

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERAN COMMUNITY AT TELFORD

To operate LUTHERAN COMMUNITY AT TELFORD

Located at 235 NORTH WASHINGTON STREET, TELFORD, PA 18969

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 83
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from August 2, 2012 until August 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **126720**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 16 2012

Ms. Ellen Shrager, Vice President Operations
Lutheran Community at Telford
12 Lutheran Home Drive
Telford, Pennsylvania 18969

Dear Ms. Shrager:

As a result of the Department of Public Welfare's licensing inspection on July 10, 2012 and July 11, 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.

The license indicates recent change in the mailing address.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.


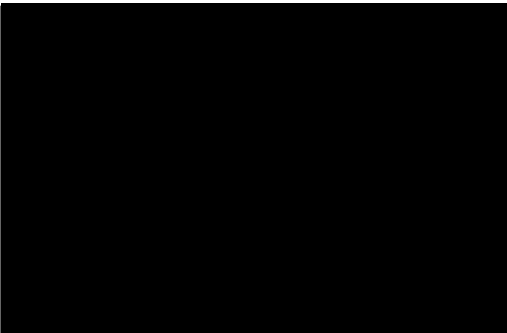
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: LUTHERAN COMMUNITY AT TELFORD		License Number: 126720						
Address: 235 NORTH WASHINGTON STREET, TELFORD, PA 18969		County: Bucks						
Administrator: Lori B Gresko , RN		Region: SOUTHEAST						
Legal Entity Name: LUTHERAN COMMUNITY AT TELFORD								
Legal Entity Address: 12 LUTHERAN HOME DRIVE, TELFORD, PA 18969								
Certificate(s) of Occupancy <table border="0"> <tr> <td>C-1</td> <td>I-2</td> </tr> <tr> <td>07/22/1992</td> <td>02/03/2012</td> </tr> <tr> <td>Commonwealth of PA</td> <td>Telford Borough</td> </tr> </table>			C-1	I-2	07/22/1992	02/03/2012	Commonwealth of PA	Telford Borough
C-1	I-2							
07/22/1992	02/03/2012							
Commonwealth of PA	Telford Borough							
Staffing Hours <table border="0"> <tr> <td>Resident Support: 0</td> <td>Total Daily Staff: 73</td> <td>Waking Staff: 55</td> </tr> </table>			Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55			
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55						
<table border="0"> <tr> <td>Type of Inspection: Full</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced			
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced						
Reason(s) for Inspection(s) Renewal, Incident								
On-Site Inspections Dates and Department Representatives On-Site 07/10/2012: Adams, Patricia; Grayes, Byron 07/11/2012: Adams, Patricia; Grayes, Byron								
Off-Site Inspection Dates and Inspectors, If Applicable 								
Other Details <table border="0"> <tr> <td>Partial or Full Triggers:</td> <td>Random Indicators:</td> </tr> </table>			Partial or Full Triggers:	Random Indicators:				
Partial or Full Triggers:	Random Indicators:							
Resident Demographic Data as of Inspection Dates								
Licensed Capacity: 83 Number of Residents Served: 56 Secured Dementia Care Unit In Home: Yes Area: Health Care Pavilion Secured Dementia Unit Capacity, If Applicable: 23 	Number of Residents who: 							

1. REGULATION 75 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2. DESCRIPTION OF VIOLATION

The home's boiler was inspected on 2/8/12 by the Department of Labor and Industry. The inspection revealed conditions which do not comply with the Laws and Regulations of this Commonwealth. The home was given thirty days to comply before a Certificate of Operation will be issued. The home was out of compliance on 07/11/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary; Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The conditions that did not comply with the inspection have been addressed. The boiler was serviced and repaired on July 30, 2012. The Director of Environmental services or designee will ensure that the boilers are inspected yearly and in compliance. Please see addendum A for certificate.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Greshko RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PC Administrator - Lori Greshko* Date *7/31/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/2/12* (Date)

Verification of Legal Entity Representative Signature *[Signature]* *8/2/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.20(b)(8) - If a home is holding more than \$200 for a resident for more than two consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

2. DESCRIPTION OF VIOLATION

The home held money for residents #1 and #2. The residents received interest on the funds, however the home did not establish an account in the resident's name at a local Federally - insured financial institution. The account is for multiple residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Lutheran Community at Telford Personal Care Resident Fund Account

The personal care resident fund account is a co-mingled FDIC insured interest bearing checking account, for personal care residents only, held at First Savings Bank. The funds are tracked on individual sub ledgers (by resident) on our software system, Answers on Demand. The PC Resident Fund module allows us to track and enter deposits and withdrawals by individual and allocate interest by individual. The balance on the PC Resident Fund module is reconciled monthly to the bank statement. Detailed activity statements are prepared quarterly and sent to the resident or responsible party.

