



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: January 10, 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 December 13, 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 - 12/13/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

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

The staff schedule for 12-9-16 and 12-10-16 only provided two direct care staff overnight on the third shift. There are currently four residents who require a 2 person assist to evacuate. Resident #1 and Resident #2 reside on the first floor of the personal care side, Resident #3 resides on the first floor in the SDCU, and Resident #4 resides on the second floor of the personal care side. All 12 residents in the SDCU are considered immobile residents. In the event of an evacuation the home did not provide enough staff to evacuate all the residents with a mobility issue to a fire safe 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.

Staffing is examined on a weekly and as-needed basis by RCD, HR and ED. New staff are in process of being hired and trained for 11-7 shift. Direct Care Staff who normally work other shifts are being utilized on 11-7shift until new staff can be properly trained.

RCD, HR and ED or designee will monitor weekly to assure ongoing compliance.

The administrator is responsible for monitoring and ongoing compliance.

[Signature]
 1/10/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/27/2016	10/04/2016
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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 *1/9/2017*

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The above plan of correction is approved as of 1/10/17
 (Date)

Plan of correction implementation status as of 1/10/17
 (Date)

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

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

Violation Report: 22205 - 12/13/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #5's, date of admission [redacted] 16, initial medical evaluation was completed on [redacted] 16, more than 60 days prior to admission.

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 procedure for documentation completion has been reviewed and clarified with Admissions Manager and RCD with emphasis on the specific time frame in which resident records must be completed.

RCD, Admissions Manager, ED or designee will monitor monthly to assure ongoing compliance.

The administrator is responsible for monitoring and ongoing compliance.

[Signature]
1/10/17

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) <i>Marc Hes 1</i>	Date <i>1/9/2017</i>
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Violation Report: 22205 - 12/13/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The following resident's assessments have not been completed as of 12-13-16: Resident #6, date of admission [redacted] 16; Resident #7, date of admission [redacted] 16; Resident #8, date of admission [redacted] 16; and, Resident #9, date of admission [redacted] 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.

Assessment for Resident #6 was completed on 11/10/2016, but was not printed from the computer.
 Procedure clarified to include the completed RASP be printed and filed in the appropriate binder for staff to be able to review and reference.
 Assessments for Residents #7, 8 and 9 have been completed as of 12/15/2016.
 Procedure of Assessment completion has been reviewed and clarified by RCD in order to maintain compliance with future assessment due dates.
 RCD, ED or designee to monitor monthly to assure ongoing compliance.
 Please See Attached

The administrator is responsible for monitoring and ongoing compliance.

[Signature]
 1/10/17

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) <i>Marc Heil</i>	Date <i>1/9/2017</i>
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Violation Report: 22205 - 12/13/2016 - 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 #5, date of admission [redacted] 16, has had nine unwitnessed falls in the last two months. The resident's RASP does not indicate the resident is a fall risk or how the home is going to meet the resident's 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 #5's RASP has been updated with fall risk status as of 12/13/2016 by RCD.
 Process for updating RASPs has been reviewed and clarified by RCD.
 RCD, ED or designee will monitor monthly to assure ongoing compliance.
 Please See Attached

The administrator is responsible for monitoring and ongoing compliance.

[Signature]
 1/10/17

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Violation Report: 22205 - 12/13/2016 - Yellenic, Cindy
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

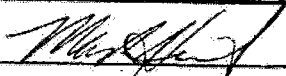
Resident #5, date of admission [redacted] 16, did not sign the Resident Assessment and Support Plan, nor did the resident's Designee sign the RASP.

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 #5's RASP has been signed.
 Process for RASP signatures has been reviewed and clarified by RCD.
 RCD, ED or designee will monitor monthly to assure ongoing compliance.
 Please See Attached _____

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