



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 19 2014

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

RE: Lutheran Community at Telford
235 North Washington Street
Telford, Pennsylvania 18969
License #: 126720

Dear Ms. Shrager:

As a result of the Department of Public Welfare's licensing inspection on May 12, 2014, May 13, 2014 and August 1, 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 August 2, 2014 to August 2, 2015 was issued on April 29, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

/s/

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LUTHERAN COMMUNITY AT TELFORD		License Number: 12672
Address: 235 NORTH WASHINGTON STREET, TELFORD, PA 18969		County: Bucks
Administrator: Maryann Dugan <i>Mary Ann Dugan</i>		Region: SOUTHEAST
Legal Entity Name: LUTHERAN COMMUNITY AT TELFORD		
Legal Entity Address: 12 LUTHERAN HOME DRIVE, TELFORD, PA 18969		
Certificate(s) of Occupancy I-2 08/06/2012 Telford Borough		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 111	Waking Staff: 83
Type of Inspection: Ind - Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/12/2014: Colon, Lissette; McHale, Christine 05/13/2014: Colon, Lissette; McHale, Christine		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: 141a1 & 225a		Random Indicators: 24, 58b, 101a, 90a, 142a
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125	Number of Residents who:	
Number of Residents Served: 92	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 92	
Area: Shepards Way	Have Mental Illness: 19	
Secured Dementia Unit Capacity, if Applicable: 23	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 19	Have a Mobility Need: 19	
Number of Current Hospice Residents: 3	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 2		

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in Resident #2's bedroom does not have emergency service number posted nearby.

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 missing emergency information was attached to Resident # 2's phone during inspection.

Currently, the Administrator and/or the admitting nurse attach a laminated tag to residents telephone cords upon admission. In addition, CNA's complete a weekly checklist indicating that the phone tag is in place (see attached)

Moving forward, PCHA and Resident Coordinator will check these sheets monthly to ensure their completion + accuracy. Resident's rooms will also be checked.

STAFF will be in-serviced regarding the regulation and the importance of the checklists during monthly staff meetings.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Ann Duigan

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

Mary Ann Duigan, PCHA

Date 7/16/14

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

The above plan of correction is approved as of 7/21/14
(Date)

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

Plan of correction implementation status as of 7/21/14
(Date)

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

1. REGULATION 55 Pa. Code §2600
 2600.101(i)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed in Resident # 1's bedroom does not have a source of light that can be turned on/off from bedside.

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 #1's lamp was moved from another location to the bedside during inspection.

The Dementia Unit's Resident Care Coordinator will review this regulation with all future admitting Resident's Families.

CNA's will document weekly checks of compliance with this regulation. Resident Care Coordinator will oversee checklists and be notified if adjustments need to be made in order to meet this regulation - i.e. Flash light, bed placement, wall lights. Coordinator will work with residents and/or their families to reach an appropriate outcome.

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)		Date
Mary Ann DuLan, PCHA		7/16/14

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12672 - 05/12/2014 - Colon, Lissette
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 On 5/13/14, there was an accumulation of lint in the lint trap of the personal care laundry room, located on the 1st floor.

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 lint Trap in the 1st floor laundry room was cleaned/emptied. Additional signs have been posted in all laundry rooms. Residents who use personal laundry rooms have also been advised of the regulation. In addition, PC housekeeper will check dryer lint trap weekly. daily 7/13/14 (initials)
 See attached letter to STAFF/residents.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Duigan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *MARY ANN Duigan, PCHA* Date *7/16/14*

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

The above plan of correction is approved as of <u>7/1/14</u> (Date)	Plan of correction implementation status as of <u>8/1/14</u> (Date)
The above plan of correction was approved by <u>ADM</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

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

- The fire drill record for the drills conducted the following dates, do not include the number of residents evacuated:
 - 06/07/13, 07/23/13, 08/25/13, 09/12/13, 10/11/13, 11/08/13, 12/21/13, 01/28/14, 02/19/14, 03/08/14, 04/28/14 and 05/06/14.
- The fire drill record for the drill conducted on 1/28/14 does not include the number of residents in the home at the time of the drill.
- The fire drill record for the drill conducted on 3/18/14 does not include the exit route used.

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.

