



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: June 12, 2017

Mr. Thomas J. Howanitz, Executive Director
1680 Spring Creek Road Operations LLC
1680 Spring Creek Road
Macungie, Pennsylvania 18062

RE: Lehigh Commons
License #: 222050

Dear Mr. Howanitz:

As a result of the Department of Human Services' licensing inspection on February 10, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22205 - 02/10/2017 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On 2/5/17 and 2/6/17 the facility had 59 residents residing at the facility, 24 of which have a mobility need and would require additional care and assistance. Based on the number of residents as well as the number of resident with mobility needs, the facility is required at a minimum to have 83 hours of direct care available to the residents each day. On 2/5/17 the facility had only 80 hours of direct care available to residents of the facility. On 2/6/17 the facility had only 79 hours of direct care available to residents of the facility.

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.

Daily staffing schedules are reviewed to assure 2 hours per day of personal care services are provided for residents of the facility with mobility needs. Daily staffing will be monitored by the Resident Care Director or designee going forward to ensure compliance.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 5/18/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *THOMAS HOWARTH* Date *5/5/17*

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

The above plan of correction is approved as of <u>5/18/17</u> (Date)	Plan of correction implementation status as of <u>5/24/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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 - 02/10/2017 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On 2/5/17 and 2/6/17 the facility had 59 residents residing at the facility, 24 of which have a mobility need and would require additional care and assistance. Based on the number of residents as well as the number of resident with mobility needs, the facility is required at a minimum to have 62.25 hours available during waking hours. On 2/5/17 the facility had only 50 hours available during waking hours. On 2/6/17 the facility had only 56.5 hours available during waking hours.

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.

Daily staffing schedules are reviewed to assure 75% of personal care service hours and available during waking hours. Daily staffing will be monitored by the Resident Care Director or designee going forward to ensure compliance.

- The administrator shall monitor for ongoing compliance.

M 5/18/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date:
THOMAS HOWANITZ	5/5/17

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The above plan of correction was approved by	<u><i>M</i></u> (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 - 02/10/2017 - Hummel, Jesse
 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

On 2/6/17 the facility had 59 residents residing at the facility, 24 of which have a mobility need and would require assistance to evacuate the facility in the event of an emergency. Based upon direct care staff interviews it was determined of the residents with mobility needs, residents # 1, 2, 3, 4, and 5 require the physical assistance of two staff members to evacuate the building. Residents #6, 7, and 8 require physical assistance from one staff person to evacuate the building.

On 2/6/17 from 11pm to 7am the following day facility had only 3 staff working in the building. Based upon staff interviews as well as a review of the schedule it was determined that the facility often times has only 3 staff working in the facility from 11pm to 7am.

The facility consists of two floors as well as a wing designated as the secure dementia care unit located on the first floor. The facility contains 5 stairwells that are designated as fire safe areas in which residents can evacuate to. Residents reside on both floors. A fire safety expert designated a maximum evacuation time of 7 minutes based upon the design and construction of the building.

Based upon the number of residents at the facility as well as the number of residents that require assistance to evacuate, 3 staff persons is not sufficient to safely evacuate, supervise, and account for the residents 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.

Daily staffing schedules are reviewed to assure resident's needs are being provided as outlined in the resident assessment and support plan. Daily staffing will be monitored by the Resident Care Director or designee going forward to ensure compliance.

The administrator shall monitor and assure ongoing compliance.

m
 5/18/17

Repeat Violation: No	Date(s) of Previous Violation(s):	12/03/2016	10/04/2016	04/27/2016
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *THOMAS HOWANITZ* Date *5/5/17*

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The above plan of correction is approved as of 5/18/17
 (Date)

The above plan of correction was approved by *m*
 (Initials)

Plan of correction implementation status as of 6/20/17
 (Date)

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

Violation Report: 22205 - 02/10/2017 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 Based upon direct care staff interviews, staff scramble during fire drills and evacuations. Staff stated "We have so many residents on the second floor with wheelchairs that we do not have the room in the stair towers." "There are residents that wait outside of the stair towers and never fully evacuate during the drill." All residents are required to be fully evacuated during each fire drill.

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.

Revised evacuation plans will be developed to assure residents evacuate to a designated fire-safe meeting place. Evacuation plans will be reviewed with all residents and staff. In-services will be conducted with all staff regarding the new evacuation plans by May 19th, 2017. Training will be monitored for completeness by Director of Maintenance or designee going forward to ensure compliance.

The administrator shall monitor and assure ongoing compliance -

[Signature]
 5/18/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
THOMAS HOWANITZ	5/5/17

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Violation Report: 22205 - 02/10/2017 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.163(b) - Staff persons, volunteers and residents shall follow sanitary practices while working in the kitchen areas.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined upon entering the facility, the facility had several cases of a gastro/intestinal virus throughout the facility that began the night prior. Staff of the facility indicated that on 2/7/17 they observed the [redacted] of the facility get sick in the garbage can of the facility. Staff stated the following day the [redacted] was out sick with the "stomach bug." Staff of the facility stated that the [redacted] is not sanitary, stating the [redacted] wears gloves while handling the food, however will go from handling the food being prepared to then handle the garbage can and then back to the food without changing gloves. Sanitary practices are required to be followed at all times within the kitchen of the facility.

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.

Proper sanitation practices / proper glove usage in-services will be conducted with all dietary staff by May 19th, 2017. Routine training will be monitored for completeness by Director of Dining Services or designee going forward to ensure compliance.

The administrator shall monitor and assure ongoing compliance.

m
 5/18/17

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THOMAS HOWANITZ	5/5/17

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Violation Report: 22205 - 02/10/2017 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #9 is prescribed Humalog Insulin. Department Representatives observed the insulin prescribed to the resident. The insulin container was opened on 12/10/16. The medication manufacturer's instruction indicate to discard any unused medication 28 days after opening the insulin container. The insulin expired on 1/6/17 and should have been discarded.
 Resident #10 is prescribed Lantus Insulin. Department Representatives observed the insulin prescribed to the resident. The insulin container is not labeled with the date the container was opened. It can not be determined if the insulin is expired. The medication manufacturer's instructions indicate to discard any unused medication 28 days after opening the insulin container.

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.

Both medications - Humalog insulin and Lantus Insulin was immediately discarded. New insulin was ordered and marked with dates opened. Resident's health was not affected. An in-service will be completed with all staff on the proper procedures for managing the storage of medications by May 19th, 2017. Ongoing compliance will be monitored for completeness by Resident Care Director or designee going forward.

The administrator shall monitor and assure ongoing compliance

 5/18/17

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Thomas Howarth* Date *5/5/17*

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Violation Report: 22205 - 02/10/2017 - Hummel, Jesse
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

The facility recently changed their medication administration process, in which one staff member now administers medication to all 58 residents currently residing at the facility. Based upon interviews on some occasions the medications prescribed for 8am are not administered to residents until 9:30am, which is outside of the prescribed time frames.

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.

New protocol was established beginning Monday May 1st to assure timely medication distribution. In-services will be conducted with all staff regarding the new medication distribution process by May 19th, 2017. Compliance will be monitored by Resident Care Director or designee going forward to ensure compliance.

The administrator shall monitor and assure ongoing compliance.

m
 5/18/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/15/2016
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Thomas Howanitz* Date *5/5/17*

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