



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 22 2017

Mr. Mark T. Pile,
President/CEO
Diakon Lutheran Social Ministries
798 Hausman Road
Allentown, Pennsylvania 18104

RE: Luther Crest Retirement Community
Commons, 800 Hausman Road
Allentown, Pennsylvania 18104
License #: 216290

Dear Mr. Pile:

As a result of the Department of Human Services' annual licensing inspection on April 20, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 1 of 17

PCH Name: LUTHER CREST RETIREMENT COMMUNITY		License Number: 21629
Address: COMMONS 800 HAUSMAN ROAD, ALLENTOWN, PA 18104		County: Lehigh
Administrator: Michelle Gaugler		Region: NORTHEAST
Legal Entity Name: DIAKON LUTHERAN SOCIAL MINISTRIES		
Legal Entity Address: 798 HAUSMAN ROAD, ALLENTOWN, PA 18104		
Certificate(s) of Occupancy		
I-1 11/18/2013 Township of South Whitehall	I-2 11/18/2013 Township of South Whitehall	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 46	Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/20/2017: Hummel, Jesse; Foulkes, Kimberli; Deluca, Amy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 71	Number of Residents who:	
Number of Residents Served: 27	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 80 Years of Age or Older: 27	
Area: Secured Wing (Main Level)	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 13	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 13	Have a Mobility Need: 19	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 9		

Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 4/20/17 Department Representatives determined that the facility does not have the Licensing Inspection Summary issued from the complaint inspection conducted on 10/27/16, posted in a public conspicuous place in 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.

2600.3 (c) POC: Inspection summary posted day of survey by administrator. Administrator will be responsible moving forward for posting compliance in facility and audit postings quarterly for one year or until next renewal inspection has been received for the following year. Cp. 7-18-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler


Date 7-10-17

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

The above plan of correction is approved as of 7-18-17
(Date)

Plan of correction implementation status as of 7-18-17
(Date)

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

The above plan of correction was approved by 
(Initials)

Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 4/20/17 Department Representatives observed the Licensing Inspection Summary (LIS) issued on 4/28/16 posted in a public and conspicuous place in the facility. Attached to the (LIS) was the resident privacy coding document revealing confidential health information for each of the residents named in the(LIS). The privacy coding document is for the facility's reference and is not to be posted for public review.

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.

2600.17 POC: Privacy coding page removed the day of survey by administrator. Administrator will be responsible moving forward for posting compliance in facility and audit postings quarterly for one year.

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) <u>Michelle Gaugler</u>	Date <u>7-10-17</u>
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Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for Resident #1 dated [redacted]/2016 is only signed by the POA but not by the resident. There is no notation as to why the resident was unable to sign the contract.
 The contract for Resident #2 dated [redacted]/2017 is also signed by the POA but not by the resident, with no notation as to why the resident did not sign as well.

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.

2600.25 (b) POC: Documents updated day of survey. Administrator will notate on a document that the resident was unable or unwilling to sign a document when the power of attorney is going to sign a document on the resident's behalf.

Adm / Designee will review resident admission material before it is filed. Cf. 7-18-17

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) *Michelle Gaugler* Date *7-10-17*

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The above plan of correction was approved by <i>[Signature]</i> (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: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION

Resident # 3 has a statement from a physician dated 4/4/2017 indicating that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participating in a fire drill. It was determined through staff interviews that staff is not aware of the procedures to be followed with regard to Resident #1 during a 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.

2600.25 (b) POC: Staff education completed day of survey. Administrator created process statement (see enclosed) and added staff education to checklist for hospice residents (see enclosed) so the nurse initiating protocol will have to sign off that staff education has been completed for that particular resident. Administrator receives the checklist and signs off before it is put in resident record.

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

Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Michelle Gaugler Date 7-10-17

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Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A hired on [redacted] 16 does not have a High School Diploma, GED, or active registry on the Pennsylvania Nurse Aide Registry.

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.

2600.54 (a) POC: Employee procured copy of high school documentation and provided for HR file. HR implemented immediately a new communication process whereby the Administrator is alerted before Day #1 of new employee orientation if any documents are outstanding for an employee.

*raised seal photo and electronically.
Op. 7-27-17*

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) *Michelle Gaugler* Date *7-10-17*

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The above plan of correction is approved as of *7-27-17* (Date)

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

Plan of correction implementation status as of *7-27-17* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *Op. 8-8-17*
- Partially Implemented - Inadequate Progress *ERROR*
- Not Implemented

Violation Report: 21629 - 04/20/2017 - Hummel, Jessa
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 56 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration; if applicable to the residents served in the home.


2a. DESCRIPTION OF VIOLATION

Direct care staff person B hired on [redacted] /14 provides unsupervised direct care to residents however has not completed the Department approved direct care competency test which is required prior to providing direct care.

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.

2600.65 (d) POC: HR was unable to find document in HR file, employee remembers taking upon employment but was unable to log in to reprint his certificate. Employee retook direct care certification the day of the survey and provided the certification to HR. New process implemented immediately that new employees are completing this certification during the new employee orientation process and HR will receive a copy prior to the employee starting shadowing in personal care facility.

Administrators will oversee to ensure ongoing compliance. 

