



September 30, 2019

Mr. Scott Habecker
Chief Operating Officer/Chief Financial Officer
Diakon Lutheran Social Ministries
1 South Home Drive
Topton, Pennsylvania 19562

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

Dear Mr. Habecker:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 2, 2019 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.

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 "Kevin Hancock", written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: LUTHER CREST RETIREMENT COMMUNITY

License Number: 216290

Address: COMMONS 800 HAUSMAN ROAD, ALLENTOWN, PA 18104

County: LEHIGH

Region: NORTHEAST

Administrator

Name: Michelle Gaugler

Phone: 6103918255

Email: gauglerm@diakon.org

Legal Entity

Name: DIAKON LUTHERAN SOCIAL MINISTRIES

Address: 1 SOUTH HOME DRIVE, PA, 19562

Certificate(s) of Occupancy

Type: I-1

Date: 11/18/2013

Issued By: South Whitehall Township

Type: I-2

Date: 11/18/2013

Issued By: South Whitehall Township

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 48

Waking Staff: 36

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/02/2019 - On-Site: Ryan Novak, Kristin DeVries

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71

Residents Served: 28

Secured Dementia Care Unit

In Home: Yes

Area: n/a

Capacity: 13

Residents Served: 13

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 28

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 7

65d - Initial Direct Care Training

Regulations

2600.
65.d.2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

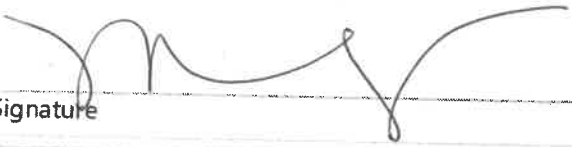
Direct care staff member A hired 1/28/19 did not complete the online direct care competency course until 4/29/19.

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.)

Personal care administrator or designee will check in with new hires on last day of classroom orientation to collect the direct care certification and forward to Human Resources Department. Previously, the employee provided directly to Human Resources. The new process will involve the Administrator or designee.

Legal Entity Representative


Signature

Michelle Gaugler, Administrator 7/5/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8-9-19
(Date)

Plan of correction implementation status as of 8-15-19
(Date)

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

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

184b - Resident's Meds Labeled

Regulations

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #1's melatonin did not include the residents name.

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.)

Re-education of nursing and med-tech staff to be completed via staffing meetings in June and July 2019.

Pre-printed labels created for staff to use for OTC medication not provided directly from pharmacy (which come in fully labeled punch cards).

Additional category added to cart audit tool to include OTC medication labeling check. Medication cart audits are scheduled and supervised by Clinical Services Manager. Results of audits will now be given to Administrator for review moving forward.

Legal Entity Representative


Signature

Michelle Gaugler, Administrator 7/5/19
Printed Name and Title Date

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