



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: April 1, 2015

Mr. Mark Pile, Chief Executive Officer
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 Human Services' licensing inspection on January 21, 2015 and January 28, 2015 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,

A handwritten signature in cursive script that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: LUTHER CREST RETIREMENT COMMUNITY		License Number: 21629
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: 38	Waking Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
01/21/2015: Novak, Ryan; Foulkes, Kimberli 01/28/2015: Novak, Ryan		
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: 26 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: 12 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0	

Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

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 ✖
 Resident #1 did not receive the prescribed APAP 500mg, 2 capsules by mouth daily on 12/25-12/26/14 because the medication was not available from the pharmacy. The home did not submit an incident report to the Department regarding the medication error.

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. ✖

The medication MAPAP (I. E. Tylenol) was not administered as ordered on 12/25 and 12/26 for resident #1. Staff have been reeducated to ensure that when a medication is not given it is considered a medication error. They are to report this to the Department within 24 hours of the error occurring.

A comprehensive audit of the MARs was completed in January 2015 to ensure completeness. A random audit of at least 20% of the MARs will be conducted by the CSM/designee for three consecutive months to ensure completeness. Results will be reported to our QAPI for review and recommendation.

Staff will be reeducated that if they are unable to obtain a medication, they will immediately notify the physician for a comparable medication.

The Adm/Designee will also ensure all staff know what events are reportable, and there is a system in place to report w/in 24 hours, even @ night, on the weekends and on holidays. Q.

** The home's correction is noted. Q. 3-12-15*

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) *PE Administrator/DRS*
Nancy Collazo Date *3/4/2015*

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

The above plan of correction is approved as of <u>3-12-15</u> (Date)	Plan of correction implementation status as of <u>3-12-15</u> (Date)
The above plan of correction was approved by <u><i>OC</i></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: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1's Lorazepam .5mg that was discontinued on 12/5/14 did not include a diagnosis or purpose on the MAR.

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 were reeducated to ensure a diagnosis is written for every medication on the MAR.

A comprehensive audit of the MARs was completed in January 2015 to ensure a diagnosis was present for all medications. A random audit of 20% of the MARs will be conducted by the CSM/Designee for 3 consecutive months to ensure a diagnosis is listed for every medication. Results will be reported to QAPI for review and recommendation.

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)			Date
NANCY COLLAZO PC Administrator/DRS			3/4/2015

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Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

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

2a. DESCRIPTION OF VIOLATION *

Resident #1 did not receive the prescribed APAP 500mg, 2 capsules by mouth daily on 12/25-12/26/14 because the medication was not available from the pharmacy.

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 medication MAPAP (I.E. Tylenol) was not administered on 12/25 and 12/26 for resident #1 as ordered. Staff have been reeducated to ensure that they follow the directions of the prescriber.

Staff will be reeducated that if they are unable to obtain a medication, they will immediately notify the physician for a comparable medication. The CSM/designee will monitor quarterly to ensure ongoing compliance.

* The home's correction is noted. *CP* 3-12-15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NANCY COLLAZO PC Administrator / DRS</i>	Date <i>3/4/2015</i>
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 (Date)

Plan of correction implementation status as of 3-12-15
 (Date)

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

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

Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION *
 Resident #1 did not receive the prescribed APAP 500mg, 2 capsules by mouth daily on 12/25-12/26/14 because the medication was not available from the pharmacy. The home did not notify the prescriber of the medication error.

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 medication MAPAP (I.E. Tylenol) was not administered on 12/25 and 12/26 for resident #1. Staff have been reeducated to ensure that the physician is immediately notified when a medication error occurs. *-and the resident, and the resident's D.P. if applicable.*
 Staff will be reeducated that if they are unable to obtain a medication, they will immediately notify the physician for a comparable medication. The CSM/designee will periodically monitor any reported medications errors to ensure the physician was notified of the error. The will be Results will be reported to QAPI for review and recommendation.

