



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

SEP 03 2013

Ms. Linda D. Carlson, NHA, CEO, Administrator
Lutheran Home at Kane
Lutheran Home at Kane/Residential Care Center
100 High Point Drive
Kane, Pennsylvania 16735

Dear Ms. Carlson:

As a result of the Department of Public Welfare's licensing inspection on August 6, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period November 10, 2013 to November 10, 2014 was issued on July 3, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosure
Licensing Inspection Summary

Violation Report: 42645 - 08/06/2013 - Orme, Melinda
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 There were 3 cracks, each approximately 1 inch by 24 inches and raised approximately 1/2 inch, in the side walk leading to the lower wing exit of the building.

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.
 Maintenance Personnel fixed the 3 cracks in the sidewalk leading to the lower wing exit on August 15 & August 16. In order to ease wheelchair and walker traffic and eliminate safety issues high spots were dug out and replaced with new cement while other high spots were tapered down to eliminate trip hazards. Inspection of sidewalks around whole building are now on a weekly checklist to be done by maintenance. All facility staff will also receive notification in the staff notes distributed with paychecks to report any uneven areas and cracks.

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AUG 22 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Linda D. Carlson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda D. Carlson, NHA, CEO, Administrator	Date 8-20-13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/23/13</u> (Date)	Plan of correction implementation status as of <u>8/23/13</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

AUG 22 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42645 - 08/08/2013 - Orme, Melinda
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The exterior dryer duct located near the air conditioning unit had an approximate 1/2 inch layer of lint inside.

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.

Outside dryer vents were cleaned 8-6-13, day of inspection.

The cleaning of dryer vents is already on a monthly schedule to be done by maintenance. The vents inside the laundry room were cleaned on 8-2-13, however due to inclement weather and time restraints the external vents were not completed that day. The monthly vent cleaning procedure will be updated to specifically include the outside vents, bird proof flappers and brick wall. Vent cleaning will continue to be performed monthly by maintenance. The updated procedure will be put into practice beginning with the Sept. 2013 cleaning. In addition, the dryers in question also have an airflow restriction gauge on them telling staff if the vents have a decreased airflow and are in need of cleaning.

Repeat Violation: No

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Linda D. Carlson NHA, CEO, Administrator

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(Date)

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[Signature]
(Initials)

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Violation Report: 42845 - 08/08/2013 - Orme, Melinda
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home shares an emergency supply of water of 200 gallons with the adjoining skilled nursing unit. The total building capacity for the personal care and skilled units is 123 residents. The home does not have a contract with a water supplier to supplement the water on site for three full days in the event of an emergency.

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.

Please see attached Emergency Water Supply letter from Meadow Brook.

The RCC Director Will assure this letter is current annually.

The water supply company will deliver water for subsequent days (2 & 3) to supplement water kept on-site.
J 8/23/13

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda D. Carlson, NHA, CEO, Administrator Date 8-20-13

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Violation Report: 42645 - 08/08/2013 - Orme, Melinda
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 The night stand drawer for resident #1 contained prescribed medications; Tolnaftate cream, Proctozone HC 25% cream, and Antifungal powder that were unlocked and accessible to other residents.

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.

The resident #1 was re-educated to the fact that he must keep all his medications in his top drawer of his night stand and that the drawer must be locked at all times, so they are not accessible to other residents. A Room Monitoring Procedure was started on 8/15/2013, the Residential aide on all 3 shifts must check the residents top drawer to assure it's locked, this will continue for 2 weeks and if the drawer is found to be locked at each check it will end on 8/29/2013. Then a once a day check will continue for 2 weeks. And if the drawer has been found locked at each check, it will be checked at random times during the week by the RCC Director.

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/12/2012		
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Violation Report: 42645 - 08/06/2013 - Orme, Melinda
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

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.

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2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include Donepezil 10 mg, 1 tab at bedtime and Loperamide 2 mg, 1 -2 tabs after each loose stool, which were stored in the medication cart.

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.

The MAR was immediately updated to include the mentioned medications.

The current procedure regarding transcribing doctor's orders and "common errors" to look for when reviewing MARs were posted in medication room to serve as a reminder to staff. Staff assure that new orders are contained on the MAR prior to filing them in resident's file (paying special attention to orders happening at the end of the month to ensure that orders are contained on both the current and the upcoming month's MARs). Inform Care Apothecary of any current orders that are not present on the preprinted MARs. These checks to be done to verify that all new orders are included on the resident profile through the pharmacy as well as our facility. The medications were not included in the orders upon hospital discharge on 7-26-13 however were brought to the attention of, reordered, and signed for on 7-29-13 by PCP but when August MAR was printed the medications were not included and staff failed to notice that these two medications were not included on the pharmacy profile as ordered.

See included copy of printed MAR which includes medications and the copy of posted information

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Violation Report: 42645 - 08/08/2013 - Orme, Melinda
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WEST REGION FIELD OFFICE
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1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 has been receiving wound care since 12/2012 and had a psychiatric hospitalization from 7/20/13 - 7/26/13 for increased irritability, verbal aggression, paranoia, anxiety, and insomnia. The 11/23/12 assessment has not been updated to address these care needs.

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 included update to RASP 8-7-13 for resident #1.

DCS reeducated by way of a staff memo posted 8-7-13 of the importance of updating RASP with significant changes in care required for each resident.

By 9/20/13 - The administrator or designated staff person will consult w/ staff to see which residents have had changes that would require an update to their assessment. The administrator or designee will review a sample of assessments to ensure updates were made, at least quarterly.

JA
8/23/13

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PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

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WEST REGION FIELD OFFICE
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1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1 has required wound care since 12/2012 and had an exacerbation of symptoms of anxiety, insomnia, paranoia, and aggression resulting in a psychiatric hospitalization from 7/20/13 - 7/26/13. The 11/23/12 support plan does not address how these resident's care needs will be met.

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 included update to RASP 8-7-13 for resident #1.

DCS reeducated by way of a staff memo posted 8-7-13 of the importance of updating RASP with significant changes in care required for each resident.

By 9/30/13 - The administrator or designated staff person will consult with staff to see which residents have had changes that would require an update to their support plan.

The administrator or designee will review a sample of resident support plans to ensure updates were made, at least quarterly.

J-8/23/13

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PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST REGION FIELD OFFICE
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1. REGULATION 55 Pa.Code §2600
2600.227(f) - A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

2a. DESCRIPTION OF VIOLATION
~~There was no indication resident #2 or the resident's designated person were given the opportunity to participate in the resident's support planning.~~

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.
RASP was presented to the above resident, reviewed and signed for by resident. Staff member that failed to get resident signature, reviewed and signed indicating understanding of the "RASP SIGNATURE DECISION TREE"

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