

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERAN HOME AT KANE

LEGAL ENTITY

To operate LUTHERAN HOME AT KANE/RESIDENTIAL CARE CENTER

NAME OF FACILITY OR AGENCY

Located at 100 HIGH POINT DRIVE, KANE, PA 16735

(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 33
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 November 10, 2011 until November 10, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426450

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

JAN 06 2012

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

Ms. Linda D. Carlson, NHA, CEO/Administrator
Lutheran Home at Kane
Lutheran Home at Kane/Residential Care Center
100 High Point Drive
Kane, Pennsylvania 16735

Dear Ms. Carlson:

As a result of the Department of Public Welfare's licensing inspection on October 20, 2011 and October 21, 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,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER, 100 HIGH POINT DRIVE KANE, PA 16735		CURRENT LICENSE NUMBER 426450	
INSPECTION DATES (Include all dates of the inspection) 10/20/2011, 10/21/11		REGIONAL REPRESENTATIVE D. McConnell, M. Stepanovich, D. McConnell, M. Stepanovich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Linda D. CARLSON, CEO-ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Lutheran Home at Kane Residential Care Center Linda D. Carlson, CEO</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/16/11</i>


REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these</p>	<p>Ancillary staff persons A and direct care staff person B did not receive annual training in fire safety by a fire safety expert during the training year 2010.</p> <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 6 2011</p> <p style="text-align: center; font-size: 1.2em;">Adult Residential Licensing</p>	<p>11-16-11</p> <p style="text-align: center; font-size: 1.5em;"><i>1/31/12</i></p>	<p>Fire Safety training was scheduled by [redacted] and attended by staff on Nov 16, 2011. This training done through Northwest Health Connections has been added to our training plan and will continue to be held annually. Please see EXHIBIT "1"</p> <p>Administrator will ensure that all direct care, ancillary and substitute staff and volunteers complete required annual trainings.</p> <p style="text-align: right;"><i>Jan 12-16-11</i></p>	<p style="text-align: center;"><i>[Signature]</i></p> <p style="text-align: center; font-size: 1.5em;"><i>12/16/11</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER, 100 HIGH POINT DRIVE KANE, PA 16735		CURRENT LICENSE NUMBER 426450	
INSPECTION DATES (Include all dates of the inspection) 10/20/2011 10/21/11		REGIONAL REPRESENTATIVE D. McConnell, M. Stepanovich, D. McConnell, M. Stepanovich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Linda D. CARLSON, CEO/ADMINISTRATOR</i> <i>Regina Greenman, Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda D. Carlson, CEO</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/14/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	There are enabler/assist bars on the beds of resident #1, in room #107 and resident #2, in room #109 that have uncovered openings of approximately 9" by 4.5". This poses a potential hazard of an entrapment of a limb. Observed on 10/21/11 <p style="text-align: center; font-size: 1.2em;">Western Region</p>	10-21-11	Covers for the enablers were immediately hand sewn by the DON and Head of Safety Committee and placed on the mentioned resident bed. This was complete and re-checked by our inspectors prior to the exit interview. A staff and resident educational/memo was initiated, additional enabler covers were ordered, received, and placed on the mentioned beds. Please see EXHIBIT "2" <i>Enablers will be monitored by staff daily as part of their regular duties to ensure covers remain in place.</i>	<i>[Signature]</i> <i>12/16/11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER, 100 HIGH POINT DRIVE KANE, PA 16735		CURRENT LICENSE NUMBER 426450	
INSPECTION DATES (Include all dates of the inspection) 10/20/2011, 10/21/11		REGIONAL REPRESENTATIVE D. McConnell, M. Stepanovich, D. McConnell, M. Stepanovich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LINDA D. CARLSON, CEO, ADMINISTRATOR</i> <i>Regina Greenman, Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Linda D. Carlson, CEO</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>12/16/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>There was a jar of mineral ice on the night stand and a bottle of hydrogen peroxide on a shelf at the foot of the bed in bedroom #113, with a manufacturer's label indicating "if swallowed, get medical help or contact poison control." These items were unlocked and accessible to the residents.</p> <p>Residents of the home have not been assessed capable of recognizing and using poisons safely.</p> <p>Observed on 10/20/11</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p>	<p>Initiated 10-20-11 Complete 12-5-11</p>	<p>QA done on all resident rooms for OTC medications and poisons that staff had not been previously aware of. Items removed from rooms, procedure put into place to monitor OTC and poisons at bedside and be assured that the items are locked up after determination was made that the resident may safely use and store the items.</p> <p><i>Poisonous materials will be kept in locked areas.</i> <i>J 12-11-11</i></p>	<p style="text-align: right; font-size: 0.8em;">Steps have been taken to correct violation, full compliance is not verifiable</p> <p style="text-align: right;"><i>h/l/l</i> Date</p> <p style="text-align: right;"><i>[Signature]</i> Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY <i>Linda D Carlson, CEO</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JR</i>	DATE <i>12/12/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the fire drills conducted on 12/20/10 and 3/30/11 do not include the number of resident evacuated. <p style="text-align: center; font-size: 1.2em;">Western Region</p>	10-24-11	The number of residents evacuated during the mentioned drills was double checked with maintenance dept. and the missing info was added. Please see EXHIBIT "5" <i>The administrator will monitor the fire drill log monthly to ensure it is complete.</i> <i>JR 12/12/11</i>	<i>12/16/11</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Linda D. Carlson, CEO</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/16/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
132f Alternate exit routes shall be used during fire drills.	The home is not alternating the fire exits used during fire drills. The home has 3 fire exits, however; the fire drill log indicates that the home has used exits 2 and 3 from 10/2010-10/2011.	11-20-11	On 11-20-11 a fire drill was held in which exit #3 was inaccessible to the residents forcing them to use exits #1 and #2 only. This practice will continue so as the residents utilize alternating escape routes during emergencies. Please see EXHIBIT "6"	<i>[Signature]</i> 12/16/11

