

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST JOHN LUTHERAN CARE CENTER
LEGAL ENTITY

To operate ST. JOHN SPECIALTY CARE CENTER
NAME OF FACILITY OR AGENCY

Located at 500 WITTENBERG WAY, P.O.BOX 928 MARS, PA 16046
(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 36
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 May 25, 2013 until May 25, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448330

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.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 28 2013

Ms. Karen Russell, Executive Director
St. John Lutheran Care Center
St. John Specialty Care Center
500 Wittenberg Way, P.O. Box 928
Mars, Pennsylvania 16046

Dear Ms. Russell:

As a result of the Department of Public Welfare's licensing inspection on February 22, 2013, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44833 - 02/22/2013 - Williams, Jason
PCH Name: ST JOHN SPECIALTY CARE CENTER

Western Field Office
Adult Residential Licensing

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

-Resident #1 is prescribed Prilosec 20mg, take one cap by mouth twice a day before meals. The medication administration record (MAR) entry reads "Prilosec 20mg BID before meals". The dose of one capsule is missing.

-The same resident is prescribed Levemir Flexpen, inject 12 units once a day. The MAR entry reads "Inject 20 units twice a day".

-The same resident is prescribed Novolog Flexpen to be given 4 times a day per sliding scale. However, the sliding scale listed in the MAR is completely different than the scale on the medication label dated 2/19/2013.

-The same resident is prescribed Lactulose 10 gm/15ml, take 30 ml daily. The MAR entry only states "Lactulose 30 mg". The entry is missing the strength, dosage form, route, frequency and diagnosis or purpose.

-The same resident is prescribed Budesonide suspension 0.5 mg/2 ml, administer 1 dose via nebulizer twice a day. The MAR entry just states "Pulmicort Neb". The entry is missing the strength, dose, dosage form, route, frequency of administration, and diagnosis or purpose.

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Russell

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

Karen Russell

Date

3-12-13

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

The above plan of correction is approved as of

3-14-13
(Date)

Plan of correction Implementation status as of

3-14-13
(Date)

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

The above plan of correction was approved by

KAR
(Initials)