

Department of Human Services
Bureau of Human Service Licensing

July 29, 2021

[REDACTED] ADMINISTRATOR
DIAKON LUTHERAN SOCIAL MINISTRIES
1 SOUTH HOME DRIVE
TOPTON, PA 19562

RE: LUTHER CREST RETIREMENT
COMMUNITY
COMMONS, 800 HAUSMAN ROAD
ALLENTOWN, PA, 18104
LICENSE/COC#: 21629

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/17/2021 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: LUTHER CREST RETIREMENT COMMUNITY **Licen e #:** 21629 **Licen e Expiration Date:** 07/30/2021
Adde : COMMONS, 800 HAUSMAN ROAD, ALLENTOWN, PA 18104
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6106821262 **Email:** [REDACTED]

Legal Entity

Name: DIAKON LUTHERAN SOCIAL MINISTRIES
Address: 1 SOUTH HOME DRIVE, TOPTON, PA, 19562
Phone: 6106821262 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 11/08/2013 **Issued By:** South Whitehall Township
Type: I-2 **Date:** 11/08/2013 **Issued By:** South Whitehall Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 45 **Waking Staff:** 34

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/17/2021

Inspection Dates and Department Representative

06/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

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

Secured Dementia Care Unit

In Home: Yes **Area:** NA **Capacity:** 13 **Residents Served:** 12

Hospice

Current Resident : 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 25
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

06/17/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *07/19/2021*

7/20/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/27/2021*

7/29/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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.

Description of Violation

Resident #1's medical evaluation dated [redacted] does not include height or allergies.

Plan of Correction

Accept

- 1. Incomplete DME for Resident #1 was corrected to reflect height and allergies.
- 2. CSM, [redacted] re-educated regarding DME completion requirements.
- 3. Initial audit of all current resident DME's to be completed to ensure compliance. Audits of any new DME's to be mplemented weekly for four weeks followed by monthly for two months. Audit results will be forwarded to the Quality Assurance & Process Improvement team for review/recommendations following.

Completion Date: 07/16/2021

Update - 07/20/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC the Adm will submit a copy of the corrected DME. If there are any new admissions or new Annual DMEs completed since the renewal inspection, a copy of one of those documents may be sent as well to verify compliance.

A copy of the current Internal Audit of current Resident DMEs' in progress should be sent as well.

Documents are to be sent via the Portal.

AG, 7-20-21

Document Submission

Implemented

Please see attachments.

185a - Implement Storage Procedures

1. Requirements

2600.

- 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident #1 is prescribed Bengay patch and Remedy Hydroguard cream as needed. On 6/17/21 the medication(s) were not available in the home.

Resident #2 is prescribed Calcium Carbonate as needed. On 6/17/21 the medication was not available in the home.

Resident #3 is prescribed Tylenol 325mg and Milk of Magnesia as needed. On 6/17/21 the medication(s) were not available in the home.

Plan of Correction

Accept

1. Resident #1, #2, and #3's prescribed medications, not available at time of survey, were ordered and now available and/or discontinued if no longer needed.

2. CSM, Nurses, and Med Techs re-educated regarding procedures for ensuring access/availability of prescribed medications are in place.

3. Initial Medication Cart audit to be completed for all current residents to ensure access/availability of all current medications. Medication Cart audits to be implemented weekly for four weeks followed by monthly for two months. Audit results will be forwarded to the Quality Assurance & Process Improvement team for review/recommendations following.

Completion Date: 07/16/2021

Update - 07/20/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC . the Adm should submit a copy of the signature sheet(s) for the retraining.

A copy of the med cart audit(s) currently underway should be sent along as well. Please send one for each Med Cart, including findings, and actions taken, if any.

AG, 7-20-21

Document Submission

Implemented

Please see attachments.

224c - Preadmission Screening

1. Requirements

2600.

224.c. The preadmission screening shall be completed by the administrator or designee. If the resident is referred by a State-operated facility, a county mental health and intellectual disability program, a drug and alcohol program or an area agency on aging, a representative of the referral agent may complete the preadmission screening.

Description of Violation

The preadmission screening dated [REDACTED] for resident #1 does not indicate if the home can meet the resident's needs.

224c - Preadmission Screening (continued)

Plan of Correction

Accept

1. Incomplete Preadmission Screening for Resident #1 was corrected to reflect the homes ability to meet the resident's needs.

2. CSM, [REDACTED] re-educated regarding Preadmission Screening completion requirements.

3. Initial audit of all current resident Preadmission Screenings to be completed to ensure compliance. Audits of any new Preadmission Screenings to be implemented weekly for four weeks followed by monthly for two months. Audit results will be forwarded to the Quality Assurance & Process Improvement team for review/recommendations following.

Completion Date: 07/16/2021

Update - 07/20/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC the home will send the copy of the corrected Pre-Admission Screening.

If the Home has had any new Admissions since the Renewal Inspection, the home will send a copy of the new Pre-Admission Screening as well to demonstrate compliance.

The Adm will also send in the signature sheet for retraining of staff and the audit sheet(s) currently in use to verify compliance.

AG, 7-20-21

Document Submission

Implemented

Please see attachments.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #1 dated [REDACTED] was not signed by the resident nor was there any documentation of the resident's inability or refusal to sign the support plan.

227g -Support Plan Signatures (continued)

Plan of Correction**Accept**

1. Missing signature and date for Resident #1 was obtained for the Support Plan dated [REDACTED], following re-review.
2. CSM, [REDACTED] re-educated regarding Support Plan signature/date completion requirements.
3. Initial audit of all current resident Support Plans to be completed to ensure signature/date compliance. Audits of any new/updated Support Plans to be implemented weekly for four weeks followed by monthly for two months. Audit results will be forwarded to the Quality Assurance & Process Improvement team for review/recommendations following.

Completion Date: 07/16/2021

Update - 07/20/2021

In order to complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC the Adm will send in a copy of the signed Support Plan,

If there have been any addition Support Plan meetings with residents that have signed their supports plans, or have refused to sign and the home has documented the same since the Renewal Inspection, please send in a copy of that document as well to verify compliance.

In addition, please send in a copy of the current audit underway showing progress with the audit to date, including findings, and any action(s) taken.

AG, 7-20-21

Document Submission**Implemented**

Please see attachments.