



Sent via e-mail to: [REDACTED]  
Mailing Date: September 25, 2013

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

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 (Department) licensing inspection on August 15, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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.

Sincerely,

Michele Moskalczyk  
Regional Licensing Administrator

Enclosure

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

PCH Name: WOODLAND TERRACE AT THE OAKS		License Number: 223011
Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103		County: Lehigh
Administrator: Arielle Allen		Region: NORTH
Legal Entity Name: LEHIGH POINTE SENIOR LIVING TRS LLC		
Legal Entity Address: 189 SOUTH ORANGE AVE SUITE 1700, ORLANDO, FL 32801		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/30/1997 PA Dept of L&I		
<b>Staffing Hours</b> Resident Support: 37                      Total Daily Staff: 158                      Waking Staff: 119		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/15/2013: Yellenic, Cindy; O'Haire, Anne		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>    		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 110 Number of Residents Served: 84 Secured Dementia Care Unit In Home: Yes Area: 1st floor, wing Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 12	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 83 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 0	

Violation Report: 22301 - 08/15/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 5 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 On 8/8/13, an allegation of abuse against Resident #1 was not reported by staff persons A & B. The home did not report until 8/12/13 the allegation to the local area agency on aging.

**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 co-workers have been retrained on how to properly document and report all ALLEGATIONS of abuse immediately to the supervisor on duty. Area on Aging will be notified timely so an investigation can be started in a timely fashion. The Executive Director or designee will be notified at the time of incident so accurate and timely reporting can occur. Please note the staff did not feel there was anything to report as they were attempting to protect resident #1 from hurting himself.

See attached 1A for training documentation

*The administrator shall monitor for ongoing compliance.*

*M*  
*9/24/13*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *A Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arielle Allen - ED.</i>	Date <i>9/16/13</i>
--	---------------------

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

The above plan of correction is approved as of <u>9/24/13</u> (Date)	Plan of correction implementation status as of <u>9/24/13</u> (Date)
The above plan of correction was approved by <u>M</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: 22301 - 08/15/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 8/8/13, there was an incident involving Resident #1 and Staff Persons A & B that was reportable. The home did not submit an incident report to the Department until 8/14/2013.

**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 staff have been reminded to report all incidents and complete an incident report in timely fashion. The Executive Director, Director of Wellness or Designee is to be notified to ensure follow through. All incidents which are deemed reportable to the DPW, will be submitted by management within the 24hour time allowance.

See attached A2 training record

*The administrator shall monitor for ongoing compliance.*

*m  
9/24/13*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Arielle Allen - ED.</i>	Date <i>9/16/13</i>
--	---------------------

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

The above plan of correction is approved as of 9/24/13  
 (Date)

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

Plan of correction implementation status as of 9/24/13  
 (Date)

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

Violation Report: 22301 - 08/15/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 On August 15, 2013, while reviewing Resident #1's Medication Administration Record, the following medications were not available for administration.  
 On July 2, 3, 4, 5, 6, 7, 8, & 9, 2013, Resident #1's medication, Lexapro, 20mg. was not available at the facility to be given to the resident at 8:00am.  
 On July 2, 3, 4, & 5, 2013, Resident #1's medication, Seroquel, 25mg. was not available at the facility to be given to the resident at 8:00pm.  
 On July 23, 24, 25, 26, & 27, 2013, Resident #1's medication Depakote ER 500mg. was not available at the facility to be given to the resident at 8:00pm.

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.

Medications were not available to be given to the resident due to the pharmacy not having the medication available. Meeting was held on 9/6/13 with the pharmacy manager to ensure medications are ALWAYS available moving forward. Pharmacy will use the back up pharmacy moving forward to ensure medications arrive on site in time for appropriate and timely administration. All medication staff has been trained on the proper procedures when a medication is running low. Executive Director, Director of Wellness or Designee will be notified immediately of any further incident so the medication can be obtained.  
 See attached B1 training record

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Arielle Allen*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Arielle Allen - E.D.*      Date *9/16/13*

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

The above plan of correction is approved as of <u>9/24/13</u> (Date)	Plan of correction implementation status as of <u>9/24/13</u> (Date)
The above plan of correction was approved by <u>M</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: 22301 - 08/15/2013 - Yellenic, Cindy  
 PCH Name: WOODLAND TERRACE AT THE OAKS

**1. REGULATION 55 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**

On 8/8/13, Resident #1 was allegedly handled roughly by Staff Person A and Staff Person B, when they were trying to redirect the resident back into the facility. Resident #1 was banging the glass doors with fists. The staff members each took a residents' hand and lowered it to the side and turned the resident, to avoid the resident getting hurt. The resident was able to walk safely through the halls of the facility until the resident calmed down.

**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.*

Staff person A&B were both given guidance on how to handle future instances so that residents are kept safe. This specific resident was kept safe to the best of our ability. He suffered no injuries because the staff protected this resident. After discussion with the family and Area on Aging this resident has been transferred to a more appropriate facility. Staff A&B was trained to immediately to call for assistance from a supervisor when a resident is in danger of hurting themselves. Executive Director and Director of Wellness will also be notified.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *A Allen*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anielle Allen - E.D.</i>	Date <i>9/16/13</i>
---	---------------------

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

The above plan of correction is approved as of 9/24/13  
 (Date)

Plan of correction implementation status as of 9/24/13  
 (Date)

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

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