



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 3 1 2014

Ms. Megan M. Bolden, Administrator
Lutheran Home at Kane
100 High Point Drive
Kane, Pennsylvania 16735

RE: Lutheran Home at Kane/Residential Care Center
License #: 426450

Dear Ms. Bolden:

As a result of the Department of Public Welfare's licensing inspection on September 24, 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 November 10, 2014 to November 10, 2015 was issued on July 30, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

MSH

Enclosure
License Inspection Summary

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

PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER		RECEIVED	License Number: 42645
Address: 100 HIGH POINT DRIVE, KANE, PA 16735			County: McKean
Administrator: Regina Greenman		OCT 22 2014	Region: WEST
Legal Entity Name: LUTHERAN HOME AT KANE		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 100 HIGH POINT DRIVE, KANE, PA 16735			
Certificate(s) of Occupancy			
I-2 1/10/2010 Kane Boro			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23	
Type of inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Renewa:			
On-Site Inspections Dates and Department Representatives On-Site			
09/24/2014: Williams, Jason; Miller-Linhart, Aiden			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers:		Random Indicators:	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 33 Number of Residents Served: 30 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 28 Have Mental Illness: 5 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

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OCT 22 2014

Violation Report: 42646 - 09/24/2014 - Williams, Jason
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
There was a can of WD-40 with a label that reads "Extremely flammable" sitting on the hot water tank in the home's boiler room.

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 can of WD40 found to be in the boiler room at the time of the inspection/survey was immediately removed by the maintenance employee that was accompanying the inspector. A line item has been added to the daily rounds check sheets in the mechanical rooms to check for and remove any combustible or flammable materials that may be present and located near heat sources or hot water heaters. See attached documents "A"

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Megan M. Bolden*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Megan M. Bolden, Administrator Date 10/22/14

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

The above plan of correction is approved as of 10-21-14
(Date)

Plan of correction implementation status as of 10-21-14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially implemented - Inadequate Progress
- Not Implemented

RECEIVED

09/22/2014

WEST REGIONAL FIELD OFFICE
Human Services Licensing

Violation Report: 42645 - 09/24/2014 - Williams, Jason
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The first aid kit in the silver van, which is used to transport residents, did not contain a breathing shield, eye coverings or a thermometer.

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 above mentioned items were added to the "silver van's" first aid kit by Director of Environmental Services on the same day as inspection, a list of required supplies was given to the transportation aid, a copy of regulation 26a-96c was laminated and placed in each of the van's first aid boxes, the required items are now being stocked by Director of Environmental Services so that replacement of used items may be immediate, the addition of the other two Lutheran Home vans has been added to RCC's quarterly QA of first aid kits and RCC full time Residential Aid will continue to be responsible for the completion of QA on all first aid kits. Quarterly QAs take place in January, April, July and October

Within 30 days of receipt of the approved plan of correction, all staff persons transporting residents will be educated on the requirement of a first aid kit in the vehicle that includes all of the required contents in accordance with regulation 2600.96. Documentation of training will be kept. JSP 10-24-14

Immediately: A designated staff person will check any vehicle prior to transporting residents to ensure the first aid kit is present and the contents of the first aid kit are in accordance with regulation 2600.96. JSP 10-24-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Megan M. Bolden*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Megan M. Bolden, Administrator Date 10/22/14

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The above plan of correction is approved as of 10-24-14 (Date)

Plan of correction implementation status as of 10-24-14 (Date)

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

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

RECEIVED

09/22/2014

WEST VIRGINIA FIELD OFFICE
Human Care & Licensing

Violation Report: 42645 - 09/24/2014 - Williams, Jason
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

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 September 2014 medication administration record (MAR) does not list a diagnosis or purpose for Resident #1's prescribed Hydralazine 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 proper diagnosis for Hydralazine was added to the MAR on the day of inspection. A staff meeting is scheduled for November 5, 2014 and our Medication Administration Trainer is utilizing the DEW Train the Trainer online web casts "lesson 5" "Recording and Storage of Medications" and "lesson 6" "Documentation". All Personal Care staff is mandated to view the mentioned lessons and complete the "Student Written Documentation Examination". All staff passing medications are to be held accountable for assuring proper entries containing all required information are contained on the MAR, emphasizing "new admissions" and "readmissions" following hospital stays are heightened opportunities for these particular omissions. Please see attachment "B"

