



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: January 25, 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 October 28, 2016 and November 8, 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: 22205 - 10/28/2016 - Novak, Ryan
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 10/26/16 Resident #1 alleged that the resident was left in the bathroom unattended for approximately 2 hours. The home did not report the allegation to the local area agency on aging until 10/28/16.

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.

On 11/2/2016, Staff and Management educated on identifying and reporting suspected abuse and on the importance of doing so. See attached In-Service Sign-In Sheet.

ED and RCD will monitor documentation for future instances of potential allegations.

Adm will oversee to ensure ongoing compliance. J, 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) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Marc Heil* Date *12/28/16*

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

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

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

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

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

Violation Report: 22205 - 10/28/2016 - Novak, Ryan
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/26/16 Resident #1 alleged that the resident was left unattended in the bathroom for approximately 2 hours. The home did not submit an incident report to the Department until 11/1/16 regarding the alleged abuse.

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.

On 11/2/2016, Staff and Management were educated on identifying and reporting suspected abuse and on the importance of doing so. See attached In-Service Sign-In Sheet.

ED and RCD will monitor documentation for future instances of potential allegations.

Adm will oversee to ensure ongoing compliance CP. 1-11-17

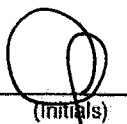
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 (Required on EVERY Page) *Mare Heil*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mare Heil* Date *12/28/16*

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Violation Report: 22205 - 10/28/2016 - Novak, Ryan
PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment and support plan for resident #1 indicates that the resident requires assistance with showers and some ADL'S. On 10/26/16 the resident was left unattended in the bathroom for 2 hours. Resident #1 did not receive the assistance as 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.

On 11/2/2016, Staff and Management educated on identifying and reporting suspected abuse and on the importance of doing so. See attached In-Service Sign-In Sheet.

Direct Care Staff are to carry walkie-talkies while on duty (provided by facility) and are to communicate with one another on shift as to which room they are providing assistance and to communicate when/if follow-up assistance is required.

RCD or designee will monitor effective use of communication tools.

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of. 1-21-17*

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Marc Heit

Date 12/28/16

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Violation Report: 22205 - 10/28/2016 - Novak, Ryan
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1. REGULATION 55 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was left unattended in the bathroom by staff person A on 10/26/16 for approximately 2 hours. The resident reported that he/she rang the call bell several times. Staff person A reported that it completely slipped the staff persons mind to go back and check on Resident #1. Resident #1 was later found by the change of shift on his/her recliner very upset about the above noted incident. Staff person A did not treat Resident #1 in a dignified manner.

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.

Staff person A was removed from Resident #1's care assignment.
 Staff person A participated in the Abuse Education on 11/2/2016. See attached Sign-In Sheet.
 Resident Rights reviewed with Staff person A.
 RCD, ED or designee will monitor staff assignments and staff compliance with Resident Rights.
Adm will oversee to ensure ongoing compliance.
Q. 1-21-17

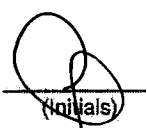
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mara Heil</i>	<i>12/8/16</i>

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Violation Report: 22205 - 10/28/2016 - Novak, Ryan
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1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent assessment was completed on 9/3/15.

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.

Resident #2's RASP was completed on 8/8/2016 but was not printed from the computer. Procedure has been clarified to include the completed RASP be printed and filed in the appropriate binder for staff to be able to easily review and reference it. RCD, ED or designee will monitor for accurate and timely completion of RASPs, as well as, staff access to the completed RASPs.

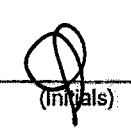
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1. REGULATION 55 Pa.Code §2600

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

Physical therapy notes dated 7/22/16 for Resident #2 indicates the resident skips meals if the [redacted] is not present to feed. The resident requires staff to assist during meals. Resident #2's RASP dated 9/3/15 was not updated to reflect the residents current care 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.

Resident #2's Annual RASP was completed on 11/1/2016 and includes [redacted] need for staff assistance with eating if [redacted] is unable or unavailable to assist [redacted]. See attached RASP pages. Residents' eating status are now monitored more closely by staff working in the dining room and any changes noted are reported to the RCD for assessment. ED, RCD or designee will monitor this communication process.

Adm will oversee to ensure ongoing compliance.
[Signature] 1-21-17

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