



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: December 20, 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' licensing inspection on October 4, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing 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: Marc Heil		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: 101 Waking Staff: 76		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/04/2016: 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: 1st Floor Wing Secured Dementia Unit Capacity, if Applicable: 14 Number of Residents Served in Secured Dementia Care Unit, if applicable: 14	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 32 Have a Physical Disability: 2	
Number of Current Hospice Residents: 0		
Number of Hospice Residents in past year: 15		

Violation Report: 22205 - 10/04/2016 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa. Code 52600

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

On 9/9/16 and 9/10/16 the facility had 66 residents residing at the facility, 14 of which reside in the facility's Secured Dementia Care Unit. Based on staff interviews there are 18 residents that require physical assistance out of bed. Of the 18 that require physical assistance out of bed, 12 of the residents would require physical assistance of two staff to transfer from bed and into each residents ambulation device, and 6 residents would require the physical assistance of one staff person to transfer from bed and into each residents ambulation device. Of the residents that require physical assistance out of bed, 16 of the residents would also require physical assistance to ambulate within each residents ambulation device. Of the residents that require physical assistance out of bed, 3 of the residents also reside in the Secured Dementia Care Unit.

The facility consists of two floors, with 2 fire towers located on each floor. The Secured Dementia Care Unit is located on the first floor. The residents located in the Secured Dementia Care Unit are evacuated outside to a courtyard. The courtyard is locked with a magnetic locking device, however upon the fire alarm being activated, the locking mechanism as designed, as well as required, is disengaged allowing residents to evacuate the courtyard. Due to the magnetic locking mechanism deactivation upon the fire alarm activation, one staff person is to immediately respond to the courtyard to supervise residents.

On 9/9/16 from 7:30pm to 12:15am the following day the facility had only 4 staff working at the facility. From 12:15am to 6:00am the following day the facility had only 3 staff working at the facility. A fire safety expert indicated that 7 minutes is the maximum evacuation time to evacuate residents to the designated areas. Based upon the number of residents as well as the large amount of residents that require physical assistance out of bed, 3 or 4 staff is not sufficient to safely transfer, evacuate, account for and supervise residents in each designated area of the facility in the event an emergency evacuation is required.

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.

Lehigh Commons is in process of hiring and orienting new staff for both 3-11 and 11-7 shifts.

The resident roster has been reviewed by the Exec. Director, Resident Care Director and Admissions Director with specific emphasis on identifying residents who are dependent on staff for evacuation. It was determined that along with the 14 residents in the Memory Support Unit, who are automatically considered to be at an immobile status, 7 residents in the General population of the home currently qualify as immobile.

The level of care of residents continues to be assessed per protocol and adjustments made accordingly. Additionally, if a resident is found to require assistance beyond the scope of practice of the facility, the discharge process is being activated per policy. This process has been necessary for 3 residents since October.

This process is being overseen by the Executive Director, Resident Care Director and the Interdisciplinary Team at least monthly and on an as-needed basis.

The Adm will review the home's monthly fire drill log, any post-action reports and the bi-weekly staffing schedule to assist in ensuring compliance.

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

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 *12/14/16*

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

The above plan of correction is approved as of <i>12-15-16</i> (Date)	Plan of correction implementation status as of <i>12-15-16</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22205 - 10/04/2016 - Hummel, Jesse
 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 facility's notification to the fire department dated 9/2/16 is specific to the residents being served at the facility. The notification does not include the total capacity of the home. The notification does not correctly indicate the current residents with mobility needs and also does not give a general description of what the resident's mobility needs are and what assistance to evacuate is required.

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 notification letter to the fire department has been changed to reflect the facility's total capacity, the total capacity of the memory support unit and the number of residents in general population assessed to be immobile. An attached resident roster is also referenced and included which indicates with an asterisk (*) residents who have been assessed as immobile.

A copy of this letter is attached for your reference.

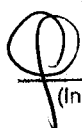
Accuracy of this letter and resident roster is maintained by the Resident Care Director, Executive Director or designee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Marc Heint</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Marc Heint</i>	Date	<i>12/14/16</i>
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The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented