



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 22 2015

Ms. Diane K. Wolfgang, Executive Director
Luther Ridge Facility Operations, LLC
160 Red Horse Road
Pottsville, Pennsylvania 17901

RE: Luther Ridge at Seiders Hill
License #: 224660

Dear Ms. Wolfgang:

As a result of the Department of Human Services' licensing inspection on September 16, 2014 and September 17, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) 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. 2800 must be maintained.

Your regular license for the period March 12, 2015 to March 12, 2016 was issued on January 5, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

LICENSING INSPECTION SUMMARY

Assisted Living Residences - 55 Pa.Code §2800

Name of Community Home:

Luther Ridge at Seiders Hill

Address:

160 Red Horse Rd.
Pottsville, Pennsylvania 19053

License or MPI Number: 224660

Type of Inspection: Full

Reason(s) for Inspection: Annual

RECEIVED

SEP 29 2014

CENTRAL REGION FIELD OFFICE
Human Services Licensing

Notice: Unannounced

On-site Inspection Dates and Department Representatives On-Site:

9/16/2014 Israel Springs, Lori Gensil

9/17/2014 Israel Springs, Lori Gensil

Off-Site Inspection Dates and Inspectors, if Applicable:

LIS - [Luther Ridge at Seider Hill] - [9/16/14 & 9/17/14] - [Israel Springs]

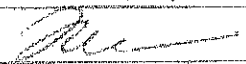
Regulation: § 2800.25 (b) The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Violation: The contract for Resident #1, dated 8/17/2012, and addendum, dated 8/1/2014, acknowledging continuation of the current contract were signed by the guarantor but were not signed by the resident.

Plan of Correction:

The contract and addendum were reviewed with Resident #1 and acknowledgment of understanding and signature was obtained.
An audit of current resident files shall be completed by October 17, 2014 to ensure that required signatures are present.
The Administrator will re-educate the Admissions Director regarding signature requirements for resident contracts and addendums.
Going forward, new admissions and amended resident contracts with addendums will be monitored by the Administrator / designee to ensure required signatures are present.

Printed Name and Title of Legal Entity Representative (Required on all pages) DIANE WOLFGANG / EXECUTIVE DIRECTOR

Signature of Legal Entity Representative (Required on all pages) 

Date 9/20/14

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

The above plan of correction is approved as of 10-15-14
(Date)

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

Plan of correction implementation status as of 10-15-14
(Date)

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

Regulation: § 2800.65 (g)(2) Direct care staff persons may not provide unsupervised assisted living services until successful completion and passing the Department-approved direct care training course and passing of the competency test.

Violation: Staff person A, DOH 4/21/2014, did not take the Department-approved direct care competency test until 6/15/2014. Staff Person A provided unsupervised direct care to residents during this time period.

Plan of Correction:

An audit of direct care employee files will be completed by October 17, 2014 to ensure that direct care staff members have taken the test timely prior to providing unsupervised care. The Administrator will re-educate the Director of Clinical Services regarding the requirements regarding direct care staff supervision prior to the completion of competency testing. Going forward, the Director of Clinical Services will monitor the staff assignments and completion of competency testing to ensure that supervision of direct care is provided until testing is completed.

Printed Name and Title of Legal Entity Representative (Required on all pages) DIANE WOLFGANG / EXECUTIVE DIRECTOR

Signature of Legal Entity Representative (Required on all pages) [Signature] Date 9/30/14

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The above plan of correction is approved as of 10-15-14
(Date)

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

Plans of correction implementation status as of 10-15-14
(Date)

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

Regulation: § 2800.82 (c) Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Violation: A 10 oz. 295 ml bottle of *Palmolive* dishwashing liquid was found in the cabinet over the sink in the country kitchen on the 3rd floor. Not all residents have been assessed as being capable of safely using or avoiding poisonous materials.

Plan of Correction:

The Palmolive liquid was removed and discarded immediately when discovered during the survey tour.
An audit of community kitchens will be completed by Maintenance and safety fixtures will be applied to cabinets and drawers to prevent resident access.
Direct care and Housekeeping staff will be re-educated by the Director of Clinical Services/designee regarding the storage of potentially hazardous items in community kitchens.
Frequent monitoring of resident accessible community kitchens will be conducted by the Housekeeping staff to ensure potentially hazardous materials are not accessible to residents.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Diane Wolfenbarger / EXECUTIVE DIRECTOR

Signature of Legal Entity Representative (Required on all pages)

[Signature]

Date

9/30/14

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(Date)

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

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

LIS - (Luther Ridge at Seider Hill) - [9/16/14 & 9/17/14] - (Israel Springs)

Regulation: § 2800.227(h) If a resident or designated person is unable or chooses not to sign the final support plan, a notation of inability or refusal to sign shall be documented.

Violation: Resident #2 did not sign the Assessment-Support Plan (ASP), dated 11/6/2013, nor was it documented that the resident refused or was unable to sign.

Plan of Correction:

Current resident support plans will be audited by 10/31/2014 to ensure that required signatures are present.

The Administrator/designee will re-educate staff completing support plans regarding required signatures.

Going forward, the Director of Clinical Services will monitor support plans to ensure that they have been reviewed with and signed by the resident, or documentation is present if the resident is unable or unwilling to sign their name.

Printed Name and Title of Legal Entity Representative (Required on all pages)

DIANE WOLFGANG, EXECUTIVE DIRECTOR

Signature of Legal Entity Representative (Required on all pages)

[Handwritten Signature]

Date

9/30/14

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