



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DEC 16 2014

Ms. Janet Lorenzon, Executive Director
Artman Lutheran Home
250 Bethlehem Pike
Ambler, Pennsylvania 19002

RE: Artman Lutheran Home
License #: 127780

Dear Ms. Lorenzon:

As a result of the Department of Public Welfare's licensing inspection on September 30, 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,

A handwritten signature in black ink, appearing to read "Patricia Adams", written in a cursive style.

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: ARTMAN LUTHERAN HOME		License Number: 12778
Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002		County: Montgomery
Administrator: Henry J. Ebner		Region: SOUTHEAST
Legal Entity Name: ARTMAN LUTHERAN HOME		
Legal Entity Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 173	Working Staff: 130
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/30/2014: Colon, Lisette; Keppel, Autumn		
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: 136 Number of Residents Served: 119 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: 4 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 119 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 54 Have a Physical Disability: 0

Henry Ebner PCA Henry J. Ebner PCA 11/11/14

Violation Report: 12778 - 09/30/2014 - Colon, Liasette
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 An assessment was completed for resident #1 on 4/16/14. However, the resident had a total of nine falls from April-July, in which the support plan was not revised to address this need.

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.

See Attached

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Henry Ebnser PCA Date 11/10/14

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

The above plan of correction is approved as of 12/8/14
 (Date)

Plan of correction implementation status as of 12/8/14
 (Date)

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

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

3. Plan of Correction

1. When a resident is found on the floor (falls), resident is to be assessed by the charge nurse.
2. An internal incident report (attachment 1) is to be filled out completely along with the medical-doctor and the family being called.
3. If the resident is complaining of pain, it will be determined by the nurse's assessment if there is a need to go to the hospital. If not, the resident will be continued to be monitored every shift for 9 shifts. Vitals signs will also be taken at that time.
4. If the resident hits their head, or can't express that they hit their head, besides the above, the resident will be monitored as per the head injury plan (attachment 2).
5. The charge nurse will document in the residents medical chart and also noted in the 24 hour sheet (attachment 3) for their notification. Also it will be documented in the front of the 24 hour book on the Line List (attachment 4) for that month.
6. The unit manager will take the Line List every 2 weeks and update all residents RASPS and the interventions that were done to prevent further falls.
7. Personal Care Administrator will review the Line List after, to confirm that the RASPS have been updated.

8. Examples of correction

	Personal Care Administrator
	Unit Manager
	Unit Manager
	Charge Nurse
	Charge Nurse
	Charge Nurse
	Charge Nurse
	Charge Nurse