

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

July 3, 2023

[REDACTED], ADMINISTRATOR
DIAKON LUTHERAN SOCIAL MINISTRIES
800 HAUSMAN ROAD
ALLENTOWN, PA, 18104

RE: LUTHER CREST RETIREMENT
COMMUNITY
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 04/26/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LUTHER CREST RETIREMENT COMMUNITY **License #:** 21629 **License Expiration:** 07/30/2023
Address: 800 HAUSMAN ROAD, ALLENTOWN, PA 18104
County: LEHIGH **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] [REDACTED]

Legal Entity

Name: DIAKON LUTHERAN SOCIAL MINISTRIES
Address: 800 HAUSMAN ROAD, ALLENTOWN, PA, 18104
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 44 **Waking Staff:** 33

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 04/26/2023

Inspection Dates and Department Representative

04/26/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 71 **Residents Served:** 27

Secured Dementia Care Unit

In Home: Yes **Area:** n/a **Capacity:** 17 **Residents Served:** 13

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 27
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 0

Inspections / Reviews

04/26/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/26/2023

06/12/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/30/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/20/2023

Inspections / Reviews *(continued)*

06/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/02/2023

07/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

Resident #1 has an order for [REDACTED]. The Humalog was not administered on [REDACTED] and [REDACTED] at [REDACTED]. Only [REDACTED] of the [REDACTED] were administered on [REDACTED]. The home did not submit an incident report to the Department regarding the medication errors.

Plan of Correction

Accept (RY - 06/26/2023)

1. The failure to submit an incident report specific to the medication errors identified for resident #1 was found during the DHS visit on 4/26/2023 and cannot be retroactively submitted. 2. Executive Director, [REDACTED], re-educated the Clinical Services Manager, [REDACTED], and Personal Care Home Administrator, [REDACTED], on May 15, 2023, on the timely submission of incident reports specific to medication errors. Med Techs/LPNs were also re-educated on identifying and reporting medication errors to both the Clinical Services Manager and Personal Care Home Administrator on May 15, 2023.

3. Clinical Services Manager, [REDACTED], will review all current residents with medication orders specific to insulin to ensure full compliance with medication administration.

4. Target Completion date of July 1st 2023.

5. Clinical Services Manager, [REDACTED], will conduct audits of any current or new insulin medications weekly x4 followed by monthly x2 to ensure no errors are present or until substantial compliance is achieved. Corrective action plan will be monitored by Quality Assurance & Process Improvement.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented [REDACTED] - 07/03/2023)

186c - Change in Medications

2. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [REDACTED] at [REDACTED] and [REDACTED] at [REDACTED] a verbal order was taken by an unlicensed staff person to administer 5 units of Humalog to Resident #1.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

1. A verbal order was taken by an unlicensed staff person, which could not retroactively be changed.

2. Clinical Services Manager, [REDACTED], and Personal Care Home Administrator, [REDACTED], re-educated LPN/Med. Tech.'s on May 15th 2023, that changes in medication can only be made by a prescriber except in circumstances in which verbal orders may be accepted only by an LPN or RN.

3. Clinical Services Manager, [REDACTED], will review all new insulin orders or changes in insulin orders to ensure only LPN or RN accepted verbal orders.

4. Target Completion date of July 1st 2023.

186c Change in Medications (continued)

5. Clinical Services Manager, Rebecca Martin, will conduct audits of any current or new insulin medications weekly x4 followed by monthly x2 or until substantial compliance is achieved to ensure all verbal orders were taken by an LPN or RN. Corrective action plan will be monitored by Quality Assurance & Process Improvement.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented [REDACTED] - 07/03/2023)

187a - Medication Record**3. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #1's Medication Administration Record (MAR) was incorrectly documented on [REDACTED] [REDACTED] and [REDACTED] at 1 pm. The MAR's noted [REDACTED] of [REDACTED] were administered when only 5 units were administered.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

1. The Medication Administration record was incorrectly documented for the units administered for resident #1. While this cannot be retroactively corrected a clarification note is present.

2. Clinical Services Manager, [REDACTED], and Personal Care Home Administrator, [REDACTED], re educated LPN/Med. Tech.'s on May 15th, 2023 on proper documentation within the Medication Record.

