



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: April 5, 2017

Ms. Sharon C. Kaiser, CFO  
Lehigh Pointe Senior Living TRS LLC  
ATTN: Anne Q. Bargeron  
189 South Orange Avenue, Suite 1700  
Orlando, Florida 32801

RE: Woodland Terrace at the Oaks  
1263 South Cedar Crest Boulevard  
Allentown, Pennsylvania 18103  
License #: 223010

Dear Ms. Kaiser:

As a result of the Department of Human Services' licensing inspection on January 31, 2017 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**

<b>PCH Name:</b> WOODLAND TERRACE AT THE OAKS		<b>License Number:</b> 22301
<b>Address:</b> 1263 S CEDAR CREST BOULEVARD, ALLENTOWN, PA 18103		<b>County:</b> Lehigh
<b>Administrator:</b> Andrea McGowan		<b>Region:</b> NORTHEAST
<b>Legal Entity Name:</b> LEHIGH POINTE SENIOR LIVING TRS LLC		
<b>Legal Entity Address:</b> 189 SOUTH ORANGE AVE SUITE 1700, ORLANDO, FL 32801		
<b>Certificate(s) of Occupancy</b> I-1 03/07/2016 Salisbury Township		
<b>Staffing Hours</b> Resident Support: NM                      Total Daily Staff: 71                      Waking Staff: 53		
Type of Inspection: Partial                      BHA Docket Number:                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/31/2017: Hummel, Jesse		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 110 <b>Number of Residents Served:</b> 34 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> 1st floor wing <b>Secured Dementia Unit Capacity, if Applicable:</b> 34 <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> 25 <b>Number of Current Hospice Residents:</b> 7 <b>Number of Hospice Residents in past year:</b> 30	<b>Number of Residents who:</b> Receive Supplemental Security Income: 82 Are 60 Years of Age or Older: 81 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 37 Have a Physical Disability: 1	

Violation Report: 22301 - 01/31/2017 - Hummel, Jesse  
PCFH Name: WOODLAND TERRACE AT THE OAKS

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  
Department Representatives determined through staff interviews that sometime in August/September of 2016 staff observed bruises on the hands of resident #1. When the resident was questioned about the cause of the bruises, the resident stated "The black girl and her sisters" did it. The facility failed to notify the local Area Agency on Aging of the allegation of resident 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.

Regulation 2600.15(a) is important to ensure resident safety.  
The regulation was violated when the facility failed to notify the local Area Agency on Aging of the alligation of resident abuse.

Andrea McGowan, administrator, immediately called the local Area Agency on Aging and placed a verbal report with [redacted] AAA representative. A mandatory abuse report was also completed and faxed to the Area Agency on Aging and DHS Northeast Office.

Andrea McGowan, [redacted] and [redacted] met with staff on 1/31/2017 and 2/1/2017 to retrain on mandatory abuse reporting. The administrator will conduct mandatory abuse report training annually to ensure resident safety and compliance with the regulation.

or more often if indicated. 4-1-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Andrea McGowan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea McGowan, ED      Date 3/15/17

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

The above plan of correction is approved as of 4-1-17 (Date)

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

Plan of correction implementation status as of 4-1-17 (Date)

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

Violation Report: 22301 - 01/31/2017 - Hummel, Jesse  
PCH Name: WOODLAND TERRACE AT THE OAKS

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  
Department Representatives determined through staff interviews that sometime in August/September of 2016 staff observed bruises on the hands of resident #1. When the resident was questioned about the cause of the bruises, the resident stated "The black girl and her sisters" did it. The facility failed to notify the Department regarding the allegation of resident 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.*

Regulation 2600.16(c) is important to ensure resident safety.  
The regulation was violated when the facility failed to notify the department regarding the allegation of resident abuse.

Andrea McGowan, Administrator, submitted a copy of the Mandatory Abuse Report and Reportable Incident to DHS Northeast Office on 1/31/2017.

Andrea McGowan, [redacted] and [redacted] met with staff on 1/31/2017 and 2/1/2017 to retrain on mandatory abuse reporting. The Administrator will conduct mandatory abuse report training annually to ensure resident safety and compliance with the regulation.

or more often if indicated. Op. 4-1-17

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Andrea McGowan ED*      Date *3/15/17*

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(Date)

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

Plan of correction implementation status as of 4-1-17  
(Date)

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

Violation Report: 22301 - 01/31/2017 - Hummel, Jesse  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was admitted to the secured dementia care unit on [redacted] 16. The resident's Assessment and Support Plan finalized on 6/18/16 does not include a Summary and Determination which is required to be completed prior to finalizing the Plan.

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.

Regulation 2600.234(a) is important to ensure that staff is informed of resident care needs.

The regulation was violated when the summary and determination section of the assessment and support plan was not completed. [redacted] Director of Nursing, immediately completed this section of the resident's assessment and support plan.

Immediately and ongoing, the Director of Nursing will perform monthly audits of all resident assessment and support plans to ensure ongoing compliance.

*Adm will oversee to ensure ongoing compliance. 4-1-17*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Andrea McGowan ED*      Date *3/15/17*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 4-1-17  
 (Date)

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 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 22301 - 01/31/2017 - Hummel, Jesse  
 PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through staff interviews that resident #1 has been combative with staff: hitting, tapping, and pinching. On 1/23/17 the resident threw hot coffee on staff of the facility and also slapped the face of a staff person at the facility. The resident's assessment and support plan finalized on 6/18/16 was not updated to include these resident behaviors or the facility's planned interventions to keep the resident as well as other resident's safe from these behaviors.

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.*

Regulation 2600.234(d) is important to ensure that caregivers are aware of any changes of the resident's condition.

The regulation was violated when the facility failed to update the resident's support plan to include the resident's behaviors or planned interventions to keep the resident and other residents safe. The Director of Nursing, [redacted] immediately updated the RASP including resident behaviors and interventions to keep the resident and other residents safe.

Immediately and ongoing the Director of Nursing will perform monthly audits on all resident assessment and support plans to ensure compliance with this regulation.

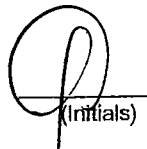
*AM will oversee to ensure ongoing compliance. AA. 4-1-17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea McGowan ED</i>	Date <i>3/15/17</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