



**NOV 13 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 September 3, 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 November 13, 2014 to November 13, 2015 was issued on July 30, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones  
Director <sub>SH</sub>

Enclosure  
License Inspection Summary



Violation Report: 22301 - 09/03/2014 - Harvey, Jason  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The bathroom ventilation fan located in the bathroom serving room #'s 119 and 231 were inoperable.

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.

As a result of the 2 fans not working at time of inspection, the Maintenance Director has gone through all resident rooms to ensure that the fans and blowers are working. Additional blowers have been ordered to ensure ongoing replacement/repair can be done immediately when bathroom fans are not working. Housekeeping staff has been directed to check bathroom fans during weekly scheduled cleaning, and Maintenance Director will also check them on a monthly basis. Items needed for fan repair are on site and accessible, so inoperable fans can be repaired right away. Executive Director to monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anielle Allen - Executive Director</i>	Date <i>9/23/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 10-29-14  
 (Date)

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

Plan of correction Implementation status as of 10-29-14  
 (Date)

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

Violation Report: 22301 - 09/03/2014 - Harvey, Jason  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
 Based upon the home's fire drill logs 1 resident actively dying on hospice did not evacuate to a designated meeting place or fire-safe area during the fire drill conducted 10/10/2013.

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.

On 10/10/2013, an actively dying resident on hospice did not evacuate his room. The drill had been planned by the Maintenance Director and the hospice resident was an emergency admission just the evening prior. The next day, the Executive Director of the building called the Northeast Regional Office and spoke to Ann Graziano. The ED alerted her of the situation and was advised by the Northeast Office that we needed to rerun the drill to be in compliance. The drill was rerun on 10/31/13 and all residents evacuated at that time. The hospice resident who had not evacuated on 10/10/13 had then passed away. Moving forward, for resident dignity, drills are not being held when residents are actively dying. Drills have been planned accordingly since November of 2013, and all residents have been evacuating to fire safe areas during drills. Executive Director to monitor for ongoing compliance.

*Please note - any fire drill that results in any residents not evacuating is a regulatory violation. Running a subsequent drill in the same month successfully does not negate the earlier failure to fully evacuate. Please call the Northeast Regional Office with any questions or concerns. AP. 10/30/14*

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) *Arielle Allen - Executive Director*      Date *9/23/14*

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The above plan of correction is approved as of <u>10-30-14</u> (Date)	Plan of correction implementation status as of <u>10-30-14</u> (Date)
The above plan of correction was approved by <i>AP</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 - 09/03/2014 - Harvey, Jason  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 Resident #1 is prescribed Advair Diskus 100/50. Department Representatives observed the medication package was opened on 8/2/14. The manufacturer's instructions state to discard the medication 28 days after opening the medication package. The expired medication was administered to Resident #1 from 8/31/14 through 9/3/14.

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 expired Advair Diskus 100/50 was removed from the cart at the time of inspection and reordered from Newhard Pharmacy. The new Advair Diskus arrived on site at approximately 4:15PM that same day.

Staff was reminded in the training held on 9/15/14 about the importance of checking all medications for expiration dates, especially medications that may not be used daily or may be PRN medications. Even if there is still medication remaining, the medication must be discarded after the labeled time frame. All medications are destroyed through the pharmacy. Moving forward, Newhard Pharmacy will be doing cart audits twice per month on all medication carts to ensure compliance. Medication techs also have been reminded to audit their carts daily, and as part of the 5 rights of administration when administering a medication to a resident, they should be checking the labels on each medication for expiration dates. Director of Wellness will do monthly cart audits on an alternate week that Newhard Pharmacy does their biweekly medication cart audits- this ensures that each cart is audited 3 times per month. Executive Director to follow up to ensure ongoing compliance.

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) *Anne Allen - Executive Director*      Date *9/23/14*

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The above plan of correction was approved by <i>[Handwritten Initials]</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 - 09/03/2014 - Harvey, Jason  
 PCH Name: WOODLAND TERRACE AT THE OAKS


1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 On 9/3/14 at 6:00am, staff person A administered Lorazepam .5mg tablet to resident #2. Staff person A documented the administration on the Medication Administration Record but failed to document the medication administration on the narcotic count sheet as required by the facility's Narcotic Medication Policy.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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Staff person A was personally coached on the proper procedures for documenting administration of narcotic medications. A staff meeting was also held on Monday 9/15/14 on all 3 shifts reminding nurses and medication technicians of the proper procedure to follow when administering narcotics. See handout that was given (Attachment A1) regarding countable substances and rules to follow when recording information.  
 Director of Wellness to follow up on MAR audits biweekly. Staff will be reminded of the proper procedures for administering and documenting controlled substances at staff meetings held quarterly.  
 Executive Director will follow up to ensure compliance in this area.

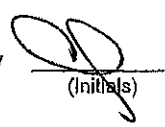
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Anielle Allen - Executive Director Date 9/23/14

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Violation Report: 22301 - 09/03/2014 - Harvey, Jason  
 PCH 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  
 On 9/3/14 at 9:30am Department Representatives observed the exit doors leading from the Secured Dementia Unit to Tower 3 and the courtyard do not have the codes posted to operate the electronic keypads.

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.

Around 9:30am on 9/3/14 Department Representatives observed the exit doors near Tower 3 and to the courtyard in the SDU did not have posted codes to operate the electronic keypads. There were nail holes near the exits to show signs had been posted previously. About 15 minutes later, the sign for Tower 3 was located in a SDU resident's room. Executive Director showed the sign to the Department Representatives at that time, and it was rehung on the wall at time of inspection. To ensure compliance moving forward, all signs at all exits with electronic keypads in the SDU have been secured to the walls. Therefore, residents nor anyone else can remove the posted signs. Please see Attachment B1, B2, B3, and B4 showing signage adhered to the walls at both Tower 3 exit and the courtyard exit. In addition to these locations, all exits in the SDU now have secured signage. Executive Director to monitor for ongoing compliance.

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) *Anette Allen - Executive Director*      Date *9/23/14*

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