



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: January 6, 2017

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' licensing inspection on September 15 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22205 - 09/15/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's letter to the local fire department with the address, location of bedrooms, and list of residents with mobility issues does not include Residents #1 and #2. In the event of an evacuation, both residents require an assist of 1 to evacuate the building to a fire safe area or to the designated meeting area.

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.

Resident #1: No longer resides at Lehigh Commons due to a change in medical status and requiring a higher level of care.

Resident #2: Annual RASP was completed on 10/10/16 by RCD. Resident was assessed as mobile, but requiring limited assistance by way of verbal cues to evacuate in an emergency.

Therefore, Resident #2 is not listed on the fire letter as an immobile resident.

RCD, ED and Interdisciplinary Team to monitor at least monthly and on an as-needed basis.

The administrator shall monitor and assure ongoing compliance.

M
 1/5/17

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marc Heil* Date *1/4/17*

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

The above plan of correction is approved as of 1/5/17
 (Date)

Plan of correction implementation status as of 1/5/17
 (Date)

The above plan of correction was approved by *M*
 (Initials)

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

Violation Report: 22205 - 09/15/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

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 has a physician's order for a blood glucose(BG) test to be administered 4 x daily. On 9/1/16 at 8:00pm, the resident's BG #114 was recorded in the MAR as 113 and on 9/8/16 at 8:00pm the resident's BG#92 was recorded in the MAR as 93.

Resident #1's MAR is missing initials on the following days acknowledging the residents' Metolazone was given at 10:00am: July 4, 5, 6, 9, 10, 11, 12, 13, 18, 23, 24, 29, August 1, 6, 7, 8, 12, 2016. When discussed with the Staff, they stated they never forget to give the medication but sometimes forget to initial the MAR.

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.

Blood Glucose Audits are completed weekly. MAR entry is compared to the glucometer reading and confirmed to match or if a discrepancy is found, it will be addressed accordingly.

See attached.

Staff Education on proper completion of the MARs held on 8/22/16.

MAR Audit Tool implemented to be completed by out-going and on-coming shift med-techs daily.

See attached.

RCD, ED or designee monitoring Audit Tools for compliance and reviews MARs monthly.

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Marc Heil

Printed Name and Title of Legal Entity Representative
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Date *1/4/17*

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Violation Report: 22205 - 09/15/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1's physician's order for Furosemide 20mg. to be administered at 2:00pm was discontinued on 9/8/16 and a new order was written the same day for Furosemide 40mg. to be administered at 3:00pm. The home missed the change in the order and the resident did not receive their Furosemide 40mg. at 3:00pm from September 8 thru 15th, 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.

Dr. Order was clarified and MAR updated to reflect clarified order on day of discovery during the inspection.

MAR Audit Tool implemented - See attached tool.

RCD, ED or designee monitoring Audit Tool for compliance and reviews MARs monthly.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mare Heil* Date *1/4/17*

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Violation Report: 22205 - 09/15/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 has a doctor's order for a No Concentrated Sweet, Low Sodium, and Low Cholesterol diet. The resident's RASP states the resident is on a regular diet, however it was confirmed through interviews with the dietary staff the resident is receiving a NCS, low sodium, low cholesterol diet.

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.

Resident #1's RASP was updated on 11/12/16 by RCD. Diet clarification was noted on update. Resident has since been relocated to SNF due to requiring a higher level of care. RCD, ED or designee will monitor for RASP accuracy on an on-going basis.

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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marc Heil* Date *1/4/17*

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