



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [andrea.mcgowan@woodlandterraceoaks.com](mailto:andrea.mcgowan@woodlandterraceoaks.com)  
MAILING DATE: August 16, 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 #: 223011

Dear Ms. Kaiser:

As a result of the Department of Human Services' licensing inspection on February 24, 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,

A handwritten signature in black ink that reads "Michele Moskalczyk".

Michele Moskalczyk  
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 McGowen		<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>		
C-2 LP 06/30/1997 L&I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 122	<b>Waking Staff:</b> 92
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Unannounced
<b>Reason(s) for Inspection(s)</b>		
Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/24/2017: Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
03/06/2017: Novak, Ryan 04/10/2017: Novak, Ryan 05/01/2017: Novak, Ryan 05/04/2017: Novak, Ryan		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 110 <b>Number of Residents Served:</b> 84 <b>Secured Dementia Care Unit in Home:</b> Yes <b>Area:</b> n/a <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> 6 <b>Number of Hospice Residents in past year:</b> 15	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 0 <b>Are 60 Years of Age or Older:</b> 84 <b>Have Mental Illness:</b> 1 <b>Have an Intellectual Disability:</b> 0 <b>Have a Mobility Need:</b> 38 <b>Have a Physical Disability:</b> 1	

Violation Report: 22301 - 02/24/2017 - Novak, Ryan  
PCH 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 - 10226.707) 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 2/11/17 Resident #1 alleged that an outside agency aide tried to make love to the resident, the home did not report the alleged abuse to the local area agency on aging until 2/13/17.

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 home will immediately report all alleged abuse complaints in the specified regulatory time frame.

Reports to AAA and DHS have been reviewed to ensure timeliness. This review demonstrated all reports are submitted in a timely manner.

Staff was inserviced on resident abuse reporting and investigation requirements.

The administrator/designee will notify appropriate agencies within the regulatory timeframes. Any reports of abuse will be reviewed at the monthly QA meeting. The administrator will oversee to ensure ongoing compliance.

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 8/9/17

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The above plan of correction is approved as of 8-15-17  
(Date)

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

Plan of correction implementation status as of 8-15-17  
(Date)

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

Violation Report: 22301 - 02/24/2017 - Novak, Ryan  
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

On 2/11/17 Resident #1 alleged that an outside agency aide tried to make love to the resident, the home did not report the alleged abuse to the Department until 2/13/17.

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 home will immediately report all alleged abuse complaints in the specified regulatory time frame. - as well as any other of the 18 reportable events. Cp

Reports to AAA and DHS have been reviewed to ensure timeliness. This review demonstrated all reports are submitted in a timely manner.

Staff was inserviced on resident abuse reporting and investigation requirements.

The administrator/designee will notify appropriate agencies within the regulatory timeframes. Any reports of abuse will be reviewed at the monthly QA meeting. The administrator will oversee to ensure ongoing compliance.

Adm will also ensure all staff are updated on each of the 19 events that are reportable in order to maintain ongoing compliance. Cp. 8-15-17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Andrea Motoman ED Date 8/9/17

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