



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 29, 2015

Christine C. Macedonia, Administrator
Lutheran Senior Life Passavant Community
103 Burgess Drive
Zelienople, Pennsylvania 16063

RE: Lutheran Senior Life Passavant Community
#446120

Dear Ms. Macedonia:

As a result of the Department of Human Services' licensing inspection on January 26, 2015, 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 that reads "Larry Mazza" with a checkmark at the end.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

MAY 14 2015

Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of the 55 Pa. Code Chapter 2600 regulations was not posted in a conspicuous and public place 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.

on the day of the inspection, the 2600 regulations were posted in a binder on the household kitchen counter which was inadvertently moved behind the counter during cleaning. The binder was placed on the end table in the inside entrance way to the household on each floor by the Nurse Manager. The Nurse Manager checks that the binder remains on the end table for public viewing on a weekly basis.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia* Date *5.13.15*

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

The above plan of correction is approved as of 5/22/15 (Date)

Plan of correction implementation status as of 5/22/15 (Date)

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

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

Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the home on 11/2/14; however, the contract, dated 11/2/14, was not signed by the resident until 1/9/15.

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.

All 36 personal care contracts were audited by the Nursing Manager. Five contracts, including resident # 3 were dated out of compliance. Going forward all PC contracts will be signed prior to admission or within 24 hours after admission. The new Marketing Coordinator who reviews the PC contracts with family / resident was educated in the regulatory time frames for contract dates for new admissions. The Nursing Manager will check all contracts for compliance within 24 hours of each admission.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine A. Macedonia

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

Christine A. Macedonia

Date 5.13.15

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(Date)

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(Date)

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(Initials)

Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

MAY 14 2015

1. REGULATION 55 Pa.Code §2600
2600.25(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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident # 4's contract, dated 11/2/14, was not signed by the payer.

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 payer for resident #4 is Lutheran Senior Life Passavant Community. The contract was pulled and a notation of the payer added by the Administrator (see attached). All other rep-payee contracts (currently 4) will have the same notation added by either the Administrator or Nursing Manager within one week. All new contracts will contain a notation indicating that Lutheran Senior Life Passavant Community is the Payer when applicable by the Administrator or designee.

Immediately: All resident contracts will be reviewed to ensure they are signed by the administrator or a designee, the resident and the payer.

Immediately: The home shall develop and implement a system to ensure each resident-home contract is signed by the administrator or a designee, the resident and the payer within 24 hours of admission in accordance with 2600.25a.

5/22/15

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

Signature of Legal Entity Representative (Required on EVERY Page) Christine A. Macedonia

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christine A. Macedonia Date 5.13.15

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Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A was hired with the legal entity on 9/21/09. The home opened on 11/2/14; however, staff person A did not receive training in any of the topics specified in 2600.65a, to include evacuation procedures and the location of the designated meeting place outside the building or the fire-safe area in the event of an actual fire.

Direct care staff person B was hired with the legal entity on 1/17/00. The home opened on 11/2/14; however, staff person A did not receive training in any of the topics specified in 2600.65a, to include evacuation procedures and the location of the designated meeting place outside the building or the fire-safe area in the event of an actual fire.

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.

Staff person (A) and staff person (B) are both casual employees who were unavailable to attend the initial Emergency Preparedness Training held prior to the move on 11.2.14. Staff person (A) was trained on 1.15.15 and staff person (B) was trained on 12.16.14 (see attached). Going forward all new staff will be trained on their first day of employment during HR orientation conducted by the HR Assistant.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christine A. Macedonia

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

Christine A. Macedonia

Date *5.13.15*

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(Initials)

Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

MAY 14 2015

1. REGULATION 55 Pa.Code §2600

2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

WEST REGION FIELD OFFICE
Nursing Services Licensing

2a. DESCRIPTION OF VIOLATION

There are no grab bars, hand rails or assist bars at two of the three toilets in the women's restroom, located next to the 1st floor fitness center.

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.

Grab bars were ordered and installed (on 5.14.15) in the women's restroom at the toilets in the restroom located next to the fitness center. (See attached photo).

All remaining restrooms were checked by maintenance to ensure proper assist bars were in place.

During rounds maintenance will be responsible to adjust or replace any assist bars as necessary.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Christine A. Macedonia

Printed Name and Title of Legal Entity Representative
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Christine A. Macedonia

Date

5.13.15

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(Initials)

Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
 PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
 Family Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The emergency preparedness plan for the municipality and the emergency preparedness plan for the home were posted in the staff office, and not posted in a conspicuous and public place 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.

The emergency preparedness plan for the municipality and the emergency preparedness plan for our home were printed and placed in the binder with the 2000 regulations on the day of the inspection. The binder is located on the end table at the internal entrance to the household. The Nursing Manager ensures that the binders are there for public viewing on a weekly basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Christine A. Macedonia

Printed Name and Title of Legal Entity Representative
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Date *5.13.15*

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Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

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 records for the following fire drills do not indicate if the drills were conducted in the AM or PM:

- * 11/30/14 at 4:10
- * 12/18/14 at 6:50

The fire drill record for the fire drill conducted on 12/18/14 at 6:50 does not indicate the exit routes used during the drill.

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.

Beginning with January 2015 all drills will have times recorded as "AM" or "PM" and all exit routes used during the drill will be noted. (Please see attached fire drill records for January 2015 - March 2015).

Maintenance Director will be responsible for ensuring proper completion of monthly fire drill records to ensure on-going compliance.

Immediately: The administrator shall review the written fire drill logs, at least monthly, to ensure all required information specified in 2600.132c is present and accurate, to include all exit routes used, and if the fire drills were conducted in the AM or PM.

*RW
5/22/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia* Date *5.13.15*

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Violation Report: 44612 - 01/26/2015 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit on 11/2/14. The resident's medical evaluation, dated 10/7/14, does not indicate the need for the resident to reside in a secured dementia care unit.

Resident # 2 was admitted to the secured dementia care unit on 11/2/14. The resident's medical evaluation, dated 10/15/14, does not indicate the need for the resident to reside in a secured dementia care unit.

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.

Documentation of the physician's recommendation for a secured memory support facility was completed by the physician on 11.2.14 (See attached). The box to indicate admission to a secured dementia unit on the medical evaluation was unchecked in oversight. Going forward all residents being admitted to the SDU will have the box on the Medical evaluation for entry into a SDU checked. Personal care nurses have been educated to review all forms on admission to the SDU. (see attached) Immediately: A designated staff person shall review all resident medical evaluations who reside in the secured dementia care unit, to ensure each resident has a completed an accurate medical evaluation completed, to include an indication the resident has a need for secured dementia care.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christine A. Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia* Date *5.13.14*

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