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/06/2013	09/12/2012
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Signature of Legal Entity Representative
(Required on EVERY Page) *Megan M. Bolden*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Megan M. Bolden, Administrator

Date 10/22/14

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(Date)

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(Initials)

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OCT 22 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42645 - 09/24/2014 - Williams, Jason
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 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
-Resident #1 is ordered Hydralazine 10mg, take one tablet by mouth twice daily. The September 2014 MAR is not initialed by the staff person who administered this medication on 9/23/14 at 4:00 PM
-Resident #2 is ordered Gabapentin 300mg, one cap three times a day. The September 2014 MAR is not initialed by the staff person who administered this medication on 9/24/14 at 12:00 PM

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.
A staff meeting is scheduled for November 5, 2014 and our Medication Administration Trainer is utilizing the DPH Train the Trainer online web casts "Lesson 5" "Recording and Storage of Medications" and "Lesson 8" "Documentation". All Personal Care staff is mandated to view the mentioned lessons and complete the "Student Written Documentation Examination" Emphasis on "double checking" that all documentation is complete prior to ending your shift and a complete MAR review has been added to the Quarterly QA list along with a tracking list of offenders.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Megan M. Bolden*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Megan M. Bolden, Administrator Date *10/22/14*

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(Date)

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(Initials)

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10/22/14

Violation Report: 42646 - 09/24/2014 - Williams, Jason
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST REGIONAL OFFICE
Human Services

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Metoprolol 100mg, take one tab by mouth twice daily - hold for heart rate less than 60. This order was not followed on the following dates:

-On 9/11/14 at 8:00 AM, the resident's heart rate was measured at 54 and the medication was not held per the physician's order

-On 9/24/14 at 8:00 AM, the resident's heart rate was measured at 55 and the medication was not held per the physician's order.

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 both above mentioned dates another medication (Digoxin) stating the same instructions was held and documented as such on the first page of the MAR due to the heart rate less than 60 bpm however the Metoprolol listed on a separate page of the MAR contained staff initials rather than "H" to indicate a medication being held. IDW requested that pharmacy "group together" the two medications and the pulse value and to be contained consecutively on one page, lessening the chance of human error when signing/initialing the MAR directly following medication administrations. A staff meeting is scheduled for November 5, 2014 and our Medication Administration Trainer is utilizing the DPW Train the Trainer online web casts "lesson 5" "Recording and Storage of Medications" and "lesson 8" "Documentation". All Personal Care staff is mandated to view the mentioned lessons and complete the "Student Written Documentation Examination" See attachments "C"

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Megan M. Bolden*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Megan M. Bolden, Administrator Date 10/22/14

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(Date)

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(Initials)

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10/22/2014

WEST RL
Human

FIELD OFFICE
Licensing

Violation Report: 42645 - 09/24/2014 - Williams, Jason
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

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
The assessment, dated 10/2/13, for Resident #2, does not address the diagnoses of gastroesophageal reflux disease or benign prostatic hyperplasia as indicated on the medical evaluation, dated 9/24/13.

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.
When correcting and updating a RASP double check and verify that all pertinent information has been transferred from the DME, office visit notes, and/or hospital stays particularly any and all diagnoses to assure proper and complete care of each individual. Assure that DMR and Resident Assessment Support Plan contain the same information, keeping in mind that the RASP is a "living document"
Within 30 days of receipt of the approved plan of correction, all staff persons completing assessments will be educated regarding the completion and accuracy of the document including the documentation of all diagnoses. Documentation of the training will be kept. JPP 10-24-14
Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will review all current resident assessments to ensure completion and accuracy including all diagnoses. JPP 10-24-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/06/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Megan M. Bolden*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Megan M. Bolden, Administrator Date 10/22/14

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