

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARTMAN LUTHERAN HOME

LEGAL ENTITY

To operate ARTMAN LUTHERAN HOME

NAME OF FACILITY OR AGENCY

Located at 250 BETHLEHEM PIKE, AMBLER, PA 19002

(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 136
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 January 25, 2012 until January 25, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127780

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

FEB 07 2012

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

Ms. Betty Bebian, RN, NHA, Personal Care Administrator
Artman Lutheran Home
250 Bethlehem Pike
Amber, Pennsylvania 19002

Dear Ms. Bebian:

As a result of the Department of Public Welfare's licensing inspection on December 8, 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 be 'R' followed by a long horizontal stroke.

Renald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ARTMAN LUTHERAN HOME, 250 BETHLEHEM PIKE AMBLER, PA 19002		CURRENT LICENSE NUMBER 127780	
INSPECTION DATES (Include all dates of the inspection) 12/08/2011		REGIONAL REPRESENTATIVE Lynn Loudenslager, Jaime Erb	
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 <i>Betty Bebian Rn</i>	DATE 12-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>LE</i>	DATE 1-10-12

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.			<i>Cont'd.</i>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Betty Bebian RN</i>	DATE 12-29-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emswiler</i>	DATE 1-10-12

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	On 12/8/11 a vial of Novolog was in the refrigerator for resident 3, who is not currently a resident of the home's personal care section.	12/09/11 12/22/11 + ongoing	Vial of Novolog was immediately discarded as per policy on day of survey. Checking of refrigerator, med cart and med room for discontinued, expired medication or those for discharged residents has been added to Unit audit sheet to assure violation does not recur. (See Attached)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Steps have been taken to correct violation; full compliance is not verifiable 1-10-12 Date: _____ initials: (DFW) </div>

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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
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 4 is prescribed Albuterol 3 times daily. The Medication Administration Record (MAR) indicated the resident received the medication only twice on 12/3/11 and 12/6/11. It is not known if the resident received the medication. -Resident 3 is prescribed docusate sodium twice a day. The MAR indicated the resident received the medication only once on 12/6/11. It is not known if the resident received the medication. -Resident 3 is prescribed acetaminophen two tablets at 9am and 5pm daily. The MAR is not initialed on 12/1 and 12/6 at 5pm. It is not known if the resident received the medication.	12/08/11 12/21/11 Gng...	All nurses involved in this sited violation were called and it was confirmed that resident #3 & #4 did in fact receive the required dose of medication and that the nurses failed to document administration. Artman RN staff educator in-serviced nurses & med tech's on correct documentation on MAR's. Administrator will do random audits of MAR's, track any further failures and provide further education or disciplinary action if necessary to assure violation does not recur.	Steps have been taken to correct violation; full compliance is not verifiable 1-10-12 SE Date: _____ Initials (DPW): _____

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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.			<i>Contd.</i>	

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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>187b</p> <p>The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.</p>	<p>-On 12/8/11 at noon, resident 5 received Namenda as prescribed. Staff did not initial the MAR.</p> <p>-On 12/7/11 at bedtime, resident 6 received Carbamazepine and Enbix as prescribed. Staff did not initial the MAR.</p> <p>-On 12/8/11 at noon, resident 4 received Actonel as prescribed. Staff did not initial the MAR.</p> <p>-On 12/5/11 at 7:30pm, a Lorazepam tablet was removed for resident 7. Staff did not initial the MAR to indicate the medication was administered to the resident; however, the count of remaining tablets was accurate.</p> <p>-On 12/2/11 at 11:45am and on 12/3/11 at midnight, Percocet tablets were removed for resident 8. Staff did not initial the MAR to indicate the medications were administered; however, the count of remaining tablets was accurate.</p> <p>Repeated Violations: 11/29/2010</p>	<p>12/21/11</p> <p>Ongoing</p>	<p>All nurses and med techs in-serviced by Artman RN staff educator on importance of correct documentation of medication administration. Administrator will do random audits of MAR, track any further failures to initial and provide further education or disciplinary action when necessary to assure violation does not recur.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">1-10-12 Date Initials (DPW)</p>

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227d 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.	The medical evaluation dated 2/1/2011 for resident 9 indicates the need for a mechanical soft diet with chopped meats and thin liquids. The resident's support plan does not address how the home will assist the resident in meeting these needs.	12/08/2011 1/2012 + ongoing	The support plan for resident #9 was corrected immediately during survey. All support plans are being reviewed by Unit Managers to assure that all special diets are address for all residents on their support plan. We will be implementing the RASP at Artman in January 2012. The issue of resident diet is addressed and flows more effectively on new forms. This will help us to assure that this violation does not recur.	<div style="text-align: right; font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable 1-10-12 Date Initials (DPW) </div>