



pennsylvania
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: gauglerm@diakon.org
MAILING DATE: October 17, 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 inspection on July 17, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: LUTHER CREST RETIREMENT COMMUNITY

License Number: 21629

Address: COMMONS, 800 HAUSMAN ROAD,, ALLENTOWN, PA 18104

County: LEHIGH

Region: NORTHEAST

Administrator

Name: Michele Gaugler

Phone: 6106821262

Email: gauglerm@DIAKON.ORG

Legal Entity

Name: DIAKON LUTHERAN SOCIAL MINISTRIES

Address: 1 SOUTH HOME DRIVE, TOPTON, PA, 19562

Certificate(s) of Occupancy

Type: I-1

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 46

Waking Staff: 35

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

07/17/2019 - On-Site: Ryan Novak

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71

Residents Served: 26

Secured Dementia Care Unit

In Home: Yes

Area: n/a

Capacity: 13

Residents Served: 13

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 0

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 1

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

An allegation of abuse was made regarding Resident #1 and Direct care staff member A on 6/20/19 to staff member B. The home did not report the allegation of abuse to the local area agency on aging until 6/25/19.

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.)

2600.15.a

Clinical Manager failed to report direct caregiver allegation on 6/20/19 as the accuser and accused had a known argumentative relationship at the time and Manager had attempted to investigate for validity. Clinical manager was re-educated immediately by administrator to report first and investigate later. See enclosed attachment (A) of education record.

Re-education provided for all facility staff completed by 7/25/19. See enclosed attachment (B) of education record.

Education to residents and/or families added to admission packet 6/27/19. See enclosed attachment C.

Legal Entity Representative

Michelle Gaugler PCHA
Signature

Michelle Gaugler, Administrator 8/30/19
Printed Name and Title Date

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The above plan of correction is approved as of 10-16-19
(Date)

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

Plan of correction implementation status as of 10-16-19
(Date)

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

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

An allegation of abuse was made regarding Resident #1 and Direct care staff member A on 6/20/19 to staff member B. The home did not report the allegation of abuse to the Department until 6/25/19.

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.)

2600.16.c

Clinical Manager failed to report direct caregiver allegation on 6/20/19 as the accuser and accused had a known argumentative relationship at the time and Manager had attempted to investigate for validity. Clinical manager was re-educated immediately by administrator to report first and investigate later. See enclosed attachment (A) of education record.

Re-education provided for all facility staff completed by 7/25/19. See enclosed attachment (B) of education record.

Education to residents and/or families added to admission packet 6/27/19. See enclosed attachment C.

Legal Entity Representative

Signature *Michelle Gaugler PCHA*

Printed Name and Title *Michelle Gaugler Administrator* Date *6/30/19*

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42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Direct care staff member A was overheard yelling at Resident #1 "to go back to bed" on the overnight shift of 6/20/19. Later that morning staff member A was observed telling Resident #1 to "don't start you're sh**" by Direct care staff member C. Direct care staff member A did not treat Resident #1 with dignity and respect.

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.)

2600.42.c

Employee suspended and terminated following investigation.

Re-education provided for all facility staff completed by 7/25/19. See enclosed attachment (B) of education record.

Mandatory education added to new employee orientation process started July 1 2019 and to be provided by administrator or designee. Covers the following topics: dementia types and how that impacts staff approach and intervention, successful communication, behavioral expressions and tips for intervention, creating a dementia friendly environment, caregiver stress and burnout, how to recognize signs of abuse in a resident with cognitive impairment. See enclosed orientation schedule (Day 5) enclosed as attachment D.

A strategy that may be successful is aligning customer service with resident rights. The are one in the same. 10-16-19

ag

Legal Entity Representative

Michelle Gauglen *PCA*
Signature

Michelle Gauglen, Administrator 8/20/19
Printed Name and Title Date

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