



JUN 25 2018

Mr. Mark Pile  
President/Chief Executive Officer  
Diakon Lutheran Social Ministries  
1 South Home Drive  
Topton, Pennsylvania 18562

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

Dear Mr. Pile:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 17, 2018 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](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, appearing to read "J. Rowe", is written over the printed name and title.

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

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		
<b>Certificate(s) of Occupancy</b>		
I-1 11/18/2013 Twp of South Whitehall	I-2 11/18/2013 Twp of South Whitehall	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/17/2018: Deluca, Amy; Harvey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 71 Number of Residents Served: 28 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 13 Number of Residents Served in Secured Dementia Care Unit, if applicable: 13 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 3	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 1	

Violation Report: 21629 - 04/17/2018 - Deluca, Amy  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home did not have a copy of the flu poster posted in the home as required by the Influenza Awareness Act.

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.*

2600.18

Flu Poster was not posted in facility.

1. The facility printed and posted the Influenza Posters from the Pennsylvania Department of Health and the CDC in the wall cabinet where all the personal care postings are located. The cabinet is only able to be opened by the administrator with a key.
2. The facility facilitates a flu clinic annually and assists residents to receive education and their immunization in the facility.

*The administrator shall monitor and be responsible for ongoing compliance.*

*5/17/18*

*[Signature]*

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          Administrator</i>	Date <i>5/4/18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

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

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

Plan of correction implementation status as of *5/17/18*  
 (Date)

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

Violation Report: 21629 - 04/17/2018 - Deluca, Amy  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

**1. REGULATION 55 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.

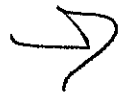
**2a. DESCRIPTION OF VIOLATION**

The home did not have documentation that staff person A completed the Department's required initial direct care training course and competency test.

**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.*

*See attached page.*



Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/20/2017
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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
Michelle Gaugler Administrator	5/4/18

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


The above plan of correction is approved as of <u>5/17/18</u> (Date)	Plan of correction implementation status as of <u>5/17/18</u> (Date)
The above plan of correction was approved by <u>m</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


2600.65(d)

Employee A did not have direct care certification in human resources file.

1. Employee A will provide the direct care certification to facility on his next day of work on 5/4/18.
2. Human resources and Personal Care Administrator revised current orientation process so moving forward/effective immediately, personal care staff in orientation will report to the personal care facility on Day #5 of the orientation process to complete online training which includes the direct care certification. Currently the staff would stay in campus education room to complete online training requirements. With the personal care staff reporting to the facility, this will ensure personal care management staff (administrator and/or clinical services manager) direct oversight of Day #5 of orientation and ensure staff are completing the direct care certification.

• The administrator shall monitor and be responsible for ongoing compliance.

  
5/17/18

  
Michelle Gaugler  
Administrator

5/4/18

Violation Report: 21629 - 04/17/2018 - Deluca, Amy  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

**1. REGULATION 56 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:  
 (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.  
 (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.  
 (3) Resident rights.  
 (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).  
 (5) Falls and accident prevention.  
 (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Staff persons B and C did not receive annual training in the Older Adult Protective Services Act for the 2017 training year.  
  
 Staff person D did not receive fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert for the 2017 training year.

**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(g)  
  
 Staff persons B and C did not receive annual OAPSA education:  
  
 1. An OAPSA Training was done with personal care home staff immediately. Training materials were from the Director of Protective Services, Department of Aging, [REDACTED]. The organization's human resources and staff education directors have added this training into the Relias system for personal care home staff as part of annual trainings moving forward.

Staff person D did not receive fire safety training for 2017 training year:  
  
 1. Another training was completed with the fire safety expert 4/28/18 for staff person D. Trainings will be scheduled twice a year, in Fall 2018 and in Spring 2019, to ensure staff attend one of the sessions to meet the annual training requirement. Personal Care Administrator will be responsible to notify department heads of trainings to ensure they schedule their staff to attend.

*The administrator shall monitor and be responsible for 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: Michelle Gaugler, Administrator      Date: 5/4/18

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 The above plan of correction was approved by [Signature] (Initials)  
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 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 21629 - 04/17/2018 - Deluca, Amy  
 PCH Name: LUTHER CREST RETIREMENT COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.


2a. DESCRIPTION OF VIOLATION  
 The following loose medications were found in the bottom of the 2nd drawer personal care medication cart:  
 1 ½ tablet identified by staff as Sertraline HCL, 1 Tylenol, 1 tablet identified by staff as Lasix, 2 small yellow tablets identified by staff as possibly Melatonin, and 1 pink aspirin tablet.

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(e)

Medications were found in the bottom of the medication cart drawer.

1. Education provided to med tech and LPN staff on medication administration guidelines and best practices for popping medication out of blister-style cards directly into pill cups.
2. Cart Audit and Cleaning Monthly by nightshift LPN
3. Cart Audit by Clinical Services Manager weekly

The administrator shall monitor and be responsible for ongoing compliance.  
  
 5/17/18

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 Michelle Gaugler      Date 5/4/18  
 (Required on EVERY Page)      Administrator

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The above plan of correction was approved by <u>M</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