



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: July 3, 2014

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

RE: Woodland Terrace at the Oaks
1263 South Cedar Crest Boulevard
Allentown, Pennsylvania 18103
License # 223010

Dear Ms. Kaiser:

As a result of the Department of Public Welfare's licensing inspection on June 9, 2014 and June 11, 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.

Sincerely,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

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|--|-----------------------------|---|
| PCH Name: WOODLAND TERRACE AT THE OAKS | | License Number: 22301 |
| Address: 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103 | | County: Lehigh |
| Administrator: Arielle Allen | | 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 | | |
| I-2 10/15/2010 Salisbury Township | C-2 LP 06/30/1997 L&I | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 128 | Waking Staff: 96 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Complaint, Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site 06/09/2014: Harvey, Jason; Foulkes, Kimbertl 06/11/2014: Harvey, Jason | | |
| 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: 89 Secured Dementia Care Unit in Home: Yes Area: 1st Floor Secured Dementia Unit Capacity, if Applicable: 34 Number of Residents Served in Secured Dementia Care Unit, if applicable: 27 Number of Current Hospice Residents: 6 Number of Hospice Residents in past year: 28 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 39 Have a Physical Disability: 0 |

Violation Report: 22301 - 06/09/2014 - Harvey, Jason
 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 6/2/2014 staff person A reported an allegation of abuse to the home's memory care coordinator; the home did not report the allegation of abuse to the Department until 6/5/2014.

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 Monday 6/2/14, staff person A made an allegation of abuse to his supervisor via text message hour after the close of his shift. Supervisor notified Executive Director at 7:15pm and E.D. called Lehigh Area Agency on Aging Representative [redacted] from AAA called back at 7:40pm and stated the allegation was not a reportable incident rather a personnel issue. In light of AAA deeming this not an incident, a DPW report was not filed at that time.

On 6/5/14, Executive Director was notified that AAA came to building to investigate an anonymous complaint. E.D. then verbally notified Ann Graziano @ Northeast Office immediately at 4:00pm. Final report submitted next day once investigation was closed and unsubstantiated.

Moving forward, E.D. or designee will report all allegations of abuse immediately, even if AAA states it does not need to be reported. The home will respond to all further allegations of abuse as though the allegation were true even if the report seems far-fetched or unlikely. Immediate verbal report & written report will follow.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/15/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anelle Allen - Executive Director* Date *6/27/14*

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

The above plan of correction is approved as of 7-1-14 (Date)

Plan of correction implementation status as of 7-1-14 (Date)

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

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