



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]
MAILING DATE: August 22, 2014

Ms. Sharon Kaiser, CFO
Lehigh Pointe Senior Living TRS LLC
Attn: Ann Q. Bargeron
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 August 7, 2014 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**

| | | |
|---|---|-----------------------|
| 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 | C-2 LP | |
| 10/15/2010 | 06/30/1997 | |
| Salisbury Township | Department of L&I | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 125 | Waking Staff: 94 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) | | |
| Incident | | |
| On-Site Inspections Dates and Department Representatives On-Site | | |
| 08/07/2014: 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: 87 | Receive Supplemental Security Income: 0 | |
| Secured Dementia Care Unit in Home: Yes | Are 60 Years of Age or Older: 87 | |
| Area: 1st floor wing | 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: 24 | Have a Mobility Need: 38 | |
| Number of Current Hospice Residents: 8 | Have a Physical Disability: 0 | |
| Number of Hospice Residents in past year: 43 | | |

Violation Report: 22301 - 08/07/2014 - Hummel, Jesse
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that staff person A accepted and cashed two separate checks written to staff person A by resident #1. Resident #1 stated that a check for \$45.00 was written as a gift for the birthday of staff person A. Resident #1 also stated that a separate check for \$50.00 was written to staff person A by resident #1 to help the staff person buy groceries.

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 8/7/14, DPW representative J.H. arrived on site to investigate allegation of financial abuse to Resident 1 by staff member A. Resident 1 was interviewed and after further research it was found that 2 checks in the amounts of \$45.00 and \$50.00 were written to staff member A and cashed by staff member A. Coworker A had been suspended pending investigation, however, on 8/8/14 staff member A was terminated due to violating DPW 20(b)(4) and also our company code of conduct.

A mandatory staff training was held by Executive Director on 8/11/14 for all shifts to remind them of company policy and regulations stating they cannot receive gifts (monetary or not) from residents in the home. Regulation 20(b)(4) was specifically reviewed. All co-workers signed training documentation stating the policy and regulation had been reviewed with them.

Executive Director will review same company policy and DPW regulation 20(b)(4) with all of the home's residents at our monthly Resident Council on 8/28/14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Allen

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

Anelle Allen - E.D.

Date 8/15/14

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

The above plan of correction is approved as of 8/22/14
 (Date)

Plan of correction implementation status as of 8-22-14
 (Date)

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

The above plan of correction was approved by

OP
 (Initials)