

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERCARE, INC.

LEGAL ENTITY

To operate THE MUHLENBERG LODGE

NAME OF FACILITY OR AGENCY

Located at 300 ST. MARK AVENUE, LITITZ, PA 17543

(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 90
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 26

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 February 9, 2012 until February 9, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321820

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

MAR 16 2012

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

Mr. Carl R. McAloose, President/CEO
LutherCare, Inc.
600 East Main Street
Lititz, Pennsylvania 17543

RE: The Muhlenberg Lodge
300 St. Mark Avenue
Lititz, Pennsylvania 17543

Dear Mr. McAloose:

As a result of the Department of Public Welfare's licensing inspection on December 13, 2011 and December 14, 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', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

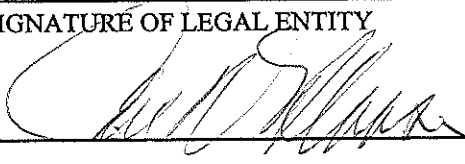
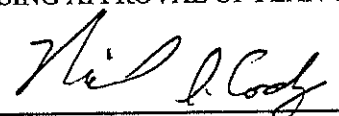
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Muhlenberg Lodge, 300 St. Mark Avenue Lititz, PA 17543		CURRENT LICENSE NUMBER 321820	
INSPECTION DATES (Include all dates of the inspection) 12/13/2011		REGIONAL REPRESENTATIVE Rebecca Riel, 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 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/25/12


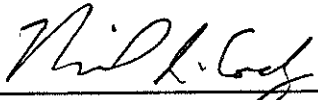
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
services with reasonable skill and safety.				

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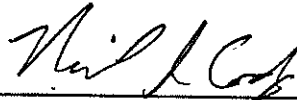
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65b Within 40 scheduled working hours, direct care staff persons, 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	Staff persons C, D, E and F did not receive orientation in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.	1/30/12 ONGOING	1. All staff are taking this PS On Line (Office of Aging) on first day of hire. (see attached new hire sheet) along with direct care test online. STAFF PERSONS C, D, E, AND F HAVE RECEIVED THE REQUIRED ORIENTATION. THE ADMINISTRATOR WILL REVIEW THE NEW HIRE SHEET FOR ALL EMPLOYEES TO ENSURE THE ORIENTATION HAS BEEN RECEIVED.	Steps have been taken to correct violation; full compliance is not verifiable 1/31/12 Date Initials (DPW)

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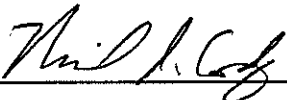
REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY

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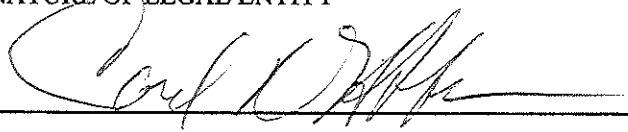
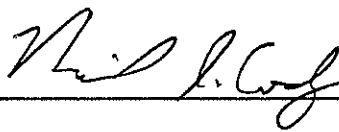
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff Persons G and H did not receive training on the Older Adult Protective Services Act during training year 2010.	ONGOING	1. All staff will review on yearly training the PS On Line module through Office of Aging. (see attached yearly Education Plan) THE ADMINISTRATOR WILL AUDIT THE EDUCATION PLAN FOR ALL EMPLOYEES ON A QUARTERLY BASIS TO ENSURE PROGRESS IN COVERING ALL REQUIRED TRAINING TOPICS.	Steps have been taken to correct violation; full compliance is not verifiable 1/25/12 Date Initials (DPW) NSC


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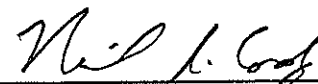
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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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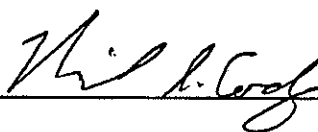
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651 A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home uses the Silver Chair training program for annual training. The actual time for an employee to complete the training was not documented for any staff person. The home uses the rated minutes to document training time. Rated minutes are based on the time it takes a person with no knowledge of the subject to take the training.		<ol style="list-style-type: none"> 1. Administrator/designee has instructed all staff to document and submit paperwork on the time it takes them to complete each module 2. The time and module and date will documented on the training record along with their certificate and training plan. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">  NSC Date 1/25/12 Initials (DPW) </p>