3. Clinical Services Manager, Rebecca Martin, will review any current or new insulin medication MARs to ensure the physicians order was followed as prescribed.

4. Target Completion date of July 1st 2023.

5. Clinical Services Manager, [REDACTED], will conduct audits of any current or new insulin medications MARs weekly x4 followed by monthly x2 or until substantial compliance is achieved to ensure all verbal orders were taken by an LPN or RN. Corrective action plan will be monitored by Quality Assurance & Process Improvement.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented [REDACTED] - 07/03/2023)

187c - Refusal of Medication**4. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 refused [REDACTED] of [REDACTED] at [REDACTED] on [REDACTED] and [REDACTED]. The prescriber was not notified regarding the refusals.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

1. We cannot retroactivity inform the prescriber at the time of refusal for resident #1 however the prescriber has been notified regarding the refusals.

187c - Refusal of Medication (continued)

2. Clinical Services Manager, [REDACTED], and Personal Care Home Administrator, [REDACTED] re-educated LPN/Med. Tech.'s on May 15th, 2023 the need to inform the physician when medication refusal occurs.
3. Clinical Services Manager, [REDACTED], will audit any new or current medication refusals to make sure physician was notified.
4. Target Completion date of July 1st 2023.
5. Clinical Services Manager, [REDACTED], will conduct audits to monitor insulin medication refusals and physician notification of refusals weekly x4 followed by monthly x2 or until substantial compliance is achieved. Corrective action plan will be monitored by Quality Assurance & Process Improvement.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented [REDACTED] - 07/03/2023)

187d - Follow Prescriber's Orders**5. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for [REDACTED] of [REDACTED]. The [REDACTED] was not administered on [REDACTED] and [REDACTED]. Only [REDACTED] of the [REDACTED] were administered on [REDACTED] at [REDACTED], without an order from the doctor.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

1. We cannot retroactively correct the medication errors, however the physician was made aware on April 26, 2023.
2. Clinical Services [REDACTED], and Personal Care Home Administrator, [REDACTED] re-educated LPN/Med. Tech.'s on May 15, 2023 on following the MAR as prescribed by the prescriber.
3. Clinical Services Manager, [REDACTED], will review the MAR to ensure all insulin orders are followed as prescribed by the physician.
4. Target Completion date of July 1st 2023.
5. Clinical Services Manager, [REDACTED], will conduct audits on any current or new insulin medications to ensure they were given as prescribed by the physician weekly x4 followed by monthly x2 or until substantial compliance is achieved. Corrective action plan will be monitored by Quality Assurance & Process Improvement.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented [REDACTED] - 07/03/2023)

188b - Medication Error Reporting**6. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 has an order for [REDACTED] of [REDACTED]. The [REDACTED] was not administered on [REDACTED] at [REDACTED]. Only [REDACTED] of the [REDACTED] were administered on [REDACTED] at [REDACTED], without an order from the doctor. The prescriber was not notified regarding the medication errors.

Plan of Correction

Accept [REDACTED] - 06/26/2023)

1. We cannot retroactively correct the medication errors, however the physician and resident were made aware on

188b - Medication Error Reporting (continued)

April 26, 2023.

2. Clinical Services Manager, Rebecca Martin, and Personal Care Home Administrator, [REDACTED] re-educated LPN/Med. Tech.'s on May 15th 2023 on the timely submission of incident reports specific to medication errors. Med Techs/LPNs were also educated on identifying and reporting medication errors to both the Clinical Services Manager and Personal Care Home Administrator.

3. Clinical Services Manager, [REDACTED], will review all residents with any current or new insulin orders to ensure they were given as prescribed and physician was made aware of refusals.

4. Target Completion date of July 1st 2023.

5. Clinical Services Manager, [REDACTED], will conduct audits on all residents with any current or new insulin orders to ensure they were given as prescribed and physician was made aware of refusals weekly x4 followed by monthly x2 or until substantial compliance is achieved. Corrective action plan will be monitored by Quality Assurance & Process Improvement.

Licensee's Proposed Overall Completion Date: 07/01/2023

Implemented [REDACTED] - 07/03/2023)