



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17102-1810

ADULT RESIDENTIAL LICENSING
Central Region Field Office
555 Walnut Street, 6th Floor
Harrisburg, Pennsylvania 17101

PHONE: (717) 772-4673
FAX: (717) 783-3956
Toll Free: 1-800-882-1885

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 29, 2012

Mr. Robert Rundle, President/CEO
Lutheran Social Services of South Central Pennsylvania
The Inn at Luther Ridge
2735 Luther Drive
Chambersburg, Pennsylvania 17202

Dear Mr. Rundle:

As a result of the Department of Public Welfare's licensing inspection on December 19, 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick
Regional Licensing Administrator

Enclosure(s)

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE INN AT LUTHER RIDGE, 2735 LUTHER DRIVE CHAMBERSBURG, PA 17202		CURRENT LICENSE NUMBER 352980	
INSPECTION DATES (Include all dates of the inspection) 12/19/2011		REGIONAL REPRESENTATIVE Serena Chou, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Eurith Long-Emerson PCHA			
SIGNATURE OF LEGAL ENTITY <i>Eurith Long-Emerson PCHA</i>	DATE <i>1/26/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Eurith</i>	DATE <i>2-29-12</i>

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 11/25/2011, resident # 1 was left unattended while toileting in the resident's room for 45 to 60 minutes by direct care staff person A. The home did not submit an incident report to the Department until 12/1/2011. PCN Division Central Region Field Office JAN 27 2012 RECEIVED	2/9/2012	The PCHA will review 55 PA code 2600 16C with all of the direct care staff and ancillary staff. This process is reviewed with all new employees within the first 40 hours of their first work week. <u>Attachments:-Standard of Practice for DCS training/orientation</u> - Checklist for staff/volunteers orientation -Review of Reportable Incident form 2600.16 -Person(s) responsible for implementation: ██████████ PCHA ██████████ Admin. Assist/HR ██████████ Admin. Assist This process will be ongoing for all new employees and will be reviewed annually at the February all staff meeting. The nursing staff will contact the PCHA or designee when any additional incidents occur requiring 911 and or	Steps have been taken to correct violation; full compliance is not verifiable <i>2-29-12 SE</i> Initials (DPW) <i>all attachments</i> <i>all attachments</i> <i>all attachments</i>

Comit ->

P. 1 A of 3

Hospitalization occurs as soon as the emergency has been dealt with the family called and the Residents physician contacted. They must report to the PCHA or designee within 8 hours of the incident if not before.

The PCHA will place this information in the 24 hour shift report binder and the nursing staff will sign off noting that they are aware of this new procedure.

The PCHA will place the telephone reporting sheet/form in the 24 hours shift report binder so that the charge nurse or designee can actually call in a reportable until the PCHA or designee can submit the written reportable. (See attachment)

This procedure will be reviewed by the Health Services Manager or Designee for all new hires.

It is listed on the Orientation check off list attached.

This process went into effect 1/20/2012.

Eurith Y. Long-Emerson PCHA 1/26/2012

E. Long-Emerson PCHA 1/26/12
SE - 2/29/12

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE INN AT LUTHER RIDGE, 2735 LUTHER DRIVE CHAMBERSBURG, PA 17202		CURRENT LICENSE NUMBER 352980	
INSPECTION DATES (Include all dates of the inspection) 12/19/2011		REGIONAL REPRESENTATIVE Serena Chou, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Eurith Long-Emerson PCHA			
SIGNATURE OF LEGAL ENTITY <i>Eurith Long-Emerson PCHA</i>	DATE 1/26/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Emich</i>	DATE 2-29-12

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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 11/25/2011, resident # 1 was left unattended while toileting in the resident's room for 45 to 60 minutes by direct care staff person A. Staff person A was found by the charge nurse at the nurse's station while the resident was unattended.	12/2/2011 2/9/2012	Staff person A was terminated from from her position as Resident Assistant. The PCHA will train all staff on the 2600 42B regulation. (Abuse Prevention) This training will take place on February 9, 2012 at 2:00 PM for all all staff. A live Power Point <i>re-attached</i> Presentation will be held with a written competency. (See attached) This training will be documented and proof of the training will be placed in the employees HR files. -This training will occur at our annual staff meeting in March of 2012 and will continue annually. -The staff is educated on the Mandatory Older Adult Protective Services Act upon hiring and this will continue to occur for all new employees and annually thereafter. It is noted on our orientation checkoff list.	2-29-12 <i>SE</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE INN AT LUTHER RIDGE, 2735 LUTHER DRIVE CHAMBERSBURG, PA 17202		CURRENT LICENSE NUMBER 352980	
INSPECTION DATES (Include all dates of the inspection) 12/19/2011		REGIONAL REPRESENTATIVE Serena Chou, Lori Gensil	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Emilia Young - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Emilia Young</i>	DATE 1-26-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Elaine Emch</i>	DATE 2-29-12

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most recent assessment for resident # 1 was completed on 11/1/2010.	12/27/2011 12/28/2011 1/1/2012 2/2/2012	<p>A significant change was completed on resident 1 on 12/27/2011. A new assessment and support plan was written (See attached)</p> <p>-Resident 1: [redacted] daughter/designee was included in the assessment and support plan updates and changes.</p> <p>- This process will continue with all residents by incorporating a 6 month review process of all assessments. This process will be monitored by the PCHA and Health Services Manager on an Outlook Calendar that will notify the PCHA or HSM tht reviews are pending.</p> <p>-All resident support plans will be reviewed every other monthly at the Resident Support Plan Meetings held every other week on Thursdays at 10AM. The PCHA, Health Services Manager or CHarge Nurse and a Resident Assst as well as ancillary staff will attend.</p>	<p><i>revised</i></p> <p>Steps have been taken to correct violation; full compliance is not verifiable 2-29-12</p> <p>Date: _____ Initials (DPW): _____</p>

Emt →

These meetings will assure accuracy and will include any changes or updates pertaining to the residents support plan and assessment (RASP).

Staff will be able to update as changes occur.

The PCHA and Health Services Manager will be responsible for coordinating and conducting these meetings.

Eurith Long-Emerson PCHA

E. Long-Emerson RHA 1/26/12

Velma Christman, LPN, HSM

VE 2-29-12

1/26/2012