



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 25 2016

Mr. Mark T. Pile, President/CEO  
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' annual licensing inspection on April 28, 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: 21629 - 04/28/2016 - Foulkes, Kimberli  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION  
 Direct care staff person A, date of hire [redacted]/09, received only 3 hours and 50 minutes of annual training in training year 1/1/2015 through 12/31/15.

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.

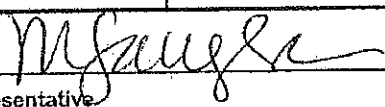
This regulation is important because it ensures that direct care staff persons receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care.

Staff person A's designation in the computer system had been changed unbeknownst to the Clinical Services Manager or Administrator due to a default in the system so the staffer was not receiving the education modules required for all personal care employees.

Immediate compliance: The administrator and the corporate education representative went through the list of all personal care employees on 4-29-16 to ensure they are all receiving the correct education modules.

- Ongoing compliance: The administrator will check the online education system quarterly to ensure that all personal care staff continue to have the correct designation in the system and are receiving the correct modules

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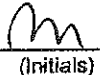
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Gaugler, Administrator Date 5/12/16

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

The above plan of correction is approved as of 5/21/16 (Date)

Plan of correction implementation status as of 5/21/16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 21629 - 04/28/2016 - Foulkes, Kimberli  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(f) --Training topics for the annual training for direct care staff persons shall include the following:  
 (1) Medication self-administration training.  
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.  
 (3) Care for residents with dementia and cognitive impairments.  
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.  
 (5) Personal care service needs of the resident.  
 (6) Safe management techniques.  
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The annual training provided to direct care staff person A, date of hire [redacted] 09, in training year 1/1/2015 through 12/31/15 did not include training for the following topics: Medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan, infection control, Personal care service needs of the resident, and Safe management techniques.

**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 regulation is important because it ensures that staff persons receive the necessary training to successfully provide essential resident care services.

Staff person A's designation in the computer system had been changed unbeknownst to the Clinical Services Manager or Administrator due to a default in the system so the staffer was not receiving the education modules required for all personal care employees.

Immediate compliance: The administrator and the corporate education representative went through the list of all personal care employees on 4-29-16 to ensure they are all receiving the correct education modules.

Ongoing compliance: The administrator will check the online education system quarterly to ensure that all personal care staff continue to have the correct designation in the system and are receiving the correct modules.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Gaugler, Administrator* Date *5/12/16*

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Violation Report: 21629 - 04/28/2016 - Foulkes, Kimberli  
 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 person A, date of hire [redacted] 09, did not receive training in Emergency Preparedness, Resident Rights, OAPSA, and Falls/Accident prevention during training year 1/1/2015 through 12/31/2015.

Ancillary staff person B, date of hire [redacted] 12, did not receive training in Fire Safety during training year 1/1/2015 through 12/31/2015.

**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 regulation is important because it ensures that all staff who work in the home are reminded of the home's emergency procedures and mandated reporting requirements.

Staff person A's designation in the computer system had been changed unbeknownst to the Clinical Services Manager so the staffer was not receiving the education modules required for all personal care employees.

Immediate compliance: The administrator and the corporate education representative went through the list of all personal care employees on 4-29-16 to ensure they are all receiving the correct education modules.

Ongoing compliance: The administrator will check this quarterly in the online education system to ensure that all personal care staff continue to have the correct designation in the system and are receiving the correct modules.

Staff person B's supervisor was educated by the administrator on 4/29/16 on the importance of ensuring that all staff who work in personal care attend the annual fire safety trainings. Administrator audited attendees of 2016 trainings and reviewed the training schedule with Plant Operations Director and a second training was added for training year 2016 to ensure all staff is in compliance

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2015
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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) Michelle Gault, Administrator Date 5/12/16

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Violation Report: 21629 - 04/28/2016 - Fouikes, Kimberli  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The east exit door located on the homes secure dementia care unit had a velcro sign stretched across the door with a stop sign located on it, preventing immediate egress in the event of an emergency.

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 regulation is important because it is important to keep exits unblocked so people can escape in an emergency situation. Putting a sign across the door can be confusing for persons with dementia.

Immediate compliance: Stop sign was taken down.

Ongoing compliance: The administrator and/or designee will do walking rounds on the unit daily to ensure that there are no signs on the exit doors that would prevent egress.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Michelle Gaugler Administrator* Date *5/12/16*

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Violation Report: 21629 - 04/28/2016 - Foulkes, Kimbert  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The DME dated 2/16/16 for Resident # 1 is incomplete as there is nothing noted for cognitive functioning, health status and weight.  
 The DME dated 3/14/16 for Resident # 2 is incomplete as there is nothing noted for pulse rate and temperature.

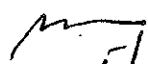
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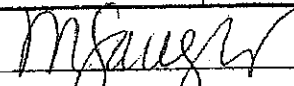
This regulation is important because accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

Immediate compliance: Physician was called and forms completed.

Ongoing compliance: New process initiated whereby all DME's must be given to either the Administrator of the Clinical Services Manager for review prior to being filed in the resident's chart


*The administrator shall monitor and assure ongoing compliance.*  
  
 5/24/16

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) *Michelle Gaugler Administrator* Date *5/12/16*

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