



Sent via e-mail to: gauglerm@diakon.org
MAILING DATE: May 19, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 26, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano". The signature is written in a cursive style.

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *LUTHER CREST RETIREMENT COMMUNITY*
Address: *COMMONS, 800 HAUSMAN ROAD,, ALLENTOWN, PA 18104*
County: *LEHIGH* Region: *NORTHEAST*

License Number: *21629*

Administrator

Name: *Michele Gaugler* Phone: *6106821262* Email: *gouglerm@diakon.org*

Legal Entity

Name: *DIAKON LUTHERAN SOCIAL MINISTRIES*
Address: *1 SOUTH HOME DRIVE, TOPTON, PA, 19562*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *37* Waking Staff: *28*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint*

Inspection Dates and Department Representative

02/26/2020 - On-Site: Gerald Dumas

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* Residents Served: *25*

Secured Dementia Care Unit

In Home: *Yes* Area: *n.a.* Capacity: *13* Residents Served: *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

60a - Staff/Support Plan

Regulations

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Medical staff did not conduct neurological checks on resident # 1 during the third shift from 1/21/20 through 1/22/20. Resident # 1 had an unwitnessed fall and was identified as having a "medical condition that needed observation" for 72 hours.

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.)

Preparation and submission of this plan of correction is required by state and federal law. This plan of correction does not constitute an admission for purposes of general liability, professional malpractice, or any other court proceeding.

What was done immediately: education was provided to staff by Clinical Services Manager on fall policy, incident reporting protocol. This was completed 2/28/20.

Ongoing Plan for Compliance:

- 1. Education will be provided on these policies/protocols during staff meetings.
- 2. Administrator will randomly audit incident reports during the period from 5/10/20 through 8/10/20 to monitor if processes were followed by facility staff.

Legal Entity Representative


Administrator Michelle Gaugler, PCHA, LSW, NHA
5/14/20
 Signature Printed Name and Title Date

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The above plan of correction is approved as of 5-19-2020 Plan of correction implementation status as of 5-19-2020
(Date) (Date)
 The above plan of correction was approved by ag
(Initials)
 Implemented
 Not Implemented

