



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 21 2014

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
License #: 216290


Dear Mr. Pile:

As a result of the Department of Public Welfare's licensing inspection on April 29, 2014, 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 must be maintained.

Your regular license for the period July 30, 2014 to July 30, 2015 was issued on April 29, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director

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Enclosure
License Inspection Summary

**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 10/22/1999 DOH	I-1 11/18/2013 South Whitehall Township	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 44	Waking Staff: 33
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/29/2014: Novak, Ryan; Patton, Leslie		
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: 71 Number of Residents Served: 27 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 13 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 At approximately 9:15am, licensing representatives requested a list of staff members with their date of hire as well as staff records. Staff person A, who is the administrator, stated staff persons at the home do not have access to the requested information and that someone from human resources at another location would need to come to the home to assist with obtaining the needed information. Staffing records were not provided until approximately 11:10am.

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 purpose of general liability, professional malpractice or any other court processing.

A process has been developed within our facility whereby a key will be available for immediate access to employee files when Human Resource staffs are not immediately available. This will ensure Department of Public Welfare has access immediately upon request.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nancy Collazo PC Administrator/DRS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NANCY COLLAZO PC Administrator/DRS</i>	Date <i>20/11/14</i>
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The above plan of correction is approved as of <u>7-9-14</u> (Date)	Plan of correction implementation status as of <u>7-9-14</u> (Date)
The above plan of correction was approved by <i>[Signature]</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: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract dated 2/25/14 for Resident #1 is not signed by the resident.

The contract dated 2/17/14 for Resident #2 is not signed by the resident.

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.

Both Residents #1 and #2 reside on a Secured Memory Support Unit. The contract was signed by the resident's designated person. The Medical Evaluation and the Assessment indicate that Resident #1 and #2 require secured care. Our understanding of regulation #2600.231 (e) is that documentation is not required to have a signature; the home can document that secure care was recommended in the assessment or preadmission assessment and that there were no objections. The contracts have been amended by the facility to include why they were not able to sign.

Per my conversation with Anne Graziano on 6/10/14 this violation will be withdrawn. Thank you.

Withdrawn

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nancy Colazzo PC Administrator/MES	6/11/14

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

Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
 (3) Resident rights.
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Staff persons B (hired 4/12/10), C (hired 9/27/11) and D (hired 11/2/09) did not receive training regarding the home's emergency preparedness plan or fire safety training from a fire safety expert during the 2013 training year.

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.

While all direct care staff received emergency preparedness training and fire safety training, ancillary staff persons B, C and D did not receive that training. While we could not correct the training for 2013, those staff members did attend fire safety training and emergency preparedness training through our local fire department. It was presented by the Deputy Chief on May 7th, 2014. See attached.

The Adm/Designee will develop and implement a plan to ensure all of the above listed staff persons are trained annually in all of the required areas - Adm/Designee will review training documents monthly to insure ongoing compliance. EJ 7-9-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nancy Colletto PC Administrator/DRS* Date *6/11/14*

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The above plan of correction is approved as of 7-9-14
 (Date)

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

Plan of correction implementation status as of 7-9-14
 (Date)

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

Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

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
 Room # 603 had a 3 feet by 2 feet striped tan and blue rug in the bathroom. The rug did not have a slip resistant backing, posing a possible fall risk.
 Room # 626 had a 3 feet by 2 feet green rug in the bathroom and a green rug surrounding the bottom of the toilet. The rugs did not have a slip resistant backing, posing a possible fall risk.

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 area rugs located in room #603 and #626 has been removed. Housekeeping will remove any area rugs that do not have a rubberized backing. The admissions coordinator will notify the Resident and family members of the need to provide slip resistant backing area rugs only.

An audit will be conducted by the CSM/designee for 3 consecutive months to ensure only slip resistant area rugs are present, and then periodically thereafter. Result will be report to QAPI 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 PA Administrator / DES* Date *7/9/14*

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 (Initials)

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 (Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2600
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 The evacuation diagram located next to the east lounge do not include the lines of travel.

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.

While the evacuation diagram showed all areas of egress and location, it did not have a line indicating the line of travel. A red line has now been included in the diagram and posted within the corridors of the home. See attached.

Adm/Designee will monitor quarterly to insure ongoing compliance. JF.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nancy Callaza PC Administrator/DKS</i>	<i>10/11/14</i>

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The above plan of correction is approved as of 7-9-14
 (Date)

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

Plan of correction implementation status as of 7-9-14
 (Date)

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

Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2600
 2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION
 The home's rules on smoking indicate the designated area is located in the SW corner of the courtyard. Administrator A reports that the home has been a completely non smoking campus from July 2013. The home rules do not indicate the home is non smoking. The home rules were located in a contract dated 2/25/14.

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 home rules have been updated to reflect the nonsmoking status of the campus. This will be provided to each resident at the time of admission to the unit. In addition, it will be posted in a conspicuous location for review. See attached.

Update home rules of 2/25/14 rules be placed in all current resident files as well to maintain compliance. Q

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nancy Callero PA Administrator / DRS* Date *10/11/14*

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Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 The home's smoking policy notes residents will only smoke at designated areas on the facility campus. Administrator A reports that the entire campus is non smoking as of July 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.

The Smoking Policy has been revised to reflect the nonsmoking status of the campus. It will be posted in a conspicuous location for review. See attached.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Monica Callero, PC Administrator / DES	10/11/14

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Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 At 2:00pm, staff person E administered Acetaminophen 650 mg to resident #3. The staff person was observed signing the resident's Medication Administration Record (MAR) prior to administering the medication as opposed to signing the MAR after the medication has been given.

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 member "E" has been reeducated to ensure that she does not initial the MAR prior to the administration of medications. See attached.

A random audit will be conducted for three (3) consecutive months to ensure proper procedure with medication administration and periodically thereafter to ensure compliance. Results will be reported to QAPI for review and recommendation.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Nancy Colletta</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nancy Colletta PC Administrator/DKS</i>	<i>10/11/14</i>

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 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 21629 - 04/29/2014 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION
 The DME dated 2/25/14 for Resident #1 does not indicate the need for the resident to be served in a 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.

The admitting physician failed to check the box for the resident to be served in the MSU. The DME has since been updated by the physician and reflects the checked box for the resident to be served in the MSU. See attached.

A random audit of the DME will be conducted for three consecutive months to ensure completeness, and then periodically thereafter. Results will be reported to QAPI for review and recommendation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nancy Colletto PC Administrator/DCS</i>	Date <i>6/11/14</i>
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