



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: SEP 22 2015

Ms. Ellen Shrager, Vice President
Lutheran Community at Telford
12 Lutheran Home Drive
Telford, Pennsylvania 18969

RE: Lutheran Community at Telford
235 North Washington Street
Telford, Pennsylvania 18969
License # 126720

Dear Ms. Shrager:

As a result of the Department of Public Welfare's licensing inspection on March 2, 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, appearing to read "Roslyn Brewer".

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: LUTHERAN COMMUNITY AT TELFORD		License Number: 12672
Address: 235 NORTH WASHINGTON STREET, TELFORD, PA 18969		County: Bucks
Administrator: Mary Ann DuGan		Region: SOUTHEAST
Legal Entity Name: LUTHERAN COMMUNITY AT TELFORD		
Legal Entity Address: 12 LUTHERAN HOME DRIVE, TELFORD, PA 18969		
Certificate(s) of Occupancy nm nm		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 111	Waking Staff: 83
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/02/2015: Keelly, Jennifer; McHale, Christine		
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: 125 Number of Residents Served: 92 Secured Dementia Care Unit in Home: Yes Area: Shepards Way Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 92 Have Mental Illness: 21 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 1

Violation Report: 12672 - 03/02/2015 - Keely, Jennifer
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

None of the home's staff received fire safety training by a fire safety expert or a staff person training by a fire safety expert in the 2014 training year.

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.

Immediately following the fire event and the inspection, the PC Administrator and LCT fire expert reviewed the Fire procedure for PC. The fire expert had a question and answer session at 2 staff meetings in April. As a result, the procedure was revised and consolidated into 1 page. Staff received a copy of this revision along with the LCT General Fire Procedure (R. A. C. E.) form in May. (See attached)

Moving forward, this LCT specific fire procedure will be incorporated into the New Hire Orientation Checklist and the RELIAS on-line training. (See attached) In addition, the fire expert will review the fire procedure annually during a staff meeting which will be documented in the training record.

Staff will continue to have the opportunity to discuss any questions or concerns about the fire procedure during each monthly fire drill.

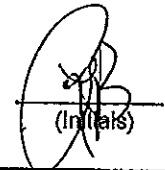
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann DuBan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann DuBan, Administrator* Date *6/15/15*

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

The above plan of correction is approved as of 6/23/15 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 6/22/15 (Date)

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