COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **LUTHERAN HOME AT KANE**
LEGAL ENTITY

To operate **LUTHERAN HOME AT KANE/RESIDENTIAL CARE CENTER**
NAME OF FACILITY OR AGENCY

Located at **100 HIGH POINT DRIVE, KANE, PA 16735**
(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 **33**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 **November 10, 2012** until **November 10, 2013**, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426450

Robert E. Robinson
ISSUING OFFICER

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

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 16 2012

Ms. Linda D. Carlson, NHA, CEO, Administrator
Lutheran Home at Kane
Lutheran Home at Kane/Residential Care Center
100 High Point Drive
Kane, Pennsylvania 16735

Dear Ms. Carlson:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 12, 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,

Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED
OCT 2 2012
Western Field Office
Adult Residential Licensing

| | |
|---|---|
| PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER | License Number: 426450 |
| Address: 100 HIGH POINT DRIVE, KANE, PA 16735 | County: McKean |
| Administrator: Regina Greenman | Region: WEST |
| Legal Entity Name: LUTHERAN HOME AT KANE | |
| Legal Entity Address: 100 HIGH POINT DRIVE, KANE, PA 16735 | |

**Certificate(s) of Occupancy**

C-1
05/23/1980
Labor & Industry

**Staffing Hours**

| | | |
|---|---|---|
| Resident Support: N/A | Total Daily Staff: 23 | Waking Staff: 17 |
| Type of Inspection: Full | BHA Docket Number: N/A | Notice: Unannounced |

**Reason(s) for Inspection(s)**

Renewal

**On-Site Inspections Dates and Department Representatives On-Site**

09/12/2012: Mazza, Larry; Ropon, Dennis

**Off-Site Inspection Dates and Inspectors, If Applicable**

**Other Details**

Partial or Full Triggers: N/A
Random Indicators: N/A

**Resident Demographic Data as of Inspection Dates**

Licensed Capacity: 33

Number of Residents Served: 23

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, If Applicable:

[redacted]

Number of Residents who:

[redacted]

**Violation Report:** 42645 - 09/12/2012 - Mazza, Larry
**PCH Name:** LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - 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 section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 7/26/12, the home had a "high wind alert" and implemented their severe weather/tornado policy from the home's emergency preparedness plan. This incident was not reported to the Department.

**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.*

A memo was put out 9-12-12 informing staff that upon implementing any part of our emergency procedure that DPW needs to be notified, RCC reporting binder was reorganized to show "ADULT RESIDENTIAL LICENSING-PERSONAL CARE HOMES REPORTABLE INCIDENT" form which shows the list of what is considered reportable as the first page in the binder. Staff to be reeducated on all reportable incidents 10-4-12 at full staff meeting. See Exhibit 1a (Staff memo) and Exhibit 1b (Agenda for 10-4-12 staff meeting)

Issue remedied by RCC Director

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

**Signature of Legal Entity Representative** (Required on EVERY Page) Linda D Carlson

**Printed Name and Title of Legal Entity Representative** (Required on EVERY Page) LINDA D. CARLSON — **Date** 10-2-12

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

The above plan of correction is approved as of 10/5/12 (Date)

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

Plan of correction implementation status as of 10/5/12 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress MS
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

**Violation Report:** 42645 - 09/12/2012 - Mazza, Larry
**PCH Name:** LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

**2a. DESCRIPTION OF VIOLATION**

The nearest operable smoke detector to resident bedroom #102 is 18 feet away from the bedroom door.

**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.*

Maintenance notified Simplex and a representative came to facility on 9-26-12 to become familiar with current set up of smoke detectors and assess for needs to become compliant with regulations. Simplex did all measurements necessary for additions and ordered needed items. Maintenance is awaiting a response as to actual date of new detector installations. Projected completion date December 1, 2012

Issue being remedied by a combination of RCC Director, Maintenance Dept, and Simplex

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RECEIVED

OCT 2 2012



**Violation Report:** 42645 - 09/12/2012 - Mazza, Larry
**PCH Name:** LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

Western Field Office
Adult Residential Licensing

**1. REGULATION 55 Pa.Code §2600**
2600.132(f) - Alternate exit routes shall be used during fire drills.

**2a. DESCRIPTION OF VIOLATION**
Exits 1, 2 and 3 were the exit routes used for each of the following fire drills:
*4/16/12 at 11:32 pm
*5/3/12 at 8:10 pm
*6/6/12 at 11:36 am
*7/26/12 at 7:10 pm
*8/17/12 at 11:06 am
Also, exit 1 was used for every monthly drill from November 2011 to August 2012.

