

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERCARE

LEGAL ENTITY

To operate SPANG CREST MANOR

NAME OF FACILITY OR AGENCY

Located at 945 DUKE STREET, LEBANON, PA 17042

(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 18
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 18

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 March 11, 2012 until March 11, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **320840**

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 McAloose, President/CEO
Luthercare
600 East Main Street
Lititz, Pennsylvania 17543

RE: Spang Crest Manor
945 Duke Street
Lebanon, Pennsylvania 17042

Dear Mr. McAloose:

As a result of the Department of Public Welfare's licensing inspection on February 2, 2012 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 'R. Melusky', with a long horizontal stroke 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 SPANG CREST MANOR, 945 DUKE STREET LEBANON, PA 17042		CURRENT LICENSE NUMBER 320840	
INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Lisa Garman LPN/PCA</p>			
SIGNATURE OF LEGAL ENTITY <i>Lisa Garman LPN/PCA</i>	DATE <i>2/22/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ernst</i>	DATE <i>2-28-12</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
2600.29(b)(5)(ii) - If the provisions of 29(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.	During the fire drill on 10/27/11, staff did not evacuate a resident receiving hospice services. The staff did not simulate the level of effort required to move the resident.	2/22/12 <i>ongoing</i>	<ul style="list-style-type: none"> • There are no hospice residents currently in Spangcrest PC • The staff was educated on the Hospice Statement of Policy and will reasonably simulate the level of effort required to move the resident that meets the criteria. (See attached) • The PC manager will continue to review the fire drill reports and ensure that the staff documented that the evacuation of the resident was simulated. 	<p style="font-size: 0.8em;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em;"><i>2-28-12</i> <i>SE</i></p> <p style="font-size: 0.8em;">Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SPANG CREST MANOR, 945 DUKE STREET LEBANON, PA 17042		CURRENT LICENSE NUMBER 320840	
INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
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>Lisa Mauman LCN / PCMH</i>		DATE <i>2/22/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Smith</i>
			DATE <i>2-28-12</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
132a An unannounced fire drill shall be held at least once a month.	The home did not conduct a fire drill in December 2011.	<i>2/22/12</i>	<ul style="list-style-type: none"> • The home will conduct a fire drill each month • The PC manager or designee will review the fire drill log monthly to be certain a monthly fire drill was completed • The PC manager will use a checklist as an audit tool to be certain a monthly fire drill was completed in a timely manner (see attached exam 	<p>Steps have been taken to correct violation; full compliance is not verifiab</p> <p><i>2-28-12</i> Date Initials (DP)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME SPANG CREST MANOR, 945 DUKE STREET LEBANON, PA 17042		CURRENT LICENSE NUMBER 320840	
INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
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>Lisa Nauman LPN / PCHHA</i>	DATE <i>2/22/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lori Gensil</i>	DATE <i>2-28-12</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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	The manufacturer's instructions for Resident #1's Novolog Flex Pen state, "Do not refrigerate after open." The Flex Pen was open and the home was storing it in the refrigerator located in the nursing station.	<i>2/22/12</i>	<ul style="list-style-type: none"> • The Novolog insulin Pen was placed in the drawer of said resident #1. • The staff was provided education on the proper storage of the Novolog insulin pen once opened according to manufacture instructions. (see attached) • The Pc manager will complete a random audit to ensure the Novolog pen is stored properly. 	<i>2-28-12 22</i>

VIOLATION REPORT
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INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
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>Lisa Marmor LPN / PCMH</i>	DATE <i>2/22/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Smith</i>	DATE <i>2-22-12</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
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	The medication administration record for resident #2 does not include the prescription, Xenaderm, which was located in the resident's medication drawer.	<i>2/22/12</i>	<ul style="list-style-type: none"> • The Xenaderm was removed from the drawer of resident #2. • The PC manager or designee will complete a monthly audit on all residents drawers as an ongoing audit to ensure there are no D1cd medications • Staff was provided education on removing any D1cd medications / creams from residents drawers immediately and return to the pharmacy for disposal. (see attached) • An audit was completed 	Steps have been taken to correct violation; full compliance is not verifiable <i>2-25-12</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME SPANG CREST MANOR, 945 DUKE STREET LEBANON, PA 17042		CURRENT LICENSE NUMBER 320840	
INSPECTION DATES (Include all dates of the inspection) 02/02/2012		REGIONAL REPRESENTATIVE Lori Gensil, Serena Chou	
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>Lisa Mauman LPN/PCA</i>	DATE <i>2/22/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SG</i>	DATE <i>2-28-12</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
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>(cont.)</i>	<i>on all residents drawers by the PC manager on 2/16/12 (see attached)</i>	