We disagree with this violation.

Repeat Violation No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Lori B. Gresko RN - PC Administrator

Date 7/31/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/2/12
(Date)

Verification of Legal Entity Representative Signature

8/2/12
(Date)

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

1. REGULATION 55 Pa.Code §2600

2600.65(b) - 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. §§ 10225.101-10225.6102).
- (4) Reporting of reportable incidents and conditions.

2. DESCRIPTION OF VIOLATION

Ancillary staff person A did not receive orientation in the home's emergency medical plan and reporting of reportable incidents and conditions.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Ancillary Staff person A was oriented to the homes emergency medical plan and the reporting reportable incidents and conditions. Any staff assigned to personal care will be oriented to resident rights, emergency medical plan, mandatory reporting of abuse and neglect, and reporting of reportable incidents and conditions. This training will be documented on the orientation checklist. This training will be completed by August 8, 2012. Please see attached addendum B

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 05/10/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Lori Gresko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Lori Gresko RN PC administrator Date 7/31/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/2/12 (Date)

Verification of Legal Entity Representative Sign. re 8/2/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by CRM (Initials)

1. REGULATION 86 Pa.Code §2600

2600.81 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2. DESCRIPTION OF VIOLATION

The telephone located in the nurse's office on the first floor does not have emergency service numbers posted nearby.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This was corrected day of inspection and will be checked by the nurse in charge on a weekly basis that these tags remain on the phones.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/10/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko RN PC Administrator* Date *7/31/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/2/12* (Date)

Verification of Legal Entity Representative Signature *[Signature]* *8/2/12* (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

1. REGULATION 55 Pa.Code §2500

2800.130(d) - If the home serves nine or more residents, there shall be at least one smoke detector on each floor interconnected and audible throughout the home or an automatic fire alarm system that is interconnected and audible throughout the home.

2. DESCRIPTION OF VIOLATION

The home consists of a personal care section located on the second floor of a three story building and Shepherd's Way, a secured dementia care unit located on the lower level of the new health care center. Each section is equipped with a fire alarm system with smoke detectors. The systems, however, are not interconnected and do not sound at the same time when activated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The fire alarm system with smoke detectors located in the personal care section on the second floor will be interconnected with the system in Shepherd's Way which is located on the lower level of the healthcare building. This will be completed by August 27, 2012. Director of Maintenance or designee will ensure that the systems remains interconnected during monthly fire drills.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Lori B. Gruskos RN</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Lori B. Gruskos RN PC Administrator</i>	<i>7/31/12</i>

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/2/12
(Date)

The above plan of correction was approved by *OPM*
(Initials)

Verification of Legal Entity Representative Signature *8/2/12*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

1. REGULATION 86 Pa.Code §2800

2800.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2. DESCRIPTION OF VIOLATION

The home conducted fire drills on 11/30/11, 12/28/11 and 1/4/12. All of the drills were held on Wednesday.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire drills will be conducted on different days of the week and different times of the day and night as per the regulations. Plan is to change this immediately and going forward. The Personal Care Administrator and the Director of Maintenance have been informed and reviewed the regulations and policy on fire drills. We will ensure yearly that they are completed on different days of the week and different times of the day.

