



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: July 21, 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 April 24, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 2

PCH Name: LEHIGH COMMONS		License Number: 22205
Address: 1680 SPRING CREEK ROAD, MACUNGIE, PA 18062		County: Lehigh
Administrator: James O'Brien		Region: NORTHEAST
Legal Entity Name: 1680 Spring Creek Road Operations LLC		
Legal Entity Address: 1680 Spring Creek Road, Macungie, PA 18062		
Certificate(s) of Occupancy C-2 LP 12/19/1997 Department of L&I		
Staffing Hours Resident Support: NM Total Daily Staff: 92 Waking Staff: 69		
Type of Inspection: Initial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/24/2015: Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable 04/27/2015: Hummel, Jesse 05/04/2015: Hummel, Jesse		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 80 Number of Residents Served: 75 Secured Dementia Care Unit in Home: Yes Area: Homestead Wing Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 12 Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

Violation Report: 22205 - 04/24/2015 - Hummel, Jesse
PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility schedules three staff to work from 11:00pm to 7:00am. The facility is two floors and has 5 fire safe areas which residents are evacuated to. The facility has 75 residents; Resident #1, #2, #3, and #4 require a two person assist to transfer from a bed and or chair. Resident #5, #6, #7, and #8 require a one person assist to transfer from a bed and or chair. Resident #1, #2, #4, #5, #6, and #8 would require assistance to ambulate in each resident's wheelchair. Resident #9 through resident #18 reside in the facility's secured dementia care unit and require constant verbal cueing to exit to fire safe areas. Based upon the mobility needs of the residents, three staff is not sufficient to safely evacuate, account for, and supervise the residents of the facility in the event of an emergency evacuation.

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 Executive Director/Designee will regularly assess the census, including the residents with mobility needs. Staffing on all shifts will be adjusted appropriately to meet the needs of the residents, and to be in compliance with state regulations and fire evacuation policy.

ADM or Designee will review upcoming schedules on a bi-weekly basis to ensure ongoing compliance. *CP, 6-7 7-17-15*

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)			Date
JAMES C. O'BRIEN EXECUTIVE DIRECTOR			6/16/15

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

The above plan of correction is approved as of 7-17-15
(Date)

Plan of correction implementation status as of 7-17-15
(Date)

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

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

Handwritten mark