

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERAN COMMUNITY AT TELFORD

LEGAL ENTITY

To operate LUTHERAN COMMUNITY AT TELFORD

NAME OF FACILITY OR AGENCY

Located at 235 NORTH WASHINGTON STREET, TELFORD, PA 18969

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 57  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 11, 2010 until May 11, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126720

*Robert E. Robinson*

ISSUING OFFICER

*Kurt T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 11 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Ellen Shrager, COO  
Lutheran Community at Telford  
235 North Washington Street  
Telford, Pennsylvania 18969

Dear Ms. Shrager:

As a result of the Department of Public Welfare's licensing inspection on March 30, 2010 and March 31, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Lutheran Community at Telford 235 North Washington Street, Telford 18969		CURRENT LICENSE NUMBER 126720	
INSPECTION DATE(S) (Include all dates of the inspection) March 30-31, 20010		REGIONAL REPRESENTATIVE Metzger, Frey	
SIGNATURE OF LEGAL ENTITY <i>Eileen Shraga</i>	DATE 4/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 4-28-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	Written receipts for cash disbursements were not obtained from residents #1,2,3,4,6,8, and 9.	4/30/10	ALTHOUGH RESIDENT OR PC ADVOCATE SIGNATURES WERE REQUIRED FOR CASH DISBURSEMENTS FROM THE PERSONAL NEEDS ACCOUNT (PNA), ORIGINAL SOURCE DOCUMENTS WERE DESTROYED AT QUARTER END. - GOING FORWARD, RESIDENT OR RESIDENT'S POA WILL SIGN LOGS FOR CASH DISBURSEMENTS FROM THE PNA ACCOUNTS. LOGS WILL BE KEPT PERMANENTLY IN RESIDENT'S CHART. MONITORED BY RESIDENT ADVOCATE	5-3-10 JH.

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SIGNATURE OF LEGAL ENTITY <i>Eileen Sprague</i>	DATE 4/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 4-28-10

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20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	Residents #1,2,3,4,6, and 9 had not been given quarterly reports of itemized financial transactions made on their behalf.  Repeated Violation-1/21/09, et al.	4/30/10	PERSONAL NEEDS ACCOUNT (PNA) STATEMENTS ARE MAILED TO THE RESIDENT/ POA QUARTERLY WITH THE QUARTER END MONTHLY ROOM + BOARD BILL. THEY ARE ALSO POSTED TO THE RESIDENT'S CHART QUARTERLY. GOING FORWARD, THE RESIDENT WILL SIGN A COPY OF RECEIPT. WE WILL CONSIDER PAYMENT OF THE QUARTER END ROOM + BOARD BILL PROOF THAT THE POA RECEIVED A COPY OF THE STATEMENT	5-03-10 <i>JK</i>

MONITORED BY  
RESIDENT ADVOCATE

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SIGNATURE OF LEGAL ENTITY <i>Eileen Shrago</i>	DATE 4/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hamey</i>	DATE 4-28-10

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64c An administrator shall have at least 24 hours of annual training relating to the job duties.	The administrator's last full training year was the period between 10/1/08 to 9/30/09. The administrator had only 14 hours of Department approved training within this time period.	5/3/10	ADMINISTRATOR TRAINING POLICY HAS BEEN AMENDED. THE TRAINING YEAR WILL FOLLOW THE CALENDAR YEAR JANUARY TO DECEMBER. A TOTAL OF 34 HOURS WILL BE COMPLETED TO MAKE UP TO THE TEN HOURS FROM PREVIOUS YEAR. MONITORED BY PERSONAL CARE COORDINATOR.	Steps have been taken to correct violation; full compliance is not verifiable 5-3-10 <i>OK</i> Date Initials (DPW)

**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY <i>Eileen Shroyer</i>	DATE 4/19/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Hawley</i>	DATE 4-28-10


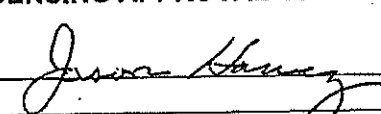
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <p>(1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety</p>	The home lacked documentation that direct care staff person C, hired 12/7/09, had received the training required by this regulation.	4/30/10	<p>STAFF PERSON "C" WAS REMOVED FROM THE SCHEDULE. PRIOR TO HER RETURN PERSON "C" WILL BE RETRAINED AND WILL SIGN OFF ON TRAINING.</p> <p>ALL NEW HIRES WILL RECEIVE TRAINING DURING ORIENTATION AND SIGN OFF THAT TRAINING WAS RECEIVED MONITORED BY STAFF DEVELOPMENT AND SCHEDULING ASSISTANT.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/3/10 Date <i>[Signature]</i> Initials (DPW)</p>

