



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Ms. Tracy Antonik, Treasurer  
Luther Ridge Facility Operations, LLC  
800 Concourse Parkway  
Maitland, Florida 32751

RE: Luther Ridge at Seiders Hill  
160 Red Horse Road  
Pottsville, Pennsylvania 17922

Dear Ms. Antonik:

As a result of the Department of Public Welfare's licensing inspection on January 16, 2013 and January 17, 2013, and the corrections you have made after our inspection, we have found the above named facility to be in compliance with 55 Pa.Code Ch. 2800 (relating to assisted living residences).

Your regular license for the period March 12, 2013 until March 12, 2014 was issued on February 27, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
License

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences - 55 Pa, Code §2800**

**Name of Community Home:**

Luther Ridge at Seiders Hill

**Address:**

160 Red Horse Rd.  
Pottsville, Pennsylvania ~~19063~~ 19922

**License or MPI Number:** 540130

**Type of Inspection:** Full

**Reason(s) for Inspection:** Renewal

**Notice:** Unannounced

**On-site Inspection Dates and Department Representatives On-Site:**

1/16/13 Israel Springs, Douglas Hoover  
1/17/13 Israel Springs, Douglas Hoover

**Off-Site Inspection Dates and Inspectors, if Applicable:**

Regulation

2800.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Violation

During review of resident records, the signature of the payer was missing from the following residents' contracts:

- Resident [redacted] Date of admission: 3/9/12
- Resident [redacted] Date of admission: 9/17/11

Plan of Correction

Resident [redacted] date of admission 3/9/2012. Son is the payer, [redacted] has signed the contract. Document attached.

Resident [redacted] date of admission 9/17/2011. Resident signature was missing. Payer signature was present. Resident made a mark on the resident signature line. Document attached.

All resident files will be audited to ensure that all required signatures are present. Completion date: 3/1/2013. Responsibility of: Business office staff.

Going forward: New resident files will be audited on the day of admission to ensure all required signatures are present. Responsibility of: Admissions Director.

Printed Name and Title of Legal Entity Representative (Required on all pages)

DIANE WOLFGANG

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date 2/6/2013

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

The above plan of correction is approved as of 3/7/13 (Date)

Plan of correction implementation status as of 3/7/13 (Date)

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

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

Regulation  
§ 2800.103(g) - Food shall be stored in closed or sealed containers.

Violation  
Two serving dishes of chocolate ice cream were found uncovered in the bottom of a cooler in the kitchen. There was also a 5-gallon container of vanilla ice cream in the cooler that was unsealed and had a loosely-fitted lid.

Plan of Correction

The two servings of ice cream that were uncovered were removed immediately during the survey. The vanilla ice cream in the cooler was covered immediately during the survey.

The Dietary Manager has trained all dietary staff as to the procedure of covering and dating all food items before they are placed into the refrigerator or freezer, and to the importance of completely covering the large containers of ice cream after each use. Completed.

A procedure has been put in place to monitor the ice cream freezer by the dietary manager. All ice cream will be completely covered after each use. Single servings will be covered completely and labeled and dated before placing them in the freezer.

Printed Name and Title of Legal Entity Representative (Required on all pages)

DIANE WOLFRANG

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date

2/6/13

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(Date)

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(Date)

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(Initials)

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Regulation

§ 2800.183(a) - 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.

Violation

Two peach-colored pills were found loose in the bottom of the second drawer of the medication cart. There was no way to identify the medication or to whom the medication was prescribed.

Plan of Correction

Corrected at time of survey.

The Director of Clinical Services has created a daily audit for the medication carts to be inspected to ensure that the meds are stored in an organized manner. Audit sheet attached.

Responsibility of: medications technicians and/or LPN supervisor. Ongoing.

Education of nurses and medication technicians on monitoring system will be completed by 2/15/2013.

Responsibility of: Director of Clinical Services

Printed Name and Title of Legal Entity Representative (Required on all pages)

DIANE WOLFGANG

Signature of Legal Entity Representative (Required on all pages)

*[Signature]*

Date

2/6/13

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Regulation

§ 2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:  
(14) Name and initials of the staff person administering the medication.

Violation

The medication administration record (MAR) for Resident [redacted] did not contain staff initials for the administration of Zorcor, 20 mg on 1/14/13 and 1/15/13.

Plan of Correction

Upon investigation during the state survey, it was determined that the medication technician that was responsible for signing out the medications verified that she did administer the medication, she failed to place her initials on the MAR. The staff member was retrained regarding the 5 rights of medication administration.

The Director of Clinical Services will complete a retraining with all LPN's and Medication Technicians as to the five rights of medication administration. Completion date: February 15<sup>th</sup>, 2013.

MAR audits will be completed at the close of each shift to ensure that all medications were administered and signed for.

Responsibility of: Medication technicians and/or LPN supervisor. Ongoing

Printed Name and Title of Legal Entity Representative (Required on all pages)

DIANE WOLFGANG

Signature of Legal Entity Representative (Required on all pages)

*[Signature]*

Date

2/6/13

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(Date)

Plan of correction implementation status as of 3/7/13  
(Date)

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

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