



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 2 5 2015

Mr. Carl R. McAloose, President/CEO
LutherCare, Inc.
600 East Main Street
Lititz, Pennsylvania 17543

RE: St. John's Herr Estate
200 Luther Lane
Columbia, Pennsylvania 17512
License #: 321870

Dear Mr. McAloose:

As a result of the Department of Human Services' licensing inspection on June 9, 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.

Your regular license for the period May 18, 2015 to May 18, 2016 was issued on February 8, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCM Name: ST JOHNS HERR ESTATE		License Number: 32187
Address: 200 LUTHER LANE, COLUMBIA, PA 17512		County: Lancaster
Administrator: Kevin Darlington <i>Anita Martin</i>		Region: CENTRAL
Legal Entity Name: LUTHERCARE, INC		
Legal Entity Address: 600 EAST MAIN STREET, LITITZ, PA 17543		
Certificate(s) of Occupancy		
C-2 LP 06/15/1991 L&I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 38	Working Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/09/2015: Hoover, Douglas		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 09 2015</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 46 Number of Residents Served: 33 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32187 - 06/09/2015 - Hoover, Douglas
 PCH Name: ST JOHNS HERR ESTATE

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.

2a. DESCRIPTION OF VIOLATION

The contract for Resident #1, dated 11/1/14, does not have the signature of the payer/responsible party.

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.

PC Manager or Designee reviews the contract with the resident and payer at time of admission. Prior to processing copies the PC Manager or Designee will review a second time to ensure that all signatures are in place so not to result in a repeat violation.

The home will attempt to obtain the signature of the payer of the identified contract. -dE

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anita Martin		Date July 2, 15

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

The above plan of correction is approved as of 8-20-15
 (Date)

The above plan of correction was approved by dE
 (Initials)

Plan of correction implementation status as of 8-20-15
 (Date)

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

Violation Report: 32187 - 06/09/2015 - Hoover, Douglas
 PCH Name: ST JOHNS HERR ESTATE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person A, hired on 4/29/15, did not receive any of the required training before providing unsupervised ADL services.

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.

Direct Care Staff (A) did not have the proper documentation pertaining to required training before providing unsupervised ADL services. Direct Care Staff (A) received proper training prior to performing duties however documentation was not able to be found in employee record during time of survey. Direct Care Staff (A) was reeducated on regulation 2600.65(d) on June 13th, 2015 (next regularly scheduled day prior to performing unsupervised ADL's) Direct Care Staff receive at least 5 days orientation to specific job duties prior to performing unsupervised care. This training includes all listed on regulation 2600.65(d) and is documented. (see attached form). PC Manager will audit all direct care records prior to scheduling to ensure training and documentation is complete.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page)



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

Anita Martin

Date July 2, 15

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Violation Report: 32187 - 06/09/2015 - Hoover, Douglas
 PCH Name: ST JOHNS HERR ESTATE

1. REGULATION 56 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Alternate exit routes were not used during fire drills from May 2014 to May 2015. The home's fire drill log indicates that "DR", for Dining Room, was the only exit route used for fire drills.

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 2600.132(f) requires that alternate exit routes shall be used during fire drills. A dayshift Fire Drill was conducted on 6/26/15 and alternate exit routes were shown to be used (see attached form). On 7/1/15 a second shift Fire Drill was conducted and alternate exit routes were used. Resident were evacuated to the outside due to the location of fire alarm (see attached form and log). Fire Drill logs will be audited and initialed by both PC Manager and Maintenance manager to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Anita Martin	July 2, 15

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Violation Report: 32167 - 06/09/2015 - Hoover, Douglas
PCH Name: ST JOHNS HERR ESTATE

1. REGULATION 55 Pa.Code §2500
2500.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
The fire drill log indicates that only 37 of 38 residents evacuated during a fire drill on 11/24/14 at 5:00 am.

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 11/24/14 @ 5:00 am a Fire Drill was conducted and documentation revealed one resident not accounted for during evacuation. A Fire Drill was conducted on 6/26/15 and 34/34 residents were documented as evacuated (see attached form). On 7/1/15 a Fire Drill was conducted on 7/1/15(see attached form) and alternate exit routes were used and all residents were evacuated and/or accounted for. A "head count" sheet is currently being used for accountability and Fire Drill logs will be audited and initialed by both PC Manager and Maintenance Manager to ensure compliance.

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Violation Report: 32187 - 06/09/2015 - Hoover, Douglas
 PCH Name: ST JOHNS HERR ESTATE

1. REGULATION 65 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for Resident #1, admitted on 3/22/14, which includes the determination that the home can meet the resident's service needs, was dated 3/24/14.

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.

On 3/22/14 Resident#1 was admitted and pre-screening was not done until 3/24/14. According to 2600.225 a determination shall be made within 30 days prior to admission and documentation on the Department's preadmission screening form that the needs of the resident can be met by the service provided by the home. All preadmission screening forms will be completed by a PCHA prior to admission and reviewed to be in compliance, by the Administrator or designee. - EE

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