



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

**MAILING DATE: June 23, 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 May 23, 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: 22301 - 05/23/2017 - O'Haire, Anne  
PCH Name: WOODLAND TERRACE AT THE OAKS

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

The first floor medication cart contained a blister pack of Alprazolam .25 mg PRN medication for anxiety for resident # 1. The blister pack expired 5/6/2017.

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 DON immediately removed the expired medication from the medication cart. On 05/24/2017, the DON requested and subsequently obtained a DC order for the Alprazolam from the Attending Physician. (See Attachment: 1)

On 05/26/2017, an audit of all Community Medication Carts was completed by the DON and Executive Director. There were no other expired medications found in the Medication Carts. (See Attachment: 2)

As of 06/02/2017, audits of all Medication Carts are being conducted weekly by the Lead Medication Technician or designee. There have been no issues identified with the medication expiration dates. (See Attachment: 2)

Inservice for all Medication Technicians has been completed. This inservice emphasized the importance of removing expired medications from the Medication Cart. All Medication Technicians were provided with the opportunity to have their questions and concerns clarified. All Medication Technicians indicated their understanding of the information provided. (See Attachment: 3 and 4)

Outcomes of the weekly Medication Cart audits will be reviewed and discussed at the Quality Assurance Meeting scheduled for 06/21/2017 at 2PM.

The Executive Director will oversee and 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 - Executive Director

Date

6/16/17

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The above plan of correction is approved as of

6/21/17  
(Date)

Plan of correction Implementation status as of

6/21/17  
(Date)

The above plan of correction was approved by

*m*  
(Initials)

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

Violation Report: 22301 - 05/23/2017 - O'Haire, Anne  
PCH Name: WOODLAND TERRACE AT THE OAKS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident # 2 's Norvasc 5 mg. tab to be taken daily at 8:00AM was not Initialed as being administered on 05-20-17 at 8:00AM.  
Resident # 3 's Fentanyl Patch 25mcg/hr. apply 1 patch topically at 8:00AM and change every 72 hours was administered on 05-16-17,05-19-17 and 05-22-17 but was not initialed as being administered.

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 Medication Technician involved with the issue concerning Resident 3 was relieved of Medication Technician duties and no longer has the responsibility of medication administration. The Medication Technician involved with the issue concerning Resident 2 was re-educated relative to the Community's Medication Administration/Documentation Procedures. (See Attachment: 3 and 4)

On 05/23/2017, an audit was conducted of all Medication Administration Records. Outcomes of this audit revealed no other issues with MAR documentation. (See Attachment: 5)

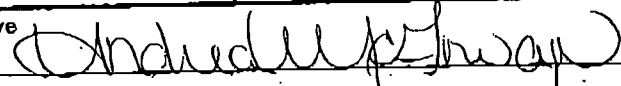
All Medication Technicians were re-educated on medication administration documentation. The Medication Technicians were provided with an opportunity to have their questions clarified. All Medication Technicians indicated their understanding of the MAR documentation procedure. (See Attachment: 3 and 4)

The Lead Medication Technician/Designee are conducting ongoing, weekly audits of the MAR's. As of the last audit conducted 06/13/2017, all MAR's were found to be complete and accurate. Any issues identified as a result of this continuing audit will be addressed with the staff person involved up to and including disciplinary action.

Outcomes of the weekly audits will be reviewed and discussed at the Quality Assurance Meeting scheduled on June 21, 2017 at 2PM.


The Executive Director will oversee and ensure ongoing compliance.

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) Andrea McGowan Executive Director Date 6/16/17

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The above plan of correction is approved as of <u>6/21/17</u> (Date)	Plan of correction implementation status as of <u>6/21/17</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