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** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **August 1, 2011** until **August 1, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 126720

Robert E. Robinson
ISSUING OFFICER

DIRECTOR

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 – 01/11

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

ADULT RESIDENTIAL LICENSING

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

AUG 0 8 2011

Ms. Ellen Shrager, Chief Operating Officer
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 May 10, 2011 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,

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME	CURRENT LICENSE NUMBER
LUTHERAN COMMUNITY AT TELFORD, 235 NORTH WASHINGTON STREET TELFORD, PA 18969	126720
INSPECTION DATES (Include all dates of the inspection) 05/10/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Rose Sutkins RN PC Manager	
SIGNATURE OF LEGAL ENTITY Rose Sutkins	DATE 6/9/11
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Charon McDaniel	DATE 7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
16c 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).	On 3/19/11 at 9:00pm resident #1 fell and hit their head. The resident was sent to the emergency room for evaluation. The home did not report the incident to the Department until 3/21/11 at 9:30pm.	6/8/11 7/31/11	The employee working at the time was re-educated on the "Reportable Incident" regulation paying particular attention to - types of incidents that require reporting + time frames. All PC licensed nursing staff shall be inserviced twice a year regarding Reportable Incident Policies + Procedures as part of ongoing educational needs.	Steps have been taken to correct violation; full compliance is not verifiable Date 7/22/11 Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Rose Lutheran Rep	7/19/11	Sharon Mitchell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract, dated 2/12/11, for resident #2 was not signed by the homes administrator.	5/10/11 6/9/11 from this point forward.	The contract for resident #2 was signed by the homes administrator as required. The Admissions Director and PC Manager will review all contracts to ensure that all aspects of the contract are complete upon admission.	7/20/11 CPM

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, PA 18969	CURRENT LICENSE NUMBER 126720
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Rose Luthers	7/19/11		

REGULATION 55 Pa.Code §2600	VIOLATION	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
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.	Resident's # 1, 2, 3, 4, 5, 6, 7 and 8 record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. Withdrawn 7/22/11 CRM	① Please review for consideration of withdrawal of violation - see attached Contract section XVI A. 7/1/11	① Current contract clearly states acknowledgement of receipt of resident's rights and complaint procedures and is verified by resident's signature + if appropriate designated others signature for resident's 1-8. ② If unacceptable will include a separate signature sheet for resident's rights and complaint procedures as plan of correction.	

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Rose Luthers	7/19/11	Chelsea Mitchell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
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 (35 P. S. §§ 10225.101—10225. 5102). (4) Reporting of reportable incidents	The following direct care staff persons did not receive orientation in residents rights and emergency medical plan: -Staff person A, date of hire 08/10/10 -Staff person B, date of hire 10/11/10 -Staff person C, date of hire 05/21/10 Repeated Violations: 03/30/2010	7/1/11 6/1/11	Direct care staff A, B, C shall be oriented to residents' rights and the emergency medical plan. An education/orientation binder has been developed & implimented for all new hires & substitute staff which includes all aspects of 65b. The binder is kept at the PC nurses station for 24/7 access to all PC employees. All PC staff and the Education Coordinator	7/22/11 CBM

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Ron Luthein	7/19/11	Carmen Mitchell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
and conditions.			have been educated in the contents and use; understand that any new employee or substitute staff must be provided with the information prior to working their shift, have adequet time to read the information contained within, document by signature their receipt + review of information. The signature sheet is returned to the PC Manager + then filed in the employee file. In the case of substitute staff the PC Manager retains the signature sheet.	

the QA Nurse ... for compliance.

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Ron Guthrie	7/19/11	Carmen Mitchell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	The following ancillary staff persons did not have orientation to their specific job functions: -Staff person D, date of hire 4/28/10 -Staff person E, date of hire 7/27/10 -Staff person F, date of hire 9/29/10	7/1/11	Ancillary employees D, E, F shall be oriented to their specific job function as it relates to their position. Going forward each ancillary dept. head will have clear documentation - such as the signed job description by the employee; and any other materials provided in the orientation process. Signed documents will be kept in the employees file.	7/22/11 CRM

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Rne Autkins	7/19/11	[signature]	7/22/11

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66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (1) The name, position and duties of each direct care staff person. (2) The required training courses for each staff person. (3) The dates, times and locations of the scheduled training for each staff person for the upcoming	The home's staff training plan does not include time and the location of training.	6/9/11	All training, unless otherwise indicated on the training "sign-in" log, is held on the LCT campus. Sign-in logs also include the date + time of the training. This information is then inputted into the Silver Chair Computerized Learning + Educational Tracking System. going forward care will be taken to ensure that time of training + location of training (ie - LCT campus) will be included in the	7/22/11 CBR

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Ron Luthiar	7/19/11	Sharon Mitchell	7/22/11

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year.			individual employer database. Training via the Silver Chair Computerized learning system is available to employees 24/7, with computers located in PC, SNF, + the main entrance reception area, and is monitored by the Educational Coordinator.	