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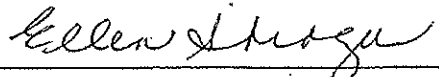
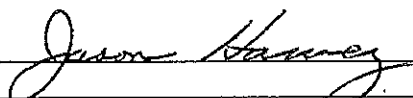
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65a (continued) procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				Steps have been taken to correct violation; full compliance is not verifiable <u>5/3/10</u> <i>AK</i> Date Initials (DPW)

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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 4/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 4-28-10

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	The home lacked documentation that direct care staff person C, hired 12/7/09, had received the training required by this regulation.	4/30/10	STAFF PERSON "C" WAS REMOVED FROM THE SCHEDULE, PRIOR TO HER RETURN PERSON "C" WILL BE RE-TRAINED AND WILL SIGN OFF ON TRAINING  ALL NEW HIRES WILL RECEIVE TRAINING DURING ORIENTATION AND SIGN OFF THAT TRAINING WAS RECEIVED. MONITORED BY STAFF DEVELOPMENT AND SCHEDULING ASSISTANT.	Steps have been taken to correct violation; full compliance is not verifiable 5/3/10 Date Initials (DPW)

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65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Direct care staff person C, hired 12/7/09, had not completed and passed the Department approved direct care training course.	5/3/10	STAFF PERSON "C" WAS REMOVED FROM THE SCHEDULE UNTIL LNA LICENSE WAS VERIFIED FACILITY POLICY IS TO HIRE CNRS ONLY. LICENSES / CERTIFICATIONS WILL BE TRACKED. MONITORED BY STAFF DEVELOPMENT AND SCHEDULING ASSISTANT	5-3-10 JH

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<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.</p>	<p>Staff persons A, B, C, D, and E lacked annual fire safety training by a fire safety expert.</p>	<p>6/7/10</p>	<p>- MAINTENANCE MANAGER WAS TRAINED BY FIRE SAFETY EXPERT ON 4/19/10.</p> <p>- MAINTENANCE MANAGER WILL TRAIN STAFF PERSONS A, B, C, D, E.</p> <p>- STAFF WILL BE TRAINED UPON HIRE AND ANNUALLY ON FIRE SAFETY.</p> <p>MONITORED BY STAFF DEVELOPMENT AND SCHEDULING ASSISTANT.</p>	<p>5-3-10QH</p>

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Ellen Metzger</i>	<b>DATE</b> 4/19/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 4-28-10

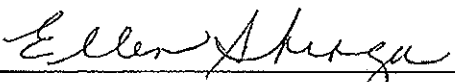
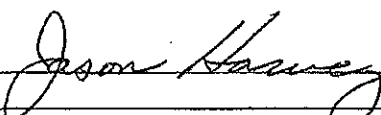
1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The exit door from the dining room to the Wing A hallway could not be opened when the door was locked because the thumb-turn on the dining room side of the door had fallen off.	6/7/10	LOCK WAS REMOVED AND A NEW LOCK INSTALLED WHILE INSPECTORS WERE ON PROPERTY 3/31/10 HALLWAY CORRIDOR DOORS WILL BE CLOSED AND CHECKED DURING FIRE DRILLS MONITORED BY MAINTENANCE MANAGER	5-03-10 <i>GH</i>

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131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	Fire extinguishers within the personal care home lacked an annual inspection and approval.	4/30/10	FIRE EXTINGUISHERS WERE REPLACED AT TIME OF INSPECTION WITH PROPERLY INSPECTED EXTINGUISHERS.  EXTINGUISHERS WILL BE INSPECTED YEARLY + DISPLAY CERTIFICATION.  MONITORED BY MAINTENANCE MANAGER	5-3-10BH

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141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Medical evaluations for residents #1,5, and 7 had attachments that addressed the residents' medical evaluations. These attachments had not been signed and dated by the physicians who had completed the medical evaluations.	4/30/10	MEDICAL EVALUATIONS will BE completed FOR RESIDENTS #1,5+7. ALL ATTACHMENTS WILL BE SIGNED AND DATED BY THE SAME PHYSICIAN ON SAME DAY MONITORED BY PERSONAL CARE COORDINATOR.	5-03-10 JH