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)


Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler

Date *7-10-17*

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document provided. (Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 7-18-17
(Date)

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

Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed resident room 619 in the secured dementia care wing. The resident's bed has an uncovered enabler bar attached to the bed. The enabler bar has an opening of approximately 14 inches by 6 inches in which the resident's limbs could become entangled potentially injuring the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

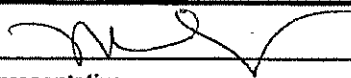
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

2600.81 (b) POC: Enabler bar cover found on unit after survey. All bars were checked day of survey for covers. Residents will at times take covers off and move them around the unit. Staff will check their resident rooms daily and a monthly audit will occur for six months by nursing management and/or administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Michelle Gaugler

Date 7-10-17

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 (Date)

Plan of correction implementation status as of 7-18-17
 (Date)

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

The above plan of correction was approved by



Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The facility's fire drill log indicates the facility failed to conduct a fire drill during the month of October 2016. It was determined that the facility held a fire drill on 10/27/16, however incorrectly documented that this drill was held on 9/27/16. The facility is responsible to accurately document fire drills conducted.

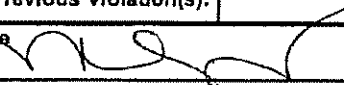
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

2600.132(c) POC: The fire drill was done on 10/27/16, however, a transcription error occurred when the Maintenance Director transcribed to Log Form. Attached are two pieces of evidence to support that a fire drill did, indeed, occur in October 2016: Simplex Grinnell's Event Report and the Drill Report completed by the maintenance staffer performing the drill that day which has staff signatures on it. Since January 2017, facility has been using outside agency to perform drills and maintain records which are sent to Administrator monthly.

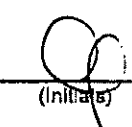
Adm will review the home's fire drill documentation monthly to ensure ongoing compliance. Q. 7-18-17

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) <i>Michelle Gaugler</i>	Date <i>7-10-17</i>
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The above plan of correction is approved as of <u>7-18-17</u> (Date)	Plan of correction implementation status as of <u>7-18-17</u> (Date)
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

Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 56 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

Department Representatives arrived at the facility at 9:00am on 4/20/17. Upon arrival the medication cart was not attended and there was not staff in the immediate vicinity. The medication cart was observed closed however not locked. Also observed on top of the medication cart was a bottle of Polyethylene Glycol Powder. Medications are to remain locked at all times.

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.

2600.183 (b) POC: The clinical manager was passing medications at the time DHS entered facility. She turned to greet them and connect them with the Administrator who was coming down the hallway towards the group. In her attention to the surveyors she failed to lock the cart and put the medication away but was in the hallway with the cart and surveyors during this time. Clinical manager was counseled the day of survey.

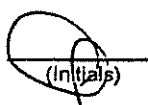
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Michelle Gaugler Date 7-10-17

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(Date)

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- Not Implemented

Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa. Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Flomax .4 mg capsule - one time daily. The medication label indicates to administer Tamsulosin HCL .4mg - one time daily. It was determined that the medications are the same, however the medication name as well as the generic name should appear on the Medication Administration Record as well as the medication pharmacy label to decrease the probability of a medication error.

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.

2600.184(a) POC: Pharmacy representative notified that Flomax was not mentioned on the pharmacy label. Education provided to staff who may receive medication from pharmacy to look at labels upon delivery. Moving forward when an order is written the staffer checking the order will also check the medication label as part of their process.

Ann will oversee to ensure ongoing compliance. 7-18-17

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) *Michelle Gaugler* Date *7-10-17*

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 - Not Implemented

Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Department Representatives completed an audit of resident #4's glucometer. It was determined that the glucometer is not calibrated properly. The glucometer was audited on 4/20/17 at 10:50am. The glucometer indicated the current date and time as 4/20/17 at 5:37am.

Resident #5 is prescribed the following medications as needed: Milk of Mag 400mg/5, Bisac-ovac 10mg, Tylenol 325mg. These medications are not available at the facility in the event the resident requested or required these medications.

Resident #6 is prescribed the following medication as needed: Mucinex. This medication is not available at the facility in the event the resident requested or required this medication.

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.

2600.185 (a) POC: Glucometers will be audited weekly by clinical services manager. Staff provided education on glucometer calibration. Monthly audits will be done for PRN medications to ensure medications are present for resident use.

*Adm will oversee to ensure ongoing compliance. CP
 7-18-17*

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>Michelle Gaugler</i>	Date <i>7-10-17</i>
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 (Initials)

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Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 refused the following prescribed medications on 4/10/17 at 4:00pm: Saline nasal gel and Simply saline nasal mist. The facility failed to notify the prescribing physician of the refusals.

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.

2600.187 (c) POC: Physician updated. Staff educated on protocol for resident refusal. Education will be provided on an ongoing basis at monthly staffing meeting.

Administrator will oversee in order to ensure ongoing compliance. *CP*

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) *Michelle Gaugler* Date *7-10-17*

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

The above plan of correction is approved as of *7-18-17* (Date)

Plan of correction implementation status as of *7/27/17* (Date)

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

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

Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

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

The Support Plan for Resident #3 dated 4/7/2017 was not signed by the resident and the plan does not indicate if the resident was unable or unwilling to sign 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.

2600.227 (g) POC: Clinical manager will indicate reason for resident non-signature and attempt to have power of attorney review and sign if resident unwilling or unable to review and sign. Clinical manager will forward RASP to Administrator for both review and to ensure signature compliance prior to RASP becoming part of the resident record.

*Adm will oversee to ensure ongoing compliance.
9-7-18-17*

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) *Michelle Gaugler* Date *7-10-17*

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(Date)

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(Initials)

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Violation Report: 21629 - 04/20/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the Secured dementia unit on [redacted] 2016. There is a no objection statement in the resident's record but it is not signed by the resident. The statement is signed by the POA with no notation from the home as to why the resident did not sign.

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.

2600.231 (e) POC: Administrator will provide notation on documents if resident is unable or unwilling to sign document.

Files of residents moving into the home's SDCU will be reviewed prior to being put away once the admission process has been completed. Cp. 7-18-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Michelle Gaugler

Date *7-10-17*

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