

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LUTHERCARE INC

LEGAL ENTITY

To operate THE MUHLENBERG LODGE

NAME OF FACILITY OR AGENCY

Located at 300 ST. MARK AVENUE, LITITZ, PA 17543

(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 90
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 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

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 13, 2013 until March 13, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321820

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAR 13 2013

Mr. Carl McAloose, President/CEO
LutherCare, Inc.
600 East Main Street
Lititz, Pennsylvania 17543

RE: The Muhlenberg Lodge
300 St. Mark Avenue
Lititz, Pennsylvania 17543

Dear Mr. McAloose:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 14, 2013 and January 15, 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 "Ronald Melusky", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 32182 - 01/14/2013 - Gensil, Lori
 PCH Name: THE MUHLENBERG LODGE

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 #1 does not include initials for the administration of Humalog on 12/25/12 and 12/31/12 at 7:30 AM.

The medication administration record for Resident #2 does not include initials for the administration of Lopressor 50mg on 12/27/12 at 8:00 PM.

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.

See Page 2A of 2 attached. - GE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *A. Terry Weitzel PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *A. Terry Weitzel* Date *2.8.13*

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

The above plan of correction is approved as of *2-13-13* (Date)

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

Plan of correction implementation status as of *2-13-13* (Date)

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

Plan of Correction for violation report of 1-14, 1-15-13 DPW survey

Violation was 2600.187a

JE

The benefit of this regulation is to make sure that Resident has received medication. If the MAR is not signed (which was the case in ■■■ Humalog on 12/31/12 at 7:30 a.m. and ■■■ Lopressor on 12/27/12 at 8 pm)

On January 14, 2013, the PCHA notified the above med tech and LPN to come to the facility and sign the MAR for the resident's medication that they missed signing.

Staff needs to be consistent with Medication Training and complete the documentation of signing the MAR upon completion of medication administration to each Resident.

To prevent further occurrences:

We will have employees check their MAR's at the end of their shift to make sure that they didn't miss anything

Continue to teach with medication training the importance of signing to make sure that everyone knows Resident received medication. If there is no signature there is no proof that medication was administered.

Night shift will be monitoring the signatures on the MAR and the end of the month to make sure there are no missing signatures.

Follow up at Team meetings to continue to provide instruction on the importance of completing the step of documentation.