits" daily upon the residents waking, and are removed by staff each evening when the residents are changed for bed. Resident #1 and resident #2 are unable to remove these suits independently. It was determined through interviews that these "jump suits" are utilized to prevent the residents from urinating and or defecating in common areas of the facility. Resident #1 and resident #2 have a primary diagnosis of Dementia and are cognitively unable to express displeasure with the "jump suit" or their desire to have the suits removed.

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.

Jump suits removed and resident #1 + 2 have toileting program in place. Restraints of any kind are prohibited at Woodland Terrace. This is monitored closely through Executive Director, and or designee

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)			Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>4-30-13</u> (Date)		Plan of correction implementation status as of <u>4-30-13</u> (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented	
		<input type="checkbox"/> Partially Implemented - Adequate Progress	
		<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress	
		<input type="checkbox"/> Not Implemented	

Violation Report: 22301 - 02/25/2013 - Hummel, Jesse
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa. Code §2600
 2600.226(b) - If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that resident #1 has had numerous falls resulting in injury since the resident's admission date of 8/29/12. Resident #1 fell on the following dates; 9/24/12, 10/8/12, 11/1/12, 12/12/12, 12/14/12, 12/17/12, 12/27/12, 1/16/13, 2/1/13, and 2/8/13. The assessment for resident #1 completed on 8/31/12 does not specify that the resident is a high risk for falls and also does not specify what procedures will be implemented to ensure the safety of resident #1.

It was also determined that resident #2 has had numerous falls resulting in injury since the resident's admission date of 7/3/12. Resident #2 fell on the following dates; 7/24/12, 10/20/12, 11/15/12, 12/3/12, 12/27/12, 2/4/13, and 2/18/13. The assessment for resident #2 completed on 7/5/12 does not specify that the resident is a high risk for falls and also does not specify what procedures will be implemented to ensure the safety of resident #2.

Department Representatives interviewed staff of the facility to determine if there was a care plan in place to prevent either resident from falling. It was determined that the facility does not have a care plan in place to prevent future falls and furthermore ensure the safety of resident #1 and resident #2.

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 1 has been reassessed with fall risk Assessment form and still found to be under the risk assessment number. Resident 1 will be monitored closely and continued to be assisted as needed.

- Resident 2 has been reassessed as an immobile resident. All staff will give verbal & nonverbal cueing to resident. Will be assisted by staff for all emergencies.

Both residents in Memory Care will be monitored more closely. This will be monitored by Memory Care Director or designee.

On-site verification: 4-9-13. Not Implemented.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Lynn P. Licciotti, MD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lynn P. Licciotti* Date *3/27/2013*

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

The above plan of correction is approved as of 4-30-13 (Date) Plan of correction implementation status as of 4-30-13 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)