As of April, 2014 the PCHA has completed the Adult Licensing fire Drill record in addition to the in-house fire Drill Observer's Report and Attendance Sheets. These 3 forms will be completing following each fire drill and kept in the Administrator's office. (See attached forms)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Mary Ann DuCan

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

Mary Ann DuCan, PCHA

Date

7/16/14

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7/21/14
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The above plan of correction was approved by

[Signature]
 (Initials)

1. REGULATION 65 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 # 3 was admitted on 12/4/13. The resident's initial medical evaluation was completed on 9/27/13.
- Resident # 4 was admitted on 3/24/14. The resident's initial medical evaluation was not completed until 5/8/14.
- Resident # 5 was admitted on 11/11/13. The resident's initial medical evaluation was completed on 8/9/13.

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.

The PCHA will ensure the timely completion of the medical evaluations for Resident #3 + 5 this year.
NOTE: Resident # 4 was admitted to PC on 3/24/14 and went to hospital on 3/29/14. He returned to PC on 4/22/14. The medical evaluation was completed on 5/6/14 which should be compliant with the regulation. (See attached medical evaluation)

Moving forward, the PCHA along with the individual in the new Resident Care Coordinator position will utilize more effective organizational methods and communicate with physicians more effectively to ensure timely completion of the medical evaluations.

(See attached job description for Resident Care Coordinator)
The new Coordinator is anticipated to begin in August.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Ann Dubois

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

Mary Ann Dubois, PCHA

Date

7/16/14

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The above plan of correction was approved by

ADW
(Initials)

Violation Report: 12672 - 05/12/2014 - Colon, Lissette
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

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 # 6's most recent medical evaluation was completed on 7/2/13. The previous medical evaluation was completed on 4/25/12.

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 PCHA and new PC Resident Care Coordinator will be responsible for the timely completion of all annual medical evaluations. Improved communication and better organizational tools will be utilized. (See attached calendars)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann DuCain, PCHA</i>	Date <i>7/16/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *7/21/14*
 (Date)

Plan of correction implementation status as of *7/21/14*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

1. REGULATION 55 Pa.Code §2800
 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

-On 5/13/14, a bottle of Pepto Bismol, was unlocked and accessible to the resident in room # 118. This resident is not able to self administer medications.

-On 5/13/14, Resident # 2 had medications Aspirin 325 mg and Fluticasone Propionate Nasal Spray in their room. This resident is not able to self administer these medications.

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 5/14/14, the Lutheran Community received an order for Pepto Bismol for the resident in Room # 118. (See attached) This medication is now stored in the medication room/cart.

On 5/14/14, the 2 medications listed for Resident # 2 were discontinued on her record (Dr's order) and have been removed from the room.

Moving forward, Nursing staff will complete monthly room checks for PC residents to check for OTC, CAM, prescription drugs, and syringes. These checks will be documented and overseen by the Resident Care Coordinator.

As of 7/14, A part-time nursing position has been added to the nursing staff schedule. This will allow more time for resident care and these periodic reviews.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann DuSean*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann DuSean, PCHA* Date *7/16/14*

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The above plan of correction is approved as of 7/21/14 (Date)

Plan of correction implementation status as of 8/1/14 (Date)

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

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

1. REGULATION 55 Pa. Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 4/8/14 Resident # 4's Acetaminophen 500mg tablets were discontinued. On 5/13/14 this medication was still in the home's 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.

Resident # 4's discontinued Acetaminophen has been removed from the medication cart.

Additional training for Nursing Staff regarding MAR's and medication administration has been on-going since inspection. Training has been done on-line, via staff meetings, and through one on one discussions. An in-service on MAR's is scheduled for 7/24/14 during a mandatory staff meeting. Training will be provided by our LCT Nursing Department.

In addition, the new Coordinator will oversee carts and MAR's to ensure compliance with this regulation.

7/31/14 - An initial, informal audit of all carts + med rooms has been completed by the Full-Time nurse and Resident Coordinator from Shepherd's Way. These nurses ensured that any discontinued medications were not in-house. In addition, they ensured that LCT had all medications available as prescribed.

As of August 16th, monthly MAR random inspections will be completed by the PC PCC. This individual will also complete quarterly random med cart + med room checks to ensure compliance with DPW regulations.