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Ron Auth	7/19/11	Cheryl Mitchell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	On 5/10/11, at 2:30pm the water temperature in room #211 in A wing, measured 127 degrees Fahrenheit.	5/10/11 Immediate 5/10/11	The water temperature was adjusted to the acceptable range immediately upon discovery out of range temperature. Maintenance will conduct daily monitoring of water temperatures on each PC wing @ random times during the day.	7/22/11 CM

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05/10/2011	Roslyn Brewer, Sandra Wooters

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[signature]	7/19/11	[signature]	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	There were no emergency phone numbers near or on the telephone in room # 211.	5/10/11 7/~~26~~ 01/11	The phone card in room 211 was discovered on the floor behind the bedside stand. A new phone card was placed immediately upon discovery. Going forward, all phone cards are checked on the residents shower day (weekly) to ensure their continued placement on the phone.	7/22/11 CKM

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SIGNATURE OF LEGAL ENTITY Ron Luthin	DATE 7/19/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Carmen Mitchell	DATE 7/22/11

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the main kitchen does not include tweezer and eye covers.	7/1/11	Tweezer + eye covering were added to the First Aid kit located in the main kitchen. The First Aid kit will be checked monthly for completeness by dietary staff.	7/22/11 CMA

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[signature]	7/19/11	[signature]	7/22/11

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in room # 238, resident # 9, does not have a source of light that can be turned on/off from bedside.	7/1/11	A bedside lamp was placed at resident #9 bedside and can be turned on/off from the bedside. The PC Manager or designee will make unannounced room rounds and check rooms for appropriate lighting.	7/22/11 CRM

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Rae Anthis	7/19/11	Cheron McFadden	7/22/11

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The homes evacuation diagrams, posted on wings A, B and C of the home, do not indicate the line of travel to exit in the event of an emergency.	5/10/11	Evacuation diagrams have been marked to indicate ~~not indicate~~ the line of travel to an exit in the event of an emergency in Wings A, B, + C.	7/22/11 CRM

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Ron Luthein	7/19/11	Sharon Mitchell	7/22/11

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	-Resident #1's May 2011 MAR does not include the diagnosis or purpose for the medications Coumadin, Lipitor, and Ativan. -Resident #3's May 2011 MAR does not include the diagnosis or purpose for the medication Azopt Opht Susp 10. -The home maintains a master key for the staff that administers medications and document on the MAR's. The master key is not updated monthly as required.	7/1/11	Diagnoses were obtained for resident #1 and #3 and both records have been corrected. Going forward - During the monthly recap process for MAR's: - The signature/initial log will be updated to the current month - All medications will be reviewed to ensure that have appropriate diagnoses. The PC Manager will monitor for compliance.	7/22/11 CRM

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Rne Sutkin	7/19/11	Chevon Mitchell	7/22/11

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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Ron Luthein	7/19/11		

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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for the following resident was not dated to identify when they were completed: - Resident #1 admitted on 10/29/10 - Resident #4 admitted on 10/14/10 - Resident #6 admitted on 1/5/11 - Resident #7 admitted on 1/16/11 Withdrawn 7/22/11 CEM	6/9/11	Although pre-admission screen for residents 1, 4, 6, and 7 were signed and dated - the date was not additionally added to the box that indicates completion date. Going forward the pre-admission screen will be double checked for completeness by an additional staff person who is familiar with the form.	

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The home did not complete a support plan within 30 days of the completion of the assessment for the following residents: - Resident # 1 date of assessment 1/26/11 - Resident # 3 date of assessment 1/12/11 - Resident # 5 date of assessment 2/23/11 - Resident # 6 date of assessment 4/06/11 - Resident # 9 date of assessment 1/26/11	5/10/11	Routine quarterly assessments for "in-house" use will no longer be utilized. Assessments with support plans will be completed strictly by the guidelines set forth by the regulations.	Steps have been taken to correct violation; full compliance is not available 7/22/11 Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Ron Guthrie	7/19/11	Chevon Mitchell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Resident #5 did not sign the 11/24/10 support plan. The home did not make a notation regarding the resident refusing to sign or unable to sign the document.	6/10/11 7/1/11	The 11/24/10 support plan for resident #5 was reviewed with the resident + signed. The PC Manager will audit support plans for completeness. In the event that a resident refuses or is unable to sign, it will be documented on the support plan. Three attempts - on separate occasions, will be made to obtain a signature, with each attempt documented on the form.	7/22/11 CM

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHERAN COMMUNITY AT TELFORD, 235 NORTH WASHINGTON STREET TELFORD, PA 18969	CURRENT LICENSE NUMBER 126720
INSPECTION DATES (Include all dates of the inspection) 05/10/2011	REGIONAL REPRESENTATIVE Roslyn Brewer, Sandra Wooters
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	

SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
Rose Luthern	7/19/11	Carmen McDowell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident #1, 2, 3, 4, 5, 6, 7, 8 and 9's records does not include eye color, hair color and identifying marks.	7/31/11	Beginning in January 2011, eye color + hair color were added to the initial admission nursing assessment. Going forward eye color + hair color will be added to the resident's demographic "face sheet", by either the Admissions Director, PC Manager or designee.	7/22/11 CBM

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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Ron Luthin	7/19/11	Clinton McDowell	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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SIGNATURE OF LEGAL ENTITY Rne Authrie	DATE 7/19/11
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Carmen Mitchell	DATE 7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
[signature]	7/19/11	[signature]	7/22/11

REGULATION 55 Pa.Code §2600	VIOLATION	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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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, PA 18969	CURRENT LICENSE NUMBER 126720
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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				