



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 18, 2015

Mr. Walter J. Kielar, Sr. Vice President of Operations
1680 Spring Creek Road Operations LLC
1680 Spring Creek Road
Macungie, Pennsylvania 18062

RE: Lehigh Commons
License # 222050

Dear Mr. Kielar:

As a result of the Department of Public Welfare's licensing inspection on March 9, 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 black ink that reads "Anne Graziano".

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22205 - 03/09/2015 - Hummel, Jesse
PCH Name: Lehigh Commons

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment and support plan completed on 4/22/14 indicates the resident requires a two to three person transfer. Department Representatives interviewed direct care staff person A. Based upon the interview it was determined that staff person A was not aware that resident #1 required a two person transfer and has transferred the resident on numerous occasions without any assistance from other staff.

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.

1. Staff Person A did transfer Resident #1 without requesting additional assistance
2. Staff Person A should have been aware of the Residents care requirements as outlined in the RASP
3. Staff Person A, as well as other direct care staff, have received re-training on proper RASP procedures during the period 3/12/15 - 3/17/15 (Copy of training Sign In attached)
4. A copy of RASP procedures has been given to all direct care staff and posted in the direct care office. (Copy attached)
5. Specific transfer instructions for Resident #1 have been posted in the direct care office

Adm or Designee will periodically observe determine that care to the resident is being ordered and delivered in order to meet all residents' needs. CP, 6-10-15

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)

JAMES COBRIEN Ex. Director

Date

3/27/15

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

The above plan of correction is approved as of

6-10-15
(Date)

Plan of correction implementation status as of

6-10-15
(Date)

The above plan of correction was approved by

(Initials)

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