

Department of Human Services
Bureau of Human Service Licensing

January 11, 2021

THOMAS J. HOWANITZ, EXECUTIVE DIRECTOR
1680 SPRING CREEK ROAD OPERATIONS LLC
1680 SPRING CREEK ROAD
MACUNGIE, PA 18062

RE: LEHIGH COMMONS
1680 SPRING CREEK ROAD
MACUNGIE, PA, 18062
LICENSE/COC#: 22205

Dear Mr. Howanitz,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2020, 11/19/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *LEHIGH COMMONS* License #: *22205* License Expiration Date: *03/16/2021*
 Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA 18062*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: *Tom Howanitz* Phone: *6105308089* Email:
Thomas.Howanitz@genesishcc.com;
lindscott@pa.gov; agraziano@pa.gov

Legal Entity

Name: *1680 SPRING CREEK ROAD OPERATIONS LLC*
 Address: *1680 SPRING CREEK ROAD, MACUNGIE, PA, 18062*
 Phone: *6105308089* Email: *WILLIAM.TIMM@GENESISHCC.COM*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *11/20/2020*

Inspection Dates and Department Representative

11/05/2020 - On-Site: Ryan Yankowy
11/19/2020 - Off-Site: Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *14* Residents Served: *13*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *28* Have Physical Disability: *0*

Inspections / Reviews

11/05/2020 - Partial

Lead Inspector: *Ryan Yankowy*Follow-Up Type: *POC Submission*Follow-Up Date: *12/14/2020*

12/22/2020 - POC Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Document Submission*Follow-Up Date: *01/08/2021*

1/11/2021 - Document Submission

Lead Reviewer: *Anne Graziano*Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

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

On 11/1/20 Ancillary staff member A observed Resident #1 take Resident #2's hand and put it down Resident #1's pants. The alleged sexual abuse was not reported to the local area agency on aging until 11/5/20.

Plan of Correction

Directed

The Office of Aging was informed and the Act-13 Report was submitted on 11/5/20, see attachment #1. Families / POA's of both resident #1 and #2 have been aware of the preexisting consensual relationship of hand holding and kissing between both residents. Residents felt safe and no ill effects were noted. The primary care physician was notified. Both Resident #1 and Resident #2 support plans were reviewed with DHS inspector during visit and accepted. Abuse Education and Incident Reportable Training will be completed with all center staff by December 13th, 2020. The Executive Director or designee will report abuse as required in the future.

Directed Plan of Correction:

Upon completion of the Abuse Education, the Adm will attach the signature sheets via the Portal.

AG, 12-22-2020

Completion Date: 12/13/2020

Document Submission

Implemented

Attachment #6, Abuse Education and Incident Report Training.

16c - Written Incident Report

1. Requirements

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

On 11/1/20 Ancillary staff member A observed Resident #1 take Resident #2's hand and put it down Resident #1's pants. The alleged sexual abuse was not reported to the Department until 11/3/20.

Plan of Correction

Accept

The Incident Report was submitted on 11/3/20, see attachment #2. Families / POA's of both resident #1 and #2 have been aware of the preexisting consensual relationship of hand holding and kissing between both residents. Residents felt safe and no ill effects were noted. The primary care physician was notified. Both Resident #1 and Resident #2 support plans were reviewed with DHS inspector during visit and accepted. Abuse Education and Incident Reportable Training will be completed with all center staff by December 13th, 2020. The Executive Director or designee will report abuse as required in the future

Completion Date: 12/13/2020

Document Submission

Implemented

Attachment #6, Abuse Education and Incident Report Training.

42b - Abuse

1. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 11/1/20 Ancillary staff member A observed Resident #1 take Resident #2's hand and put it down Resident #1's pants. Resident #1 sexually abused Resident #2.

Plan of Correction**Directed**

Families / POA's of both resident #1 and #2 have been aware of the preexisting consensual relationship of hand holding and kissing between both residents. Residents felt safe and no ill effects were noted. Both Resident #1 and Resident #2 support plans were reviewed with DHS inspector during visit and accepted. The primary care physician was notified. 15 Minute checks were immediately implemented to monitor the safety of the residents and kept on file. Abuse Education and Incident Reportable Training will be completed with all center staff by December 13th, 2020. The Executive Director or designee will report abuse as required in the future.

Directed Plan of Correction:

The Adm will ensure that there is a plan in place to meet individually with each resident and a staff member that the resident has a trusting relationship with. Ideally this will be done on a regular basis (quarterly is recommended) to reassess the relationship, make sure it is reciprocal, safe and appropriate. Updates will be noted in the Residents' Records.

AG, 12-22-2020

Completion Date: 12/13/2020

Document Submission**Implemented**

Prior to this event occurring, arrangements were being made for Resident #2 to move to our Memory Support Unit which ■■■ did on ■■■■■. The resident remains safe. The family members receive routine updates and the Physician is notified if any changes occur.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information *(continued)***Description of Violation**

Resident #2's DME dated 11/2/20 did not have anything noted for height, weight, pulse rate, blood pressure or temperature.

Plan of Correction**Accept**

Resident #2 DME was immediately updated on 11/2/20 and signed by the Primary Care Physician, see attachment #3. The employee responsible for completing the DME received counseling and education regarding the proper procedures for completing the DME, see attachment #4. DME Training was completed on 12/9/20 with all LPN's and Med Tech's, see attachment #5. The Resident Care Director or designee will monitor this for ongoing compliance.

Completion Date: 12/13/2020

Document Submission**Implemented**

All prior documentation submitted and accepted.