



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 10 2016

Mr. James C. O'Brien, Executive Director
1680 Spring Creek Road Operations LLC
1680 Spring Creek Road
Macungie, Pennsylvania 18062

RE: Lehigh Commons
License #: 222050

Dear Mr. O'Brien:

As a result of the Department of Human Services' annual licensing inspection on April 27, 2016 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, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

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 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 89	Waking Staff: 67
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
04/27/2016: Harvey, Jason; Hummel, Jesse		
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: 80 Number of Residents Served: 69 Secured Dementia Care Unit in Home: Yes Area: Homestead Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 12 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 1	

Violation Report: 22205 - 04/27/2016 - Harvey, Jason
PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
Resident #1 was discharged on [redacted] 2016 to Lehigh Valley Hospital. The resident's estate was owed a refund of 5,906.00 within 30 days of being discharged from the home. The home issued the refund on 2/10/2016.

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.

This refund was delayed due to a miscommunication between the facility and the accounts payable department of the Corporate Office. Moving forward, the Executive Director and the Business Office Manager will monitor the status of all refunds to assure they are disbursed within 30 days per regulation and Corporate policy.

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

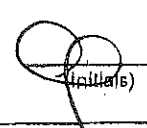
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
James C. O'Brien Ex. Director 6/17/16

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

The above plan of correction is approved as of 6/24/16
(Date)

Plan of correction Implementation status as of 6/24/16
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 22205 - 04/27/2016 - Harvey, Jason
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
The home's letter from the Fire Inspector dated 6/10/15 determines that residents should be evacuated from the home within 7 minutes. On 04/27/16, there were 89 residents present in the home; 12 of these residents reside in the secured dementia unit and 57 of these residents reside in the personal care wing of the home. Of the residents that reside in personal care, 5 are determined to be immobile and require physical assistance (1:1) with evacuation. On 4/8/16 from 11:00pm - 7:00am, there were 3 staff persons working in the home. Three staff persons cannot evacuate all residents safely based on the residents mobility needs.

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.

A review of the DME's for the immobile residents in the personal care wing reveals that only 3 residents currently require total assistance to evacuate. Lehigh Commons has increased staffing on the 11-7 shift to assist in the evacuation process. (See attached schedule). Ongoing compliance will be monitored by the Executive Director/ Resident Care Director/ or Designee.

Adm/Designee will review mobility status of residents on a monthly basis - preferable after each monthly fire drill as part of the after action review process.

Adm/Designee will also review the bi-weekly work schedule @ least once w/in that time frame to ensure proper staffing to meet residents needs.

CP 6-24-16

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 C. O'Brien Exec. Director* Date *6/17/16*

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Plan of correction implementation status as of 6-24-16 (Date)

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The above plan of correction was approved by  (Initials)

Violation Report: 22205 - 04/27/2016 - Harvey, Jason
PCH Name: LEHIGH COMMONS

1. REGULATION 56 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

The annual medication administration training did not contain a Student Examination Data Summary sheet for medication technicians A, B, C, D, E, F, and G.

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.

Completed on the day of inspection. Moving forward Summary Sheets will be completed annually and maintained with Medication Training Records Ongoing compliance to be monitored by the Executive Director/ Medication Trainer/ or Designee.

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) James C. O'Brien Exec. Director Date 6/17/16

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