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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #1 was admitted to the home on 10/20/2011. A medical evaluation has not been completed for the resident.		<p>1. DME was completed by physician on 12-22-11</p> <p>2. this was a transfer from St. John Herr PC (LutherCare) that administrator didn't get medical eval prior to transfer to our pc.</p> <p>2. This has been revised in our LutherCare PC Standard</p> <p>THE ADMINISTRATOR WILL REVIEW THE RECORD FOR ALL NEW ADMISSIONS TO ENSURE A MEDICAL EVALUATION IS OBTAINED WITHIN THE REQUIRED TIMEFRAME.</p>	NSC 1/25/12

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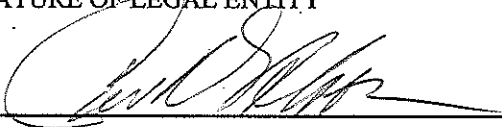
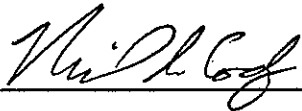
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187d The home shall follow the directions of the prescriber.	<p>Resident #2 is prescribed Vitamin D 50,000 units / 1 cap by mouth once per month by Dr. [REDACTED]. The medication administration record indicates that the resident was to take the medication on 12/2/2011 at 8am; however it was not administered. As of 12/14/2011, the resident still had not received the medication as prescribed.</p> <p style="text-align: center;"><i>Violation withdrawn</i>  2/3/12</p>		<p>1. Son is a physician and he provides [REDACTED] meds. The medication is given once a month and son was notified to bring med in. It is vitamin supplement.</p> <p>2. Son has been notified if medication is not available it will be ordered through our pharmacy.</p> <p>3. Steps have be taken for a back up plan if med not here</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 1/23/12 Date Initials (DPW) MSC</p>

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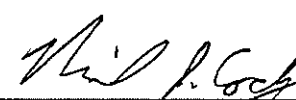
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The home has not completed an initial assessment for Resident #1, admitted 10/20/2011.	ONGOING	<p>1. RASP was completed on 12-22-11, and review with resident.</p> <p>2. Administrator will send email to team members as a reminder of date the RASP is due on a monthly basis.</p> <p>THE ADMINISTRATOR WILL AUDIT ALL RESIDENT ASSESSMENTS ON A QUARTERLY BASIS TO ENSURE THEY ARE COMPLETED TIMELY.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/25/12 Date</p> <p>Initials (DPW) NJC</p>

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1 was admitted to the home on 10/20/2011. The home has not developed a support plan for the resident.	ONGOING	<p>1. RASP was completed and reviewed with Resident on 12-22-11.</p> <p>2. We have now implemented two staff members on each floor to do the RASPS.</p> <p>3. Administrator will send email to these team members as a reminder of date due on a monthly schedule.</p> <p>ADMINISTRATOR WILL REVIEW ALL RESIDENT SUPPORT PLANS ON A QUARTERLY BASIS TO ENSURE THEY ARE COMPLETED TIMELY.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/25/12 Date</p> <p>RS Initials (DPW)</p>

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227d	<ul style="list-style-type: none"> • The home's administrator reported that Residents #3, #4, & #5 have assist bars on their beds. The support plans for these residents do not address this need and how staff will ensure that the residents will remain safe utilizing them. • The assessment for Resident #3, dated 5/13/2011 indicates the resident has incontinence of bladder and bowel and needs "toileted by staff during the night". The resident's support plan, dated 5/13/2011 does not document how this need will be met. • Resident #6 was admitted to the home on 8/31/2011 with hospice services. The resident's support plan, dated 9/11/2011 does not address that the resident is receiving hospice services. In addition, a physician's order sheet, dated 11/18/2011 says "comp stockings-on in am and off at bed". The support plan was not updated to document how this need will be met. 	ONGOING	<ol style="list-style-type: none"> 1. All Assist=Enable bars have been added to RASP. 2. All staff have been notified that if Resident needs assistance through the night with toileting due to incontinence it will be documented on RASP 3. All hospice Residents have on their RASP the need and support of hospice. 4. Team meeting was held to review what issues need to be implemented on RASP <p style="margin-top: 10px;">THE ADMINISTRATOR WILL AUDIT ALL RESIDENT SUPPORT PLANS FOR ACCURACY. THIS AUDIT WILL ALSO OCCUR ON A QUARTERLY BASIS.</p>	<p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="margin: 0;">1/23/12 MJC Date Initials (DPW)</p>