



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 06 2014

Mr. Carol McAloose, CEO
LutherCare, Inc.
600 East Main Street
Lititz, Pennsylvania 17543

RE: The Muhlenberg Lodge
300 St. Mark Avenue
Lititz, Pennsylvania 17543
License #: 321820

Mr. McAloose:

As a result of the Department of Public Welfare's licensing inspection on January 13, 2014 and January 14, 2014, 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 March 13, 2014 to March 13, 2015 was issued on November 27, 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
Director

Enclosure
License Inspection Summary

Violation Report: 32182 - 01/13/2014 - OPake, Hope
 PCH Name: THE MUHLENBERG LODGE

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On January 14, 2014, the home's current violation report was not posted in a conspicuous and public place in the home.

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.

Review of this benefit is that all previous violations are public knowledge and posted so that Residents and families can see that there was a violation and that the violation was corrected.

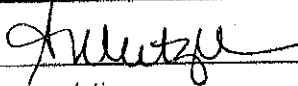
My immediate corrected step in this violation was to post the VR report from previous year as soon as it was noted that it wasn't posted.

Administrator will check periodically while doing their audits to make sure that the VR is posted at all times and is not removed.

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)

A. Terri Weitzel

Date

2-21-2014

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

The above plan of correction is approved as of

4-1-14
 (Date)

Plan of correction implementation status as of

4-1-14
 (Date)

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

The above plan of correction was approved by

SE
 (Initials)

Violation Report: 32182 - 01/13/2014 - OPake, Hope
 PCH Name: THE MUHLENBERG LODGE

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the personal care home on May 17, 2013. The pre-admission screening was completed on May 17, 2013. The resident was transferred to the secured dementia care unit on June 7, 2013. No pre-admission screening was completed for the admission to a secure unit.

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 benefit of this regulation is to ensure that the resident being transferred to the SDU has the cognitive screen completed at the bottom of the preadmission screen so that we know that we can meet that Residents needs in the SDU.

This was an isolated (one) incident. All preadmission screens are done for the SDU Residents prior to their admission to the SDU. In this incident, the Resident was an emergency admission from our Independent living to traditional personal care until a room was available in the SDU. The Resident's husband/caregiver passed away very suddenly and there were no beds in the SDU, so we transferred to the traditional personal care until there was a bed available in the SDU. When transfer to SDU occurred, Administrator neglected to complete the cognitive screen at the bottom of the preadmission screen.

Administration understands the importance of this section to be completed within the 72 hours prior to the admission to SDU. Administration will continue to complete cognitive section on preadmission screen prior to admission to SDU.

Cognitive section was completed by administration as soon as DPW surveyor noticed that the section was not completed.

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) A. Terri Weitzel

Date 2-21-2014

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

The above plan of correction is approved as of 3-31-14
 (Date)

Plan of correction implementation status as of 3-31-14
 (Date)

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

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

Violation Report: 32182 - 01/13/2014 - OPake, Hope
 PCH Name: THE MUHLENBERG LODGE

1. REGULATION 55 Pa.Code §2600

2600.231(e) - Each resident record shall have documentation that the resident and the resident's-designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the SDCU on May 16, 2013. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

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.

Violation withdrawn - GE

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

The above plan of correction is approved as of _____
 (Date)

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

Plan of correction implementation status as of _____
 (Date)

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