



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

DEC 22 2014

Mr. Henry Ebner, Administrator
Artman Lutheran Home
250 North Bethlehem Pike
Ambler, PA 19002

RE: License # 127780

Dear Mr. Ebner:

As a result of the Department of Public Welfare's licensing inspection on 9/9/2014 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.

Sincerely,

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 12778 - 09/09/2014 - Keely, Jennifer
PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 65 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 8/22/2014, Staff Member A utilized a physical restraint on Resident # 1 by holding the resident's wrists to immobilize the resident's arms. This resulted in bruises on the resident's arms.

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 member was cleared by DPU of abuse. The following was agreed upon by family + staff upon return.

- 1. The staff member will not be able to work on A&D unit, where the resident resides.
- 2. The staff member is to go through in servicing with the Nurse educator regarding the following topics: (Attachment A)
 - a. Preventing, Recognizing and Reporting Abuse
 - b. Behavioral Management
 - c. Aggressive Residents
 - d. Understanding the meaning behind behaviors :Action and Reaction
- 3. C.N.A. to be supervised with another C.N.A. for a week's time. (Attachment B)
- 4. Staff would be in serviced on Behavioral Management, (Attachment C)

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Henry Ebner PCA Date 12/8/14

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The above plan of correction is approved as of 12/11/14
(Date)

Plan of correction implementation status as of 12/11/14
(Date)

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

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