



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: September 20, 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' licensing inspection on June 27, 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: 21629 - 06/27/2017 - 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

Department Representatives observed the office door located behind the nursing station as open. There was no staff at the nursing station or inside the office. There were no staff in sight of the area. Department Representatives entered the office and observed resident records for each resident of the facility. Several minutes went by prior to Department Representatives requesting staff assistance. The records contain confidential health information of each resident and are required to be 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.

2600.17 Plan of Correction

The door has a keypad lock on it, however, it was open and unattended at the time the surveyor was present.

A sign was posted 6/27 as a visual cue to remind staff to keep door locked (see enclosed copy).

Education will be provided monthly during staff meetings in 2017 with all plans of correction for 2017 violations (see enclosed copy of minutes).

Administrator or designee will check door daily to ensure door is kept locked unless staff are present.

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 Admin. Date 7-20-17

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

The above plan of correction is approved as of 9-19-17 (Date)

Plan of correction implementation status as of 9-19-17 (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 - 06/27/2017 - Hummel, Jesse
PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 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 observed the office door located behind the nursing station as open. There was no staff at the nursing station or inside the office. There were no staff in sight of the area. Department Representatives entered the office and observed 2 bottles of vitamin D3 and Systane eye drops sitting on top of the desk. Medications are required to be kept 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.

2600.183b Plan of Correction

The door where the med cart and medications were has a keypad lock on it, however, it was open and unattended at the time the surveyor was present.

A sign was posted 6/27 as a visual cue to remind staff to keep door locked (see enclosed copy).

Education will be provided monthly during staff meetings in 2017 with all plans of correction for 2017 violations (see enclosed copy of minutes).

Administrator or designee will check med carts randomly on a weekly basis for 3 months to ensure medication cart is kept locked and medications are not present unless staff are present.

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

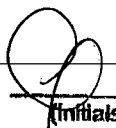
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