



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Ms. Ellen Shrager, Vice President of Operations
Lutheran Community at Telford
12 Lutheran Home Drive
Telford, Pennsylvania 18969

RE: Lutheran Community at Telford
235 North Washington Street
Telford, Pennsylvania 18969

Dear Ms. Shrager:

As a result of the Department of Public Welfare's licensing inspection on May 13, 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.

Your regular license for the period of August 2, 2013 to August 2, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 12872 - 06/13/2013 - Foulkes, Kimberli
 POH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600
 2600.25(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.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 was not signed by the resident.

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 2 signed the resident contract on day of inspection. Moving forward residents along with the Designated person will sign the resident contract. This will be reviewed by the community liaison person prior to piling.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Bynisher RD*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Laura B. Greshko RD 6/5/13

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

The above plan of correction is approved as of <u>6/6/13</u> (Date)	Plan of correction implementation status as of <u>6/6/13</u> (Date)
The above plan of correction was approved by <u><i>LB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12672 - 06/13/2013 - Foulkes, Kimberr
PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 56 Pa.Code §2600
2800.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home's written emergency procedures have not been submitted to the municipal emergency management agency within the past year and the home could not identify the last time they were sent.

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.

On 6/5/13 the Disaster Plan was faxed to Telford Borough as per the borough employee. The Administrator will send a copy of the disaster Plan on an annual basis. Please see attached fax cover letter that verifies the document was sent.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Lori B. Girasole RD*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Lori B. Girasole RD* Date *6/5/13*

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

The above plan of correction is approved as of *6/6/13*
(Date)

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

Plan of correction implementation status as of *6/6/13*
(Date)

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

Violation Report: 12672 - 05/13/2013 - Poulkes, Kimbeil
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa. Code §2800
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #2 participated in the development of their support plan on 11/14/12. The resident did not sign the support plan.

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 2 was present during the support plan family meeting. It was an oversight that the support was not signed. Resident 2 signed support plan at time of inspection. Moving forward the administrative assistant will verify all parties signed document prior to filing in support plan binder.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lori B. Gresko RN*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori B. Gresko RN</i>	Date <i>6/5/13</i>
--	--------------------

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

The above plan of correction is approved as of <u>6/6/13</u> (Date)	Plan of correction implementation status as of <u>6/9/13</u> (Date)
The above plan of correction was approved by <u><i>LRM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented