



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 29 2014

Ms. Janet Lorenzon, Executive Director
Artman Lutheran Home
250 Bethlehem Pike
Ambler, Pennsylvania 19002

RE: Artman Lutheran Home
License #: 127780

Ms. Lorenzon:

As a result of the Department of Public Welfare's licensing inspection on December 5, 2013 and December 6, 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.

Your regular license for the period February 8, 2014 to February 8, 2015 was issued on October 22, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 12778 - 12/05/2013 - Colon, Lissette
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagrams on the first and second floor of Stairwell #3 do not include route of travel.

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.

Emergency evacuation diagrams were updated to include route of travel.
 Please see attached. All other emergency evacuation signs were inspected by Director of Facilities to ensure all were appropriate. All diagrams are now in compliance with regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Betty Bebian RN NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Betty Bebian Personal Care Administrator* Date *1/7/14*

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

The above plan of correction is approved as of <u>1/13/14</u> (Date)	Plan of correction implementation status as of <u>1/13/14</u> (Date)
The above plan of correction was approved by <u>DBM</u> (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

Violation Report: 12778 - 12/05/2013 - Colon, Lissette
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted on 9/29/13. The resident's initial medical evaluation was completed on 7/9/13.

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.

It is the responsibility of the Unit Manager to review all initial medical evaluations on or before resident's admission, to ensure accuracy and compliance. Unit Manager was counseled by Administrator and re-educated by Nurse Educator on her responsibility regarding reviewing all initial medical evaluation. See attached. PC Administrator will audit DME for 3 months. Resident #1 was, to ensure Unit Managers compliance, discharged from Artman on 12/12/13, so a new DME was not obtained.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Betty Behian - Personal Care Administrator Date 1-7-14

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The above plan of correction was approved by <u>CBM</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: 12778 - 12/05/2013 - Colon, Lissette

PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's previous medical evaluation was completed on 6/7/12. The resident's current medical evaluation was completed on 7/19/13.

Resident #3's previous medical evaluation was completed on 9/10/12. The resident's current medical evaluation was completed on 10/1/13.

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 sees her own Primary Care Physician located in Philadelphia and not one of the Physicians who visit residents here at Artman. The Unit Manager asked resident and POA to make appt. for medical evaluation several weeks prior to due date of DME. Resident and POA arranged appt for 7/19/13 when POA available to take resident, but date was out of compliance for PC regulation. Unit Managers instructed to give resident/POA 3 months notice for when annual medical evaluations are due to allow for more time to obtain appt. within regulation time frame. Resident #3 was examined by her physician on 8/27/13 which was within the required time frame. Physician also examined resident on 10/1/13 and used that date when completing DME. Unit Manager will monitor and assist physicians when completing DME to assure dates and examinations are within regulation time frame.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Betty Bebian RN, NHA

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

Betty Bebian - Personal Care Administrator

Date 1-7-14

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The above plan of correction is approved as of

1/13/14 (Date)

Plan of correction implementation status as of

1/13/14 (Date)

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

The above plan of correction was approved by

OBM (Initials)

Violation Report: 12778 - 12/05/2013 - Colon, Lissette
 PCH Name: ARTMAN LUTHERAN HOME

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 #4's previous assessment was completed on 5/4/12. The resident's current assessment was completed on 5/20/13.

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.

New Unit Manager, was taking her time to complete a thorough RASP for Resident #4. She miscounted the 15 day grace period for completion of this assessment. Unit Manager was counseled on completing all assessments timely within regulation timeframe.

PC administrator will audit RASP completion by this Unit Manager for 3 months to assure compliance and understanding of this regulation timeframe.

See attached.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/13/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Betty Bebian RN NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Betty Bebian Personal Care Administrator</i>	Date <i>1-7-14</i>
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Violation Report: 12778 - 12/05/2013 - Colon, Lissette
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
 Resident#1's medical evaluation completed 7/9/13, has information added to it by the home's nursing staff after the form was completed by the physician. The staff person did not date and sign the entry.

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.

Staff member responsible for not dating and signing entries to residents medical evaluation, received training from Nurse Educator regarding proper documentation dating and signing of this documentation.
 See attached. Staff members paperwork will be audited for the next 3 months to ensure accuracy, by Personal Care Administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Betty Bebian RN NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Betty Bebian Personal Care Administrator</i>	Date <i>1-7-14</i>
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