Repeat Violation: No Date(s) of Previous Violation(s): PCHA will receive documentation of all checks. 7/31/14 (MAD)

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Delban*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Delban, PCHA*

Date *7/16/14*

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The above plan of correction is approved as of *8/1/14* (Date)

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

Plan of correction implementation status as of *8/1/14* (Date)

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

1. REGULATION 55 Pa.Code §2600

2600.165(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

On 5/13/14, Resident # 4's, Acetaminophen 325 mg (PRN) medication was not available 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.

Resident #4's Acetaminophen 325 mg (PRN) has been received from the pharmacy as of 5/14/14 and is stored in the medication room/cart.

Additional training for Nursing Staff has been on-going since inspection. The new Resident Care Coordinator will oversee medication carts and MAR's to ensure compliance. Coordinator will report/update PCHA monthly on status of compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Ann DuGan

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

Mary Ann DuGan, PCHA

Date

7/16/14

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(Date)

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(Date)

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CDM
(Initials)

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

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.

2a. DESCRIPTION OF VIOLATION

- The medication administration record for Resident # 8, does not include the diagnosis for medications Namenda Xr 28mg, Balmex Ointment 120 gm and C-Hydrocort 1%.
- The medication administration record for Resident # 1, does not include the diagnosis for medications Miralax, Pantaprazole 40mg, Olanzapine 5mg and Artificial Tears.
- Resident # 9's, medication administration record does not include a diagnosis for Namenda 10mg.

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 MARs FOR residents # 1, 8, and 9 have been corrected. (See attached) The pharmacy has also been contacted to add diagnosis to the residents' records.

Additional training has been provided to nursing staff.

The new Resident Care Coordinator + PCHA will ensure monthly compliance with MAR's through direct oversight, periodic random checks of MAR's, and support of nursing staff. 7/31/14 mod

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Ann DuCan

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

Mary Ann DuCan, PCHA

Date 7/16/14

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(Date)

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8/1/14
(Date)

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- Not Implemented

The above plan of correction was approved by

MDM
(Initials)

1. REGULATION 69 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 5/12/14, Resident # 5's Alphagan-P Ophth Sol 0.1% at 5pm, Advair Diskus 500/50 at 5pm, Persersivision Arends Tabs at 5pm, Albuterol 0.08% at 9pm and Lumigan 0.01% at 10pm were administered. The staff person who administered these medications did not initial the resident's medication administration record.

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 staff nurse on 5/12/14 has initialed the resident record and has been counselled regarding this matter.

Additional training has been provided to all nursing staff since last inspection. Mandatory in-service is scheduled for 7/24/14.

The newly hired Resident Coordinator will complete checks on MAR's and medication carts to ensure compliance with all medication administration regulations. Resident Care Coordinator will provide monthly documentation to PCHA that correct practices are being followed by all Nursing Staff.

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

Mary Ann DuGan

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

Mary Ann DuGan, PCHA

Date: 7/16/14

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 (Initials)

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- Not Implemented

Violation Report: 12872 - 05/12/2014 - Colon, Lissette

PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

- The initial assessment for Resident # 2, admitted 11/1/13 was completed on 3/14/14.
- The initial assessment for Resident # 3, admitted 12/4/13 was completed on 3/12/14.
- The home has not completed an initial assessment for Resident # 4, admitted 3/25/14.

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 initial assessment for resident # 4 was completed by PCHA on 5/29/14. In the future, the PCHA and the Resident Care Coordinator will be responsible for the timely completion of the written assessments.
(See attached assessment)

7-31-14 PCHA and PC Resident Care Coordinator will meet weekly to review residents and the status of their assessments, DME, and support plans. Any necessary documents will be completed weekly. MON

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Mary Ann Dulean, PCHA* Date *7/16/14*

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1. REGULATION 65 Pa. Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident # 5 was admitted to the home on 11/11/13. The home did not develop a support plan for the resident until 3/12/14.

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 current PCHA took over on March 31, 2014. The individual who is hired for the Resident Care Coordinator is anticipated to begin in August.

Moving forward, better organizational structure, improved communication, and additional staffing will ensure that the Lutheran Community consistently meet this regulatory standard.

7-31-14 PCHA and PC Resident Coordinator will meet weekly to review residents and the status of their assessments DME, and support plans. Any necessary documents will be completed weekly.

MSD

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Mary Ann Duigan

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

Mary Ann Duigan, PCHA

Date

7/16/14

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MSD (Initials)