

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ARTMAN LUTHERAN HOME
LEGAL ENTITY

To operate ARTMAN LUTHERAN HOME
NAME OF FACILITY OR AGENCY

Located at 250 BETHLEHEM PIKE, AMBLER, PA 19002
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 136
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 February 8, 2013 until February 8, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127780

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



MAR 05 2013

Ms. Betty Bebian, Personal Care Administrator
Artman Lutheran Home
250 Bethlehem Pike
Ambler, Pennsylvania 19002

Dear Mr. Bebian:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 13, 2012, November 14, 2012 and January 14, 2013, 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", written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12778 - 11/13/2012 - Foulkes, Kimberl
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
2600.20(b)(9) - A copy of the itemized account shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

There was no copy of the quarterly financial accounting in the records of residents #1, #2, #3, and #4 for the period July 2012 to September 2012 when the records were reviewed on 11/13/12.

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.

Our resident quarterly statements for resident #1, 2, 3 & 4 are all in the resident financial chart. Our procedures are to initial and date the statements the day they are hand delivered to the resident and then file them in the residents financial chart. We will continue the process. The Personal Care Administrator and or the Administrative Supervisor will do random chart audits to assure that financial statements are filing in resident charts as required.

Please see attached statements to contest this violation
Withdrawn 1/14/13
GB

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Betty Belbian RN

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


Betty Belbian RN
Personal Care Administrator

Date 12-6-12

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

The above plan of correction is approved as of _____ (Date)

Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 12778 - 11/13/2012 - Foulkes, Kimberli
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 11/14/12, a black substance appearing to be mold was observed around the seal of the freezer in the second floor activity room. In the refrigerator section of the same appliance an orange silky substance on the shelf on the door and red silky droplets on the bottom shelf were observed.

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.

It was determined that the rubber seal of the freezer was not maintaining a tight seal. The refrigerator was replaced. All Household refrigerators will be inspected weekly during environmental rounds.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Betty Bobian RN

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

Betty Bobian RN
Personal Care Administrator

Date 12-6-12

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The above plan of correction is approved as of

1/14/13
(Date)

Plan of correction implementation status as of

1/14/13
(Date)

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The above plan of correction was approved by


(Initials)

Violation Report: 12778 - 11/13/2012 - Foulkes, Kimberli
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 85 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The door to resident room 13 is unable to close and scrapes on the floor.

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.

Door to residents room was repaired and now opens and closes properly. Staff have been reminded to report environmental issues that they see in resident areas.

Environmental rounds are done weekly in each neighborhood.

Heavy shoe rack that was hanging on residents door and damaging hinge was removed and stored elsewhere.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Betty Bebian RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Bebian RN* Date *12-6-12*
Personal Care Administrator

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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(Date)

Plan of correction implementation status as of 1/14/13
(Date)

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(Initials)

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Violation Report: 12778 - 11/13/2012 - Foulkas, Kimberli
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

- On 11/14/12, there was no thermometer in the freezer in the activities room in the Aspen/Dogwood section of the home.
- On 11/14/12, there was no thermometer in the freezer in the activities room in the Mt. Pleasant section of the home.

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.

Thermometers are now in place in all the refrigerators/freezers used by personal care residents.

The Therapeutic Recreation department is responsible for monitoring these temperatures. The policy (5.9 weekly...Tems) was revised to include the freezers. See attached Policy

all TR staff have been in-serviced on this responsibility and policy.

See attached In-service sign in sheet

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

Signature of Legal Entity Representative (Required on EVERY Page) *Betty Bebian RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Bebian RN Personal Care Administrator* Date *12-6-12*

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Plan of correction implementation status as of 1/14/13 (Date)

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Violation Report: 12778 - 11/13/2012 - Foulkes, Kimball
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 11/14/12, there was an accumulation of lint in the lint trap of the dryer in the Mt. Pleasant section's laundry room.

