



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]  
MAILING DATE: January 25, 2017

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' licensing inspection on October 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21629 - 10/27/2016 - Hummel, Jesse  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 and resident #2 were admitted to the facility's secured dementia care unit on [redacted] 16. The resident's did not have medical evaluations completed that indicate each resident has a dementia diagnosis and also requires secured care until 10/10/16.

**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 helps the facility decide if the resident's needs can be met. The residents were emergency placed in personal care following discovering Resident #1 lost and wandering outside on campus grounds and Resident #2 confused and unable to provide care. Son was out of the state and unable to provide assist. Medical evaluation completed after admission date. The pre-screen was completed after admission date. To prevent future violations the PCHA or designee will review admissions to the DSCU to ensure a diagnosis of Dementia and need for secure unit documentation is present for 3 months.*

*Audit findings will be reported monthly at the Quality Improvement meeting monthly.*

*Adm will oversee to ensure ongoing compliance. 1-21-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Gaugler, Administrator* Date *12-23-16*

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

The above plan of correction is approved as of 1-21-17 (Date)

Plan of correction implementation status as of 1-21-17 (Date)

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

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

Violation Report: 21629 - 10/27/2016 - Hummel, Jesse  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

**1. REGULATION 55 Pa.Code §2600**

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 and resident #2 were admitted to the facility's secured dementia care unit on [redacted] 16. The residents did not have a cognitive pre admission screening completed by a geriatric assessment team that indicated the recommendation for secured care and that each resident's needs could be met until 10/10/16.

**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 helps the facility decide if the resident's needs can be met. The residents were emergency placed in personal care following discovering Resident #1 lost and wandering outside on campus grounds and Resident #2 confused and unable to provide care to Resident #1. Son was out of state and unable to provide assist. The medical evaluations were completed after admission. The preadmission screen was completed after admission. To prevent further violations the PCHA or designee will review admissions to DSCU for 3 months to ensure preadmission screens are completed per regulatory requirement.*

*Audit finding will be reported monthly at Quality Improvement meetings. ADM will oversee to ensure ongoing compliance 1-21-17*


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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Gaugler*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Gaugler, Administrator* Date *12-23-16*

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