



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: October 2, 2013**

Ms. Anita Martin, Administrator  
LutherCare Inc.  
600 East Main Street  
Lititz, Pennsylvania 17543

RE: St. John's Herr Estate  
200 Luther Lane  
Columbia, Pennsylvania 17512

Dear Ms. Martin:

As a result of the Department of Public Welfare's Human Services licensing inspection on July 23, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in cursive script that reads "Gloria Emick".

Gloria Emick  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 32187 - 07/23/2013 - Minnich, Ron

PCH Name: ST JOHN S HERR ESTATE

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 3/15/12, an allegation of abuse against Resident #1 was reported to Staff Person A regarding Staff Person B. The home did not report the allegation to the local Area Agency on Aging or the State Department of Aging.

On 6/10/13, an allegation of abuse against Resident #2 and Resident #3 was reported to Staff Person C regarding Staff Person B. The home did not report the allegation to the local Area Agency on Aging or the State Department of Aging.

**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.*

Personal Care Administrative staff, [REDACTED] were educated on regulation 2600.15a, that any allegation needs to be reported immediately both to the Department of Public Welfare as well as the Office of Aging. All corresponding forms will also be completed including the DPW Incident Reporting Form as well as an ACT 13 if indicated by the Office of Aging.

An incident report noting the allegation on 6/10/13 was submitted to the DPW on 7/23/13 (See attachment 1). The local Office of Aging was notified on 7/24/13 of the incident and an ACT 13 was not required to be completed at that time per Lancaster County Office of Aging.

*In the future, the Administrator will ensure that all suspected abuse is reported in accordance with OAPSA. -SE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Anita Martin

Date 8/28/13

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

The above plan of correction is approved as of 9-30-13  
(Date)

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

Plan of correction implementation status as of 9-30-13  
(Date)

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

Violation Report: 32187 - 07/23/2013 - Minnich, Ron

PCH Name: ST JOHN S HERR ESTATE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 3/15/12, an allegation of abuse against Resident #1 was reported to Staff Person A, regarding Staff Person B. The home did not submit an incident report to the Department.

On 6/10/13, an allegation of abuse against Resident #2 and Resident #3 was reported to Staff Person C, regarding Staff Person B. The home did not submit an incident report to the Department.

**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.*

Personal Care Administrative staff, [redacted] and [redacted], were educated on regulation 2600.15c, that any allegation needs to be reported immediately both to the Department of Public Welfare as well as the Office of Aging.

Department of Public Welfare hotline number has been posted in the offices of the Personal Care Administrative Staff as well as the Lancaster County Office of Aging contact number.

On 7/24/13, a call was placed to the Lancaster County Office of Aging by [redacted], SJHE Personal Care Manager, to notify them of the incident of alleged abuse dated 6/10/13. Contact made to [redacted] who advised that an ACT 13 reportable was not indicated.

*All future incidents will be reported as required. - SE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Anita Martin

Date 8/28/13

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

The above plan of correction is approved as of 9-27-13  
(Date)

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

Plan of correction implementation status as of 9-27-13  
(Date)

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

Violation Report: 32187--07/23/2013--Minnich, Ron  
 PCH Name: ST JOHN S HERR ESTATE

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION  
 Based on record review and interviews with staff and residents, Staff Person B treated residents disrespectfully and in a demeaning manner by being verbally abusive. Staff Person B was described as being loud and intimidating.  
 On 3/15/12, Staff Person B was suspended for 3 days without pay, due to violations of the home's standards of conduct with residents for abusive or inconsiderate treatment of a resident.  
 On 6/10/13, staff person B was suspended for 5 days without pay, due to violations of the home's standards of conduct with residents for abusive or inconsiderate treatment of a 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.


Personal Care Administrator, [REDACTED], reviewed Resident Rights and Abuse Policy with all Personal Care Staff (See Attachment #2).

Staff Person B was re-educated on the following: Resident Rights, Luther Care Code of Conduct, and Resident Abuse Policy (See Attachments #3, #4, #5). Staff Person B was given a Progressive Discipline Plan(Attachment #6) which outlines expected behavior while caring for the residents in our community.

Staff Person B is scheduled to attend formal trainings in the following areas:

1. Customer Service and Communication Skills, Effective Listening, How to communicate through body language. August 2013
2. Improving Resident and Staff Safety with Interpersonal Communication Techniques your approach to customers. October 2013

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anita Martin	Date 8/23/13
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>9-27-13</u> (Date)  The above plan of correction was approved by <u>AM</u> (Initials)	Plan of correction implementation status as of <u>9-27-13</u> (Date) <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
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