



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 24 2019

Mr. Thomas J. Howanitz  
Executive Director  
1680 Spring Creek Road Operations LLC  
1680 Spring Creek Road  
Macungie, Pennsylvania 18062

RE: Lehigh Commons  
License #: 222050

Dear Mr. Howanitz:


As a result of the Department's Bureau of Human Services Licensing annual inspection on December 6, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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,



Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



**Violation Report:** 22205 - 12/06/2018 - Deluca, Amy  
**PCH Name:** LEHIGH COMMONS

**1. REGULATION 55 Pa.Code §2600**  
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

**2a. DESCRIPTION OF VIOLATION**  
 The home's current notice to the fire department dated 11/27/18 stated incorrectly that the home's capacity is 75 residents. The home's licensed capacity is 80

**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.*

On 12/7/18 the local fire department was notified that the home's licensed capacity is 80 as noted in the letter attached. On-going compliance will be monitored by the Executive Director or designee in the future.

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)	Executive Director	Date
THOMAS HOWENFL		12/24/18

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

The above plan of correction is approved as of <u>1-2-19</u> (Date)	Plan of correction implementation status as of <u>1-2-19</u> (Date)
The above plan of correction was approved by <u>MM</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

Violation Report: 22205 - 12/06/2018 - Deluca, Amy  
 PCH Name: LEHIGH COMMONS

**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 home's fire drill logs do not include the specific exits used during each fire drill. The fire drill logs note "behind fire doors" as the exit route used for all drills conducted January 2018 through November 2018.

**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.*

All fire drill logs in the future will include the specific exit routes used during each fire drill. .  
 On-going compliance will be monitored by the Director of Maintenance or designee in the future.

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THOMAS HOWANITZ, Executive Director	12/24/18

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The above plan of correction was approved by MM  
 (Initials)

Plan of correction implementation status as of 1-2-19  
 (Date)

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

**Violation Report:** 22205 - 12/06/2018 - DeLuca, Amy  
**PCH Name:** LEHIGH COMMONS

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

**2a. DESCRIPTION OF VIOLATION**  
 The home's most current documentation of a fire safety inspection conducted by a fire safety expert dated 7/31/2018 indicates the fire safe areas in the home are the home's 4 stair towers. Staff interviews and the home's fire drill logs indicate that residents were not evacuated to the stair towers on the following dates: 8/29/18, 9/24/18, 10/22/18, and 11/30/18. Residents were evacuated behind fire doors in the home. The home does not have written documentation from a fire safety expert confirming any fire safe areas other than the home's 4 stair towers.

**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.*

On 8/29/18, 9/24/18, 10/22/18 and 11/30/18 all residents were evacuated behind fire doors or fire safe areas during the fire drills. On December 20<sup>th</sup>, 2018 a registered architect indicated that a 2 hour fire-rated separation wall existed at each story as identified in the letter and construction drawings attached. A fire inspector will update the fire evacuation time/fire safe area designation form by January 4<sup>th</sup>, 2018. All center staff will receive an in-service confirming fire safe areas within the center by January 4<sup>th</sup>, 2018. Documentation in the future will reflect the actual location in which residents were safely evacuated to during each fire drill. Ongoing compliance will be monitored by the Director of Maintenance or designee.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Thomas Hovanitz, Executive Director</i>	Date <i>12/24/18</i>
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Violation Report: 22205 - 12/06/2018 - Deluca, Amy  
 PCH Name: LEHIGH COMMONS

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 Novolog flex pen belonging to resident # 1 was not labeled with the date the pen was opened for use.

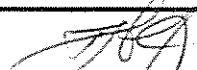
3. **PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*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.*

Upon identification, the Novolog flex pen was labeled with the date the pen was opened for use. All clinical staff nurses and med techs completed education on proper storage of medications. Attached is a copy of the completed in-service. Ongoing compliance will be monitored by Resident Care Director and designee going forward.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Thomas Floukavite</u> Executive Director	Date <u>12/24/18</u>
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Violation Report: 22205 - 12/06/2018 - Deluca, Amy  
 PCH Name: LEHIGH COMMONS

**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**

The Toujeo Solostar insulin pen belonging to resident #1 did not have a pharmacy label attached to it and the plastic bag it was being stored in also did not have a pharmacy label.

Resident #1 has a PRN order for Oxybutynin 5 mg to be taken once daily as needed according to the resident's Medication Administration Record (MAR). The pharmacy label on the medication bottle states the medication is to be taken once daily.

**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.*

Pharmacy was immediately contacted to provide us with extra original pharmacy labels that was attached to the plastic bag in which the insulin pen is stored in.

Correct pharmacy label was obtained for the oxybutynin 5mg bottle as ordered by the physician and placed.

All clinical staff nurses and med techs completed education on proper storage of medications and to check pharmacy labels when receiving medications to correctly match MD order. Attached is a copy of the completed in-service. Ongoing compliance will be monitored by Resident Care Director and designee going forward.

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Violation Report: 22205 - 12/06/2018 - Deluca, Amy  
 PCH Name: LEHIGH COMMONS

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has an order for Rosuvastatin Calcium 20 mg, 1 tablet to be taken in the evening. The pharmacy label on the medication found in the medication cart indicated the dosage of the tablets was 10mg and the instructions were to take 1 tablet daily.  
 Resident #2 requires blood glucose monitoring 4 times daily with insulin administered on a sliding scale basis. On 12/4/2018 the resident's blood glucose reading was 254, requiring 6 units of insulin. The resident's MAR indicates that 4 units were 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.

Resident #1 suffered no ill effects. The primary care physician was immediately notified. DHS reporting submitted when discovered. The employee involved received written counseling. Attached is a copy of the disciplinary action. Ongoing compliance will be monitored for accuracy by Resident Care Director and designee going forward.

Resident #2 suffered no ill effects. Primary care physician was immediately notified. DHS reporting submitted when discovered. The employee involved received written counseling. Attached is a copy of the disciplinary action. Ongoing compliance will be monitored for accuracy by Resident Care Director and designee going forward.

All clinical staff med techs and med techs completed education. Attached is a copy of the in-service.

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