* The home's correction is noted. *CP*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NANCY COLLAZO PC Administrator / DRS</i>	Date <i>3/4/2015</i>
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Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

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
 Resident #1 was administered .25 mg of Lorazepam on 11/21/14 at 9:00am and 11/25/14 at 11:45am for agitation. This is considered a chemical restraint.
 On 1/11/15 at 4:30pm, Resident #1 was administered Lorazepam 0.25mg for an increase in agitation.

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 written order for the medication Lorazepam had a diagnosis indicated by the physician to be administered for "agitation". Each time the medication was administered, staff attempted multiple interventions to help alleviate resident #1's escalating agitation. These attempts were well documented in out Electronic Health Record. After all interventions failed, the medication was administered as ordered for the reason stated on the diagnosis.

A comprehensive audit will be completed to ensure that antipsychotic medications have an appropriate diagnosis. A random audit of 20% of the MARS will be completed thereafter to ensure an appropriate diagnosis are present for 3 consecutive months.

Staff will be educated to administer medications based on the diagnosis (anxiety) and not the behavior. *The home will comply w/ the regulation re: chemical.*

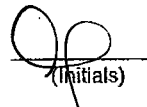
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nancy Collazo
 PC Administrator / DCS*

Date *3/4/2015*

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Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment for resident #1, admitted 6/17/14, does not have the date the assessment was finalized. It could not be determined if it was completed timely.

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 assessment for resident #1 was not dated and no longer resides at our location. Therefore we were unable to correct the actual date that the assessment was finalized. Education was provided for the staff who complete the Assessments to ensure that they date it when the assessment was finalized.

A comprehensive audit was completed in January 2015 to ensure residents have a signed initial assessment and timely completion within 15 days of admission. A random audit of 20% of the assessments will be completed for 3 consecutive months to ensure residents have a signed initial assessment and timely completion within 15 days of admission. 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)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *NANCY BILAZO*
PC Administrator / DKS

Date *3/4/2015*

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The above plan of correction is approved as of <u>3-15-15</u> (Date) 3-12-15 The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>3-12-15</u> (Date) <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
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Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 According to the home's staff, resident #1 required 1:1 attention, had a history behaviors such as yelling, getting agitated quickly and getting into others faces. On 12/10/14 and 1/2/15, resident #1 experienced episodes of agitation and physical aggression towards other residents in the home. The resident's assessment indicates that resident #1 has no issues with aggression, agitation, or irritability. The home has not completed a new assessment of the resident's needs to reflect these changes.

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.

Reeducation was completed with the staff who complete the Assessments to ensure that assessments are completed annually, with change of condition and at the request of the Department upon cause to believe that an update is required.

A comprehensive audit was completed in January 2015 and a random audit of 20% of the assessments will be completed for 3 consecutive months to ensure completeness and accuracy of the assessment. 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 Collazo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>NANCY COLLAZO PC Administrator/DRS</i>	Date <i>3/4/2015</i>
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Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The assessment for resident #1 indicates the resident has a need for supervision in the home. The resident's support plan does not document how this need will be met.

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 staff members who complete the Assessments have been reeducated to ensure the support plan's documentation meets the needs of the resident.

A comprehensive audit was completed in January 2015 and a random audit of at least 20% of the assessments will be conducted for three consecutive months to ensure accuracy and completeness of the support plan. Results will be reported to QAPI for 3 consecutive months 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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Collazo Rm Admin / DRS	Date 3/4/2015
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Violation Report: 21629 - 01/21/2015 - Novak, Ryan
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the SDCU on 06/17/14. The resident's initial support plan was not dated. It could not be determined if it was completed timely.

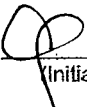
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The staff members who complete the support plan have been reeducated to ensure that the support plan is completed within 72 hours of admission and the completion date is listed on the support plan.

A comprehensive audit was completed in January 2015, to ensure the support plans were completed within 72 hours of admission with a date of completion listed on the support plan. A random audit of at least 20% of the assessments will be conducted for 3 consecutive months to ensure they are completed and dated within 72 hours of admission.

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)			Date
NANCY COLLAZO DC ADMINISTRATIVE / DRS			3/4/2015

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