



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: DEC 02 2015**

Mr. Henry Ebner, Administrator  
Artman Lutheran Home  
250 Bethlehem Pike  
Ambler, Pennsylvania 19002

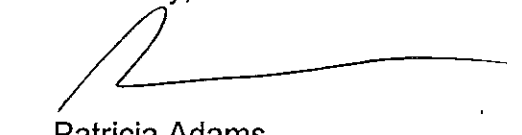
RE: Artman Lutheran Home  
License #: 127780

Dear Mr. Ebner:

As a result of the Department of Human Services' 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,



Patricia Adams  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 12778 - 03/02/2015 - Colon, Lissette  
 PCH Name: ARTMAN LUTHERAN HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

**2a. DESCRIPTION OF VIOLATION**  
 On 3/2/15, at 9:45am, the Department requested the criminal background history for all the private duty aides that assist Resident # 1 with their personal care needs. However, after the second request, the home was not able to provide the information.

**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.

- 1) On the day of visit, Administrator called outside agency in question and obtained criminal background checks on private duties for Resident #1. On 3/3/15, the Administrator faxed copies to DHS.
- 2) Audit performed to verify criminal background checks for external service providers. (See Audit)
3. Training provided for Unit Managers and Administrator Assistant regarding Regulations 2600.5(a)(1) and 2600.52.
- 4.) Administrator to monitor External Services for license, liability, insurance and criminal background checks on external services staff.

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


Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Henry Ebner, Personal Care Administrator

Date 10/27/15

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

The above plan of correction is approved as of 11/5/15  
 (Date)

Plan of correction Implementation status as of 11/5/15  
 (Date)

The above plan of correction was approved by   
 (Print Name)

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

Violation Report: 12778 - 03/02/2016 - Colon, Lissette  
 PCH Name: ARTMAN LUTHERAN HOME

**1. REGULATION 55 Pa.Code §2600**

2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing, undressing and care of clothes.
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care.

**2a. DESCRIPTION OF VIOLATION**

The assessment and support plan for resident #1, indicates that the resident requires assistance with all hygienic/personal practices; this includes every episode of incontinence. On 2/5/15, the resident did not receive assistance as required.

**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.

- 1) I respectfully request this violation to be removed. Artman's CNA statement was misinterpreted and clarification of her statement was not <sup>see</sup> requested by the surveyor at the time of visit. (CNA statement)
- 2) In order for Resident #1 to remain in personal care, the family needed to provide 24 hour external care. The care would include all ADL services. Artman CNA would help external care staff when needed: example - transferring, turning, changing. (See example of Assignment Sheet)
- 3) Despite Request, Artman Staff was ~~inserted~~ concerned concerning the help need for both our residents and external staff when needed. (See In-Service Sheet)
- 4) The home will provide ADL + Incontinent care to all residents requiring this services.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Henry Ebra, Personal Care Adm. Date 10/27/15

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 (Date)

Plan of correction implementation status as of 11/5/15  
 (Date)

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

- Fully Implemented
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Violation Report: 12778 - 03/02/2015 - Colon, Lissette  
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 2/5/15, resident #1's right arm was noticed as swollen with bruises by the resident's private 24hr duty aide. The bruise and swelling was also noted on the resident's right shoulder to wrist, right rib area, and lower right shin. The resident, who left arm is also contracted, was unable to state the cause of the bruises. The resident was then sent to the emergency room for further evaluation. The hospital noted the resident's arm was dislocated, and due to his/her health and age, the hospital staff was unable to pop the shoulder back into place. The resident's arm was placed in a swing to prevent further pain. In turn, the home removed the three private duty aides that were attending to the resident's needs. However, the home's direct care staff did not assist the private duty aides with the resident's personal/hygienic needs, even though it's stated in the resident's support plan that complete assistance is required. Secondly, the home did not implement safe management techniques to ensure the safety of the resident during transferring in order to prevent any accidents or falls. According to the home's administrator, resident# 1 is considered as a two-person assist. However, the home had no one assigned to help the private duty aides during transferring in-and-out of bed, and with toileting.

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.

- 1) I respectfully request the removal of this violation. Artman CNA was misinterpreted and clarification of her statement was not requested by surveyor at the time of visit.
- 2) Protocol of all Artman CNA's are assigned to each resident. CNA is responsible to check on residents and help external staff as needed.
- 3) Despite request, Artman staff was inserviced concerning the help need for both our residents and external staff when needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Henry Eber*

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

Henry Eber, Personal Care Adm

Date

10/27/15

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Violation Report: 12778 - 03/02/2015 - Colon, Lissette  
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600  
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
 On 3/2/15, the home did not have on file the criminal background history check for all the private duty aides that provide assistance to resident # 1.

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.

- 1) On the day of the visit, the Administrator called the outside agency in question and obtained criminal background checks on private duty aides for Resident #1. On 3/3/15, the Administrator faxed copies to DHS.
- 2) Audit was performed to verify criminal background checks for external service providers.
3. Training was provided to the Unit Managers and the Administrator Assistant about Regulations 2600.5(a)(1) and 2600.52.
4. Administrator to monitor external services for license, liability insurance, and criminal background checks on external staff.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Henry Ebron*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Henry Ebron, Personal Care Adm.*      Date *10/27/15*

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Violation Report: 12778 - 03/02/2015 - Colon, Lissette  
 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  
 Resident #1's support plan dated 2/10/15, has not been revised to address the new changes regarding the resident's personal care needs and the need for more assistance during hygienic and personal practices; including the proper safety techniques with transferring the resident in and out of bed.

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.

1.) Support Plan for Resident # 1 was updated on 3/3/15. (Attached)

2. As part of plan of correction, the Unit Managers will do monthly audits in place (effective 10/27/15) using QA form. The administrator will conduct his own audit, specifically to their individual areas of responsibility, to ensure and maintain compliance (See Audit Sheet)

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/30/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Henry Eber*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Henry Eber, Personal Care Adm	Date 10/27/15
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