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko RD PC Administrator* Date *7/31/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/2/12</u> (Date)	Verification of Legal Entity Representative Signature <u>8/2/12</u> (Date)
The above plan of correction was approved by <u>ORW</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12872 - 07/10/2012 - Adams, Patricia
PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 85 Pa.Code §2800

2800.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2. DESCRIPTION OF VIOLATION

- On 7/11/12, a package of Calcium 600 vitamin D3 belonging to resident #4 was located in cart C on the 2nd floor and was not labeled with the resident's name.
- On 7/11/12, a package of Senne 8.8 mg belonging to resident #5 was located in cart C on the 2nd floor and was not labeled with the resident's name.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The bottle of calcium vitamins were labeled the day of the inspection with resident #4's name and room number. The Senna package for resident #5 was labeled the day of the inspection. We will be starting medication cart reviews, which will include the nurse reviewing the medication administration record and the medications that are in the cart. This program will begin on September 1, 2012 and done on a monthly basis. The PC Administrator is responsible for ensuring that this is completed.

Repeat Violation No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori B. Gresko RD PC Administrator* Date *7/31/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/2/12 (Date)

The above plan of correction was approved by CRM (Initials)

Verification of Legal Entity Representative Signature 8/2/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12872 - 07/10/2012 - Adams, Patricia
 FCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2800

2800.187(e) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record for resident #6 does not include diagnosis for Lumigan 0.03%.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The diagnosis for resident #6's eye drops Lumigan was put on the medication administration record the day of the inspection. The diagnosis is glaucoma. The nurse's have been instructed to check for diagnosis when completing the change over at the end of every month and to ensure that the proper diagnosis is on every medication. Please see attached addendum C

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/10/2011	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lori B. Gresko RN PC Administrator* Date *7/31/12*

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 (Date)

Verification of Legal Entity Representative Signature 8/2/12
 (Date)

The above plan of correction was approved by [Handwritten Initials]
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12872 - 07/10/2012 - Adams, Patricia
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION and Pa.Code §2600

2600.167(b) - The information in § 2600.167(e)(13) and § 2600.167(e)(14) shall be recorded at the time the medication is administered.

2. DESCRIPTION OF VIOLATION

- The 7/2012 medication administration record for resident #4 was not initiated when Balmex Diaper Rash ointment was administered.
- On 7/11/12 at 5:00 PM, resident #7's 9:00 PM phenobarbital 64.8mg and Simvastatin 40mg was not administered, but staff person C pre-signed the medication administration record to indicate the medication was administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An order was obtained from the physician for resident #4 to have balmex diaper rash ointment at her bedside, resident is able to self administer medications as per DME, the Certified nurse's aide will apply the ointment to affected area as needed. Staff person C was instructed of the policy on medication administration and the importance of recording the medication at the time of administration. See addendum D. We will be starting medication cart reviews, which will include the nurse reviewing the medication cart against the medication records to ensure that all medications correct, dose is correct, diagnosis is correct, all labels match MAR and all medications are signed out properly. This program is being developed and will begin September 1, 2012. The PC Administrator is responsible for ensuring that this is completed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]* RN

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Lori B. Gresko RN PC Administrator* Date *7/31/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/2/12*
 (Date)

Verification of Legal Entity Representative Signature *[Signature]*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partly Implemented - Adequate Progress
- Partly Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12872 - 07/10/2012 - Adams, Patricia
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION #5 Pa.Code §2600

2800.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

- Resident #4's Hydrocolloid dressing was not available for treatment on 7/11/12.
- Resident #5's Xanax 0.25 mg was not available for administration on 7/11/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The order for the hydrocolloid dressing for resident #4 was discontinued. Nurse's trained on not placing orders on medication administration record until obtained from the pharmacy. Medication for resident #5 was available although same bottle was used for straight order and PRN order. PRN order has been discontinued and straight order remains in place. Nurses have been told to have available medications for each order and not use the same medications for PRN and straight orders. We will be starting medication cart reviews, which will include the nurse reviewing the medication cart against the medication records to ensure that all medications correct, dose is correct, diagnosis is correct, all labels match MAR and all medications are signed out properly. This program is being developed and will begin September 1, 2012. The PC Administrator is responsible for ensuring that this is completed. See Addendum E

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY PAGE)

[Handwritten Signature]

Printed Name and Title of Legal Entity Representative
 (Required on EVERY PAGE)

LORI B. GRASKO RN PC Administrator

Date 7/31/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/2/12
 (Date)

Verification of Legal Entity Representative Signature

[Handwritten Signature]
 (Date)

The above plan of correction was approved by

CEM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented