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

July 30, 2024

[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 06/27/2024, 07/02/2024 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**: *07/30/2024*

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

County: *LEHIGH* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *DIAKON LUTHERAN SOCIAL MINISTRIES*

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

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *11/18/2013* **Issued By**: *South Whitehall Twnp.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *41* **Waking Staff**: *31*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Incident* **Exit Conference Date**: *07/02/2024*

Inspection Dates and Department Representative

06/27/2024 - On-Site: [redacted]

07/02/2024 - Off-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**: *MSU* **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: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *16* **Have Physical Disability**: *0*

Inspections / Reviews

06/27/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2024*

07/23/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/28/2024*

Inspections / Reviews *(continued)*

07/30/2024 - Document Submission

Submitted By: [redacted]
Date Submitted: *07/29/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in room # 601, 605, and 621.

Plan of Correction ***Accept (- 07/23/2024)***

1. The personal care home immediately posted the emergency telephone numbers required by this regulation on or by those room numbers specifically identified and confirmed placement on or by each telephone with an outside line.
2. The PCHA (or designee, will confirm proper placement/posting of emergency telephone numbers upon each new admission and/or newly installed telephone with an outside line.
3. The PCHA (or designee, will ensure ongoing compliance.
4. Target Completion Date: 10/14/2024
5. The PCHA (or designee, will audit the emergency telephone number placement weekly X4 weeks, then monthly X2 months, or until substantial compliance is achieved. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: *10/14/2024*

Implemented (- 07/30/2024)

94b - Non-Skid Surface

2. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

Room 601 has a bath matt located in front of the sink that did not have non slip backing, which could be a slip or trip hazard.

Plan of Correction ***Accept (- 07/23/2024)***

1. The personal care home immediately removed the bath matt that did not have the non-skid backing and confirmed no other such bath matts were present.
2. The PCHA (or designee, will confirm all new bath matts have the non-skid backing prior to placement.
3. The PCHA (or designee, will ensure ongoing compliance.
4. Target Completion Date: 10/14/2024
5. The PCHA (or designee, will audit bath matts for non-skid backing weekly X4 weeks, then monthly X2 months, or until substantial compliance is achieved. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: *10/14/2024*

Implemented (- 07/30/2024)

101j7 - Lighting/Operable Lamp

3. Requirements

101j7 - Lighting/Operable Lamp *(continued)*

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in room 621 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction ***Accept (- 07/23/2024)***

1. The personal care home immediately replaced the lightbulb for the bedside lamp identified as being non-operable, along with ensuring the overbed lights pull chain is long enough to reach from bedside.
2. The PCHA (or designee, will confirm all bedside lamps or other lighting sources are operable and within reach from bedside.
3. The PCHA (or designee, will ensure ongoing compliance.
4. Target Completion Date: 10/14/2024
5. The PCHA (or designee, will audit all resident rooms to ensure operable and reachable lighting sources are in place weekly X4 weeks, then monthly X2 months, or until substantial compliance is achieved. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: *10/14/2024*

Implemented (- 07/30/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed Tylenol 325mg. as needed. The medication was not on hand.

Plan of Correction ***Accept (- 07/23/2024)***

1. PRN Tylenol 325mg was obtained and placed in medication cart for resident use.
2. The CSM (or designee, will complete a medication cart audit to ensure all residents who have an order for PRN Tylenol have medication available in medication cart.
3. The CSM (or designee, will provide staff education on ensuring PRN medications are available for resident use as prescribed/needed, and will ensure ongoing compliance.
4. Target Completion Date: 10/14/2024
5. The CSM (or designee, will audit the medication cart to ensure all PRN Tylenol medication orders are available for resident use weekly X4 weeks, then monthly X2 months, or until substantial compliance is achieved. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: *10/14/2024*

Implemented (- 07/30/2024)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227d - Support Plan Medical/Dental *(continued)*

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 and Resident #2 uses a bedside mobility device. The resident's Resident Assessment Support Plan dated 8-1-23 does not reflect the specific need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Repeat Violation-1-12-23.

Plan of Correction ***Accept (- 07/23/2024)***

1. The Resident Assessment Support Plan's identified as not reflecting all appropriate detail surrounding bedside mobility devices have been updated.
2. The CSM (or designee, will complete an audit of all residents who have a current mobility device to ensure appropriate detail is documented on the RASP.
3. The CSM (or designee, will provide staff education on ensuring the RASP is appropriately completed as it pertains to bedside mobility devices, and will ensure ongoing compliance.
4. Target Completion Date: 10/14/2024
5. The CSM (or designee, will audit the RASPs which include bedside mobility devices to ensure full completion surrounding the devices weekly X4 weeks, then monthly X2 months, or until substantial compliance is achieved. Corrective action plan will be monitored through QAPI process.

Licensee's Proposed Overall Completion Date: *10/14/2024*

Implemented (- 07/30/2024)