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 dryers in the personal care neighborhoods are used by residents and families. Our old signs stating "Please remove lint from dryer" were replaced with laminated colorful signs to attract more attention. See attached

Housekeeping staff will be monitoring the lint traps daily. A form has been placed in laundry rooms for documentation of inspection of lint trap. See attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Betty Behian RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Betty Behian RN Date 12-6-12
Personal Care Administrator

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The above plan of correction is approved as of 1/14/13
(Date)

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(Initials)

Plan of correction implementation status as of 1/14/13
(Date)

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Violation Report: 12778 - 11/13/2012 - Foulkes, Kimberl
FCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 65 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 10/7/12, resident #1's Senna Plus as needed medication was changed to to Senna 8.6 mg daily. This medication was still on the medication cart.

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 discontinued medication for resident #1 was discarded immediately during survey.
All nursing and med tech staff have been in-serviced on discarding medication as soon as discontinued
See attached In-service form
Checking carts for discontinued meds has been added to our existing audit
see attached

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

Signature of Legal Entity Representative (Required on EVERY Page) Betty Behian RN

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Betty Behian Personal Care Adm. Date 12-6-12

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Violation Report: 12778 - 11/13/2012 - Foulkes, Kimberli
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

-The initial assessment for Resident #1, admitted 8/18/12, was completed on 8/31/12. The assessment does not include the resident's use of TEDS stockings and the need for this to be monitored by staff. Additionally, the resident received home health care and had a plan of care dated 8/19/12 that details the need for the resident to change positions frequently to prevent areas of pressure, the need to inspect skin frequently, and the need to notify the home health aid or physician if any areas of redness are noted. This information is not addressed on the resident's assessment.

- The initial assessment for resident #5, admitted 12/29/11, was completed on 1/13/12. The resident had been receiving wound care on their left buttocks until 7/26/12. This information was not addressed on the resident's assessment.

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.

Resident #1 - assessment was updated with use of TED stockings. Current skin condition is good and no interventions required at this time.

Resident #5 - no longer has skin issues.

① Unit Managers are responsible for completing and updating RASP. Education session held for UM by Nurse Educator and Personal Care Administrator.

② Unit Managers will now be given Administrative time during the week to review, update and complete RASP

See attached in service sheet

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Betty Behian RN

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

Betty Behian RN
Personal Care Administrator

Date 12-6-12

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(Date)

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Violation Report: 12778 - 11/13/2012 - Foulkes, Kimberl
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 68 Pa.Code §2600
2600.225(c) - 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.

2a. DESCRIPTION OF VIOLATION
- The most recent assessment for resident #6 was completed on 11/13/12. This assessment does not address the resident's diagnosis of depression and the resident's fall history.
- The most recent assessment for resident #7 was completed on 2/3/12. This assessment does not address the resident's diagnoses of hypertension, benign positional vertigo, and hyperlipidemia and the resident's incontinence at night, use of a bedside commode, and the resident being encouraged to call for assistance when changing from a sitting to standing position. Additionally, the resident began using a walker in 7/10/12. The assessment was not updated to reflect this change.

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.
Assessment for resident # 6 was updated with diagnosis of depression and fall history.
Resident # 7 was reassessed for current conditions and care needs and a new RASP completed to address all diagnosis, night incontinence and current mobility status.
① Education session held for Unit Managers by Nurse Educator and Personal Care Administrator.
See in-service sheet attached to pg. 8
② Unit Managers will now be given administrative time during the week to review, update and complete RASP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Betty Behian RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Behian Personal Care Administrator* Date *12-6-12*

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Violation Report: 12778 - 11/13/2012 - Foulkes, Kimberl
PGH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #8's assessment dated 2/18/12 lists that the resident requires physical assistance with toileting and has had frequent falls. The resident's support plan dated 2/28/12 does not address toileting and does not give a specific plan to address the resident's falls.

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.

Resident #8 - support plan was updated to address toileting needs and falls. Interventions added.

① Unit Managers attended education session with Nurse Educator and Personal Care Administrator. See inservice sheet attached to pg 8.

② Unit Managers will now be given administrative time during the week to review, update and complete RASP.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/20/2012 12/08/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Betty Behian RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Behian RN* Date *12-6-12*
Personal Care Administrator

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