



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: March 27, 2015**

Ms. Karen Russell, Executive Director  
St. John Lutheran Care Center  
500 Wittenberg Way, PO Box 928  
Mars, Pennsylvania 16046

RE: St John Specialty Care Center  
Certificate/License #448330

Dear Ms. Russell:

As a result of the Department of Human Services' licensing inspection on February 19, 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,

Janine Wenzig  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: ST JOHN SPECIALTY CARE CENTER		License Number: 44833
Address: 500 WITTENBERG WAY P O BOX 928, MARS, PA 16046		County: Butler
Administrator: Cindy Naughton		Region: WEST
Legal Entity Name: ST JOHN LUTHERAN CARE CENTER		<b>RECEIVED</b>
Legal Entity Address: 500 WITTENBERG WAY, MARS, PA 16046		
Certificate(s) of Occupancy C-1 06/01/1985 L&I		MAR 25 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/19/2015: Williams, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 24	Number of Residents who:	
Number of Residents Served: 22	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: NO	Are 60 Years of Age or Older: 22	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 8	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

Violation Report: 44833 - 02/19/2015 - Williams, Jason  
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 2/8/15 in the morning, Resident #1 told staff person A that Resident #2 was hit by staff person B the previous evening. Staff person C, the administrator, was also informed of the allegation on 2/8/15. However, the home did not report this allegation of abuse to the Area Agency on Aging until 2/12/15.

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.

Regulation 55 Pa.Code 2600.15(a)

Facility began an immediate investigation based on the limited information provided on 2/8/15. Resident initially denied allegation. Upon further information received by resident on 2/12/15, facility reported the allegation to Area Agency on Aging,

Administrator will complete Pa Department of Aging Mandatory Abuse Reporting and Criminal Background Check Self Study Course. The training will be completed by April 5, 2015. Administrator has reviewed regulation 2600.15 (a), and will ensure any allegation of abuse is immediately reported to the

The facility will continue to immediately initiate a thorough investigation into an allegation of abuse. The facility will suspend or submit a plan of supervision for the employee to Dept. Of Human Services for approval until the allegation has been reviewed by the Department of Human Services.

All incidents of alleged abuse will be reported to the Department within 24 hours by the Administrator or Designee.

Immediately - All staff persons will be reeducated on reporting requirements under 2600.15a, and directed to immediately report any allegations of abuse to the Area Agency on Aging, in accordance with OAPSA and Pa. Code § 15.21-15.27. Documentation of training will be kept.

3/26/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Naughton* Date *3-25-15*

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

The above plan of correction is approved as of *3/26/15* (Date) Plan of correction implementation status as of *3/26/15* (Date)

The above plan of correction was approved by *[Signature]* (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 44833 - 02/19/2015 - Williams, Jason  
PCH Name: ST JOHN SPECIALTY CARE CENTER  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION  
On 2/8/15 in the morning, Resident #1 told staff person A that Resident #2 was hit by staff person B the previous evening. Staff person C, the administrator, was also informed of the allegation on 2/8/15. However, the home did not immediately implement a plan for supervision or suspend staff person B, and he/she worked in the home unsupervised on 2/8/15, 2/9/15, 2/10/15 and 2/12/15 on the 3 PM - 11:30 PM shift.

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.

Regulation 55 Pa.Code 2600.15(b)

Administrator has reviewed Pa.Code 2600.15(b)

Resident did not confirm the allegation on 2/8/15 and stated that [redacted] was not fearful of this employee. When further information was provided by the resident on 2/12/15, the employee was provided direct supervision on 2/12/15 and then suspended on 2/13/15.

The facility will continue to immediately initiate a thorough investigation into an allegation of abuse. The facility will suspend or submit a plan for direct supervise of the accused employee to the Department of Human Services until the allegation has been reviewed by the Department.

Immediately - The administrator will ensure that any employee who is alleged to have abused a resident is immediately suspended or placed under a plan of supervision, regardless of the results of the home's internal investigation. The employee will remain on suspension or supervision until the completion of the Department's investigation.  
Immediately - All staff persons in the home will be reeducated on this requirement. Documentation will be kept.

unacceptable portion of plan

Repeat Violation: No      Date(s) of Previous Violation(s):      3/26/15

Signature of Legal Entity Representative (Required on EVERY Page)      Cindy Naughton

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Cindy Naughton      Date 3-25-2015

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Violation Report: 44833 - 02/19/2015 - Williams, Jason  
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/8/15 in the morning, Resident #1 told staff person A that Resident #2 was hit by staff person B the previous evening. Staff person C, the administrator, was also informed of the allegation on 2/8/15. However, the home did not report this allegation of abuse to the to the Department until 2/13/15.

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.

Regulation 55 Pa.Code 2600.16(c)

Facility began an immediate investigation based on the limited information provided on 2/8/15. Resident initially denied allegation. Upon further information received by resident on 2/12/15, facility reported the allegation to Department of Human Services.

Administrator has reviewed Pa.Code 2600.16(c). Administrator will complete Pa Department of Aging Mandatory Abuse Reporting and Criminal Background Check Self Study Course. The training will be completed by April 5, 2015

All incidents of alleged abuse will be reported to the Department of Human Services within 24 hours by the Administrator or Designee, in the manner designated by the Department. *3/26/15*

The facility will continue to immediately initiate thorough investigation into an allegation of abuse. The facility will suspend or supervise the accused employee until the incident has been reviewed by the Department.

*Immediately - All staff persons will be reeducated on reportable incidents and conditions, methods of reporting and required timeframes. Documentation will be kept.*

*Shelis*

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The initial support plan, dated 9/28/14, for Resident #2, was completed more than 30 days after the resident's admission date of 8/26/14.

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.

~~Regulation 55 Pa.Code 2600.227(a)~~

Administrator implemented a tracking system of all support plan due dates on 3-6-2015.

All support plans were reviewed by 3-25-2015 and all other support plans were found to be in compliance.

Administrator will audit support plans monthly to ensure that all resident support plans are completed within 30 days of admission. Any identified issues will be audited and reviewed in CQI meetings.

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