



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 23 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 April 22, 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.

Your regular license for the period July 30, 2015 to July 30, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director_{/s/}

Enclosure
License 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 PA L&I	I-1 11/18/2013 Twp. South Whitehall	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/22/2015: O'Haire, Anne		
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: 56 Number of Residents Served: 27 Secured Dementia Care Unit in Home: Yes Area: Secured Unit Secured Dementia Unit Capacity, if Applicable: 13 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 27 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0	

Violation Report: 21629 - 04/22/2015 - O'Haire, Anne
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "A" was hired on 6/2/08. Direct care staff person "A" did not receive training in Fire Safety completed by a fire safety expert during the 2014 training year.

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.

Our local Deputy Chief offered 3 sessions of training for emergency preparedness and fire safety training during 2014 with over 50 staff members in attendance. Per Diem staff member "A" did not attend that training. A Fire and Disaster Training session was offered on April 30th, 2015 where staff member "A" was in attendance. See attached.

Staff have been re-educated regarding the need to attend Fire Safety training. (See attached) The administrator/designee will monitor quarterly to ensure that all staff attends fire safety training on an annual basis. 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)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/26/15
 (Date)

Plan of correction implementation status as of 5/26/15
 (Date)

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

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

Violation Report: 21629 - 04/22/2016 - O'Haire, Anne
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person "B" currently administers medications to residents. Staff person B's last completed a Medication Administration Annual Practicum including 4 Medication Administration Record (MAR) reviews and 2 Observed Medication passes on 5/23/13. In 2014, staff person "B" had 4 (MAR) reviews completed; however only 1 of the required 2 medication observations had been completed.

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.

When our Medication Trainer left employment in 2014, one observation was missed for employee "B" in 2014. It has since been corrected. A comprehensive audit of the staff training was conducted in April 2015 and an additional audit of at least 25% of staff trainings will be audited by the administrator/designee for 3 consecutive months and then quarterly thereafter to ensure compliance. Results will be reported to QAPI for review and recommendation. In addition, two staff members have been certified as Medication Trainers in our building to ensure that no lapse in training will occur in the future.

The administrator shall monitor for ongoing compliance.

*M
5/26/15*

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nancy Collazo PC Administrator / NPS* Date *5/21/15*

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Violation Report: 21629 - 04/22/2015 - O'Haire, Anne
 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 is prescribed blood glucose checks on Monday and Thursday in the morning and on Tuesday and Friday in the evening. Department Representatives observed the glucometer belonging to resident # 1. The glucometer's history indicates that there were no blood sugar readings taken from 4/14/15 through 4/22/15. The resident's Medication Administration Record (MAR) indicates the following blood sugar readings:

4/9/15 - 126
 4/10/15 - 246
 4/13/15 - 129
 4/16/15 - 109
 4/17/15 - 175
 4/20/15 - 168
 4/21/15 - 264

The resident's MAR indicates these blood sugar readings were taken, however the resident's glucometer does not indicate these readings were taken.

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Violation Report: 21629 - 04/22/2015 - O'Haire, Anne
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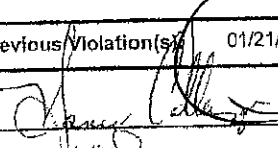
When the battery was changed in the glucometer for resident #1, the date on the glucometer automatically became inaccurate. While the values on the glucometer's history were consistent with the readings on the MAR and nightly Glucose Control Hi/Low values, the date on the glucometer was not accurate.

The date on the glucometer for Resident #1 has been reset to reflect "today's current date". Staff have been educated to ensure that the glucometer is reprogrammed when the battery is changed. They have also been educated to ensure the date on the glucometer is accurate on a nightly basis.

Once the dates and times of the all of the glucometers were verified to be accurate, a comprehensive audit was conducted to ensure the numbers transcribed on the MAR and values on the glucometer were congruent. At that time there was 100% accuracy and compliance noted. The administrator/designee will conduct a monthly audit of at least 50% of the glucometers for 3 consecutive months and then quarterly thereafter to ensure compliance and accuracy. The results will be reported to QAPI for review and recommendation.

The administrator shall monitor and assure ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s) 01/21/2015

Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nancy Colloza Administrator/DES Date 5/21/15

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