

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERAN SOCIAL SERVICES OF SOUTH CENTRAL PENNSYLVANIA

LEGAL ENTITY

To operate THE INN AT LUTHER RIDGE

NAME OF FACILITY OR AGENCY

Located at 2735 LUTHER DRIVE, CHAMBERSBURG, PA 17202

(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 48  
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 September 18, 2012 until September 18, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 352980

*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.

PW 628 - 01/11



DEC 14 2012

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

Dear Mr. Rundle:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 21, 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 Human Services 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".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 35298 - 08/21/2012 - Rosenblat, Dale  
 PCH Name: THE INN AT LUTHER RIDGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**  
 Diversey Envey foaming disinfectant cleaner with a manufacture's label indicating "In case of emergency call a poison control center or doctor for treatment", was unlocked and accessible to residents in the staff station across the hall from room #2 and room #3. The home has not assessed all residents capable of recognizing and using poisons safely.

**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.

- 1- All staff will be reeducated on the importance of keeping Chemicals locked up at all times. This education will occur prior to October 11, 2012. Our ALL-STAFF mandatory meeting is being held on 10/11/12 and the Executive Director, [REDACTED] and my self [REDACTED] PCHA will re-iterate on 2600.82(c) again at that meeting. We will also cover 2600 82(a)and 82(b)
- 2- The department heads will be responsible for educating their staff on 2600.82(c) prior to the October 11, 2012 meeting.
- 3-Those employees unable to attend the all staff meeting will be educated by their dept. head.
- 4- All staff will sign off that they have recieved the education on Poison's pertaining to the regulations.Proof of this training will be forwarded upon completion.

See attached training tools  
 Staff In Service Sheet  
 Copy of 2600.82(a), 82(b), 82(c)

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Rachel Herrington*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Rachel Herrington ED*      Date *10-2-12*

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

The above plan of correction is approved as of <u>11-19-12</u> (Date)	Plan of correction implementation status as of <u>11-19-12</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 35298 - 08/21/2012 - Rosenblat, Dale

PCH Name: THE INN AT LUTHER RIDGE

**1. REGULATION 55 Pa.Code §2600**

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

Outside the double doors to the court yard patio, two active bee's nests located on the roof overhang had bees swarming and posed a hazard to residents/staff that may be on the court yard patio.

**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.* Bees nests were removed 8/22/12 at 7:00AM

The safety committee that meets monthly will complete an exterior walk around the entire Personal Care Home and out buildings once a month to ensure safety.

The designated person doing the inspection/audit will document any type of natural hazard(s) pertaining to the building. EX: Bees nests, obstructed walk ways, cracks in the walkways, unlevel sidewalks etc. A work order will be completed immediately and the hazard will be addressed by the Buildings and Grounds Staff. If the hazard poses an immediate danger the Buildings and Grounds staff will be contacted within the hour the hazard was found.

Please see attached safety audit sheet that states there will be an exterior walk around of all of the exterior buildings, including the PCH and the outbuildings.

\* Safety Meetings are held the third Tuesday of each month.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachel Herrington*

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

*Rachel Herrington*

Date

*10-2-12*

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*11-19-12*  
(Date)

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*11-19-12*  
(Date)

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*RH*  
(Initials)

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

Violation Report: 35298 - 08/21/2012 - Rosenblat, Dale  
 PCH Name: THE INN AT LUTHER RIDGE

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - 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.

**2a. DESCRIPTION OF VIOLATION**

On 8/21/2012, insulin vials of Lantus and Humalog were open with no open dates on package, making the expiration date of 28 days unable to be determined.

**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.

Insulin expiration dates were placed on vials 8/21/12

- 1- The Health Services Manager, LPN will educate all nurses and 1 med tech on PA Code 2600.183 by October 5, 2012. Education has already been initiated since the survey was conducted on August 21, 2012.
- 2- Trinity Pharmacy sent Insulin guide lines and have been posted in the Medication Administration Records and all of the LPN's and 1 Med Tech employed at Luther Ridge have signed off on the potential violation of not dating insulin with the expiration date.
- 3-A chart has been placed in the MAR's for easy access and understanding of the storage recommendations, opened, unopened, refrigerated and room temperature processes.
- 4-A small 3 ring binder has been placed in the nursing office for more detailed information pertaining to Insulin(s). 2600.183 has been posted in the binder as well as the RCG explanation of 2600.183(e) / Diabetes Care Guidelines

See attached training tools

Education sign off prior to the violation report - *one completed for each LPN & 1 med Tech*

Trinity Pharmacy Information Sheet

2600.183

Inservice Sign in Sheet - *(included w/ violation report pg. 2)*

*\* photos of corrected date of insulin found on 8-21-12. Before & after.*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 (Required on EVERY Page)

*Rachel Herrington*

Printed Name and Title of Legal Entity Representative  
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*Rachel Herrington, ED*

Date

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Violation Report: 35298 - 08/21/2012 - Rosenblat, Dale  
 PCH Name: THE INN AT LUTHER RIDGE

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - 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.

**2a. DESCRIPTION OF VIOLATION**

The medication administration record for Resident #3 does not include staff initials for administration of Centrum Complete A-Zinc on 8/5/12.

**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.*

Note: The nurse responsible for this error did receive a corrective discipline.

This occurred during our pharmacy change over. (Started a new pharmacy company)

- 1- All LPN's and one med tech will be educated on Regulation 2600.187(a) by Friday October 5, 2012. Proof of training to follow this violation report.
- 2- The LPN's and the one Med Tech will fully understand the 14 areas that must be included on the Medication and Treatment Administration Records.
- 3- 11-7 LPN's do nightly MAR and TAR audits and a new audit had been included. This audit will include the 14 areas covered in 2600.187(a). See attached audit sheet. 3 MAR's and TAR's will be audited nightly for accuracy. This will be an ongoing audit. This audit will assist us in the quality of care and service we offer at Luther Ridge. It will also assist the Pharmacy if there are any inaccuracies on their part with excluding the noted items in 2600.187(a).
- 4- Re-iteration is being done on the nurses accuracy of their documentation on the MAR's and TAR's during our scheduled LPN meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Rachel Herrington*

Printed Name and Title of Legal Entity Representative  
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Violation Report: 35298 - 08/21/2012 - Rosenblat, Dale

PCH Name: THE INN AT LUTHER RIDGE

**1. REGULATION 55 Pa.Code §2600**

2600.187(d) - The home shall follow the directions of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has an daily order for the medication Omeprazole 20mg, to be administered in the morning. The medication was not available to be administered to the Resident on 7/30/12 at 8:00am.

**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.*

- 1- The nurse involved in this incident did recieve a written corrective action pertaining to not following basic nursing practice as well as not following the prescribers orders.
- 2- All LPN's and one medication tech will be educated on 2600.187(d) on or before Friday October 5, 2012. Proof of the training will be forwarded.
- 3-The tools that will be used is attached:
  - a. Copy of the 2600.187(d) from the Regulations and RCG
  - b. Copy of our Standard of Practice on Missed Dose
- 4- Staff will sign off on this education that is being provided by the Health Services Manager, LPN.
- 5- Education also includes that the PCP is always to be notified if a medication is not available and if the pharmacy can get the medication delivered ASAP can the medication be given upon receiving it.

**NOTE:** We do have cycle fill and this does allow us a better control of medication counts and reordering.

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*Rachel Herrington*

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*Rachel Herrington, ED*

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