Western Region

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


NAME AND ADDRESS OF PERSONAL CARE HOME LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER, 100 HIGH POINT DRIVE KANE, PA 16735		CURRENT LICENSE NUMBER 426450	
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SIGNATURE OF LEGAL ENTITY <i>Linda D. Carlson</i>	DATE <i>12/6/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/12/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
141a The medical evaluation shall 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	The medical evaluation for resident #3, dated 10/12/11, does not include the resident's diet. <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p>	At time of inspection 10-20-11 through 10-21-11 <i>1/15/11</i>	The diet was clearly stated on the sheets attached to the medical evaluation but has since been written on the medical evaluation also. Please see EXHIBIT "7" <i>The administrator or designated person will review all new and annual medical evaluations to ensure they are completed. Any medical evaluation which is missing information will be returned to physician for completion.</i>	<i>[Signature]</i> <i>12/12/11</i>

Adult Residential Licensing

[Signature]

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

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SIGNATURE OF LEGAL ENTITY <i>Linda D Carlson, CEO</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>2/16/12</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.	<h2 style="margin: 0;">Western Region</h2>			


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

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SIGNATURE OF LEGAL ENTITY <i>Linda D. Carlson</i>	DATE <i>12/6/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>12/16/11</i>


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183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	On 10/20/11, a bottle of Papaya Enzyme was on a shelf at the foot of the bed of resident #4. The medication was accessible to residents. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	Initiated 10-20-11 Complete 12-5-11	QA done on all resident rooms for OTC medications and poisons that staff had not been previously aware of. Items removed from rooms, procedure put into place to monitor OTC and poisons at bedside and be assured that the items are locked up after determination was made that the resident may safely use and store the items. Please see EXHIBIT "3" <i>All medications including over-the-counter medications shall be kept in locked areas.</i> <i>[Signature]</i>	<i>[Signature]</i> <i>12/16/11</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Linda D. Carlson, CEO</i>	DATE 12-6-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/16/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.	Western Region 2011			

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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187d The home shall follow the directions of the prescriber.	<p>The medication administration record (MAR) for resident #3 does not indicate the resident's allergy to cephalosporins as indicated on the medical evaluation dated 10/12/11. Observed on 10/20/11.</p> <p>The medication Ferrous Sulf Tab and Systane Eye Drops were not signed on the MAR as being administered to resident #6 on 10/7/11 at 12pm. Observed on 10/21/11.</p> <p align="center">Western Region</p>	<p>12-5-11 MAR printed to show allergies</p> <p>10-24-11</p> <p align="center"><i>11/15/12</i></p>	<p>Notification of new allergy sent to pharmacy and now appears on MAR. Please see EXHIBIT "9"</p> <p>All staff re-educated as to proper steps of the medication cycle as taught by DPW approved Medication Administration Course. Each staff member will be responsible to double check ones self as to proper documentation. Please see EXHIBIT "10"</p> <p><i>Administrator or designee will review the MARs monthly to ensure all required information, including allergies, are listed.</i></p> <p align="right"><i>12/6/11</i></p>	<i>12/6/11</i>

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

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SIGNATURE OF LEGAL ENTITY <i>Linda D Carlson, CEO</i>	DATE <i>12-6-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J</i>	DATE <i>12/16/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #7's medical evaluation, completed on 5/5/11, indicates the resident is unable to move from one location to another without oral prompting. The assessment, dated 6/15/11, does not include the resident's mobility need. Observed on 10/21/11	10-24-11 <i>11/15/12</i>	Support plan was updated to include verbal prompts in the event of an emergency. On 10-24-11 the PCP updated and changed his selection of mobility needs to "walks without assistance" Please see EXHIBIT "11" <i>Administrator will ensure that a residents mobility needs are accurately recorded and reflect the residents' mobility status.</i> <i>J 12/16/11</i>	 <i>12/16/11</i>
	Western Region			