**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.*

RCC director met with maintenance personnel 9-15-12 and reviewed regulation 132, maintenance agrees to use a large wooden sign which says "fire" on it to stage the drill and succeed in blocking off an exit, alternating from month to month. Director has added a quarterly QA to assure that exits are being periodically unusable due the "fire" being located there and blocking accessibility. A fire drill was held on 9-15-12 and exit #1 was not accessible and therefore not used. All residents were successfully evacuated out through exits #2 and #3. See Exhibit 2 (fire drill held 9-15-12)

Issue being remedied by RCC Director with cooperation from Maintenance Personnel as they conduct the alarms

| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/21/2011 | | |
|---|---|---|---|---|

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**Violation Report:** 42645 - 09/12/2012 - Mazza, Larry
**PCH Name:** LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

Western Field Office
Adult Residential Licensing

**1. REGULATION 55 Pa.Code §2800**

2800.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

The following medications were found unlocked and accessible in resident #3's bathroom:
*A tube of Ben-Gay
*Fluocinonide-0.05% cream
*Aleve-220mg
*A tube of Neosporin
*Anti-diarrheal caplets
*Tums
*Vick's Vaporub
*A tube of Lanacane

**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.*

A complete inventory of the resident room was conducted with [redacted] permission, all OTC and "first aid" items were documented. A list of items complete with expiration dates found to be in the resident room was sent to PCP on 9-10-12 to gain approval to keep locked at bedside. The nurse at the PCP's office informed RCC nurse that she herself had mistakenly marked the "can not self administer" and that the error would be immediately corrected. The items found to be unlocked and accessible in [redacted] bathroom and an additional 5 items located elsewhere in room are now all contained in the locked drawer of night stand and the key to the drawer is kept on [redacted] person to only be accessible to [redacted] as approved by PCP. All residents were spoken to and reminded on 9-13-12 and again at their Resident Council meeting on 9-26-12 about the importance of items such as OTC meds, first aid products and any item that may be considered a poison be locked at bedside. A resident who does not comply with keeping items locked up will not be permitted to have any such items in their rooms. RAs and LPNs will be responsible to check resident rooms daily while providing care. Staff is to be re-educated on 10-4-12 at full staff meeting regarding bedside medications and chemicals. See Exhibit 1b (agenda for 10-4-12 staff meeting) Resident #3 was reeducated on RCC policy on keeping all mentioned items locked was reviewed and the resident signed a document acknowledging this review of policies. See Exhibit 3 (RCC policy regarding medicine/poisons/chemicals at bedside) Director has added bedside medications as a monthly topic for every resident council meeting See Exhibit 3a

Issue remedied by LPN Resident Services Manager

| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 10/21/2011 | | |
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**Violation Report:** 42645 - 09/12/2012 - Mazza, Larry
**PCH Name:** LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The label on the blister pack of Ativan for resident #1 indicates "Ativan-0.5 mg-take 1 tablet by mouth every 8 hours as needed." However, the current physician's order, dated 8/17/12, indicates "Ativan-0.5 mg-take 1 tablet every 6 hours as needed."

**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 accessory sticker was placed on the medication card at time of inspection, drawing attention to the difference between MAR instruction and pharmacy label. Spoke to Marcy at Care Apothecary and medication is to be repackaged/relabeled with proper instructions. Staff to be reeducated on 10-4-12 in regards to always assuring that MAR and pharmacy label match. In this specific case the resident had been ordered the medication by [redacted] PCP and 4 days later had a visit to the ER where the order directions were changed. Staff updated the MAR and informed the pharmacy as to the change but failed at that time to note the label on the medication. The prn medication had never been requested to date therefore a comparison of MAR and pharmacy label during an administration had yet to happen which would have also caught this oversight in documentation. Staff to document new orders paying special attention when it's a change in a medication currently being administered to place accessory stickers on current supply and/or send back to pharmacy for relabeling and/or repackaging to proper dose and/or instructions. See Exhibits 4a & 4b showing the accessory stickers placed at time of inspection and also the current card after being relabeled with the proper instructions. Issue remedied by LPN Resident Services Manager

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**Violation Report:** 42645 - 09/12/2012 - Mazza, Larry
**PCH Name:** LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

**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 (MAR) for resident #1 does not include a diagnosis for Simvastatin-80 mg.

The MAR for resident #2 does not include the dose, route of administration or a diagnosis for Allopurinol tablet-300 mg once daily.

**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.*

MAR for both these residents were corrected at the time of inspection, Simvastatin is a medication used to treat hyperlipedemia (high cholesterol) see Exhibit 5 which includes the MAR in question (Sept), medication was on hold on the day of inspection and has since been d/c. The second MAR in question Exhibit 6 & 6a shows complete instructions and dx of gout along with the current month (Oct) to show the follow through of the documentations being placed on the MAR. Staff to be reeducated on 10-4-12 as to proper medication administration documentation to include transcribing doctor's orders, assuring complete directions in description box include: drug, dose, strength, frequency, route along with every entry on MAR include the diagnosis,

Issue remedied by LPN Resident Services Manager

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|---|---|---|---|---|
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**Violation Report:** 42645 - 09/12/2012 - Mazza, Larry
**PCH Name:** LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

**1. REGULATION 55 Pa.Code §2600**
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**
Resident #1, admitted 8/5/12, has an undated preadmission screening, so it is unable to be determined if it was completed within 30 days prior to admission.

**3. PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Corrected immediately at time of inspection, director was able to locate date in her appointment book to show the inspectors the date of her meeting with the prospective resident at the PCBH that the woman had resided in at the time. The date was July 19, 2012 and was immediately written on the pre assessment. See Exhibit 7

The director has now highlighted the signature and date lines on all blank assessments to assure that the forms are filled out completely and this oversight does not occur again.

Issue remedied by RCC Director

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