



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 12 2015

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

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

Dear Ms. Shrager:

As a result of the Department of Human Services' annual licensing inspections on July 29, 2015 and October 1, 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 "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License 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 I-2 08/06/2012 Telford Borough | | |
| Staffing Hours | | |
| Resident Support: | Total Daily Staff: 119 | Waking Staff: 89 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Renewal | | |
| On-Site Inspections Dates and Department Representatives On-Site 07/29/2015: McIlvain, Shawn; Keelty, Jennifer | | |
| 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: 96 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 14 | | Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 96 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 3 |

Violation Report: 12672 - 07/29/2015 - McIvain, Shawn

PCH Name: Lutheran Community at Telford

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

On July 29, 2015 Resident #1's last medical evaluation was completed on 4/22/15, and the previous medical evaluation was completed on 12/4/13.

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.

As of 8/3/15 all DME's have been checked and anniversary dates are corrected to reflect date of physician visit rather than date form was completed. See the attached calendar for annual reviews for 2015.
RCC and Administrator will adhere to schedule and monitor for continued compliance.

| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 05/12/2015 | | |
|-----------------------|-----------------------------------|------------|--|--|

Signature of Legal Entity Representative
(Required on EVERY Page) *Ellen Stragel*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *ELLEN STRAGEL* Date *8/28/15*

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

The above plan of correction is approved as of 9/4/15
(Date)

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

Plan of correction implementation status as of 9/4/15
(Date)

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

Violation Report: 12672 - 07/29/2015 - McIlvain, Shawn
 PCH Name: Lutheran Community at Telford

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 On July 29, 2015 Resident #3's glucometer was not programmed for use
 On July 29, 2015 Resident #5's PRN Tramadol 50 mg was not available for administration.

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.

As of 8/27/15 Resident #3 glucometer has been calibrated with the correct time and date, as well as all other glucometers on the unit. The calibration of date and time for the glucometers has been added to the monthly checklist completed by 11-7 staff. See attached monthly checklist. Resident Care Coordinator will complete random monthly checks. Administrator + Resident care coordinator (RCC) will monitor for compliance.

The prn Tramadol for resident #5 was received from pharmacy on 7/31/15 and is stored in medication cart.

Nursing staff will monitor MARs/medication cart on an ongoing basis to ensure all ordered medications are available for resident use.

RCC will perform random monthly checks to ensure compliance.

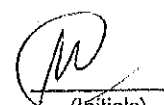
| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 05/12/2015 | | |
|-----------------------|-----------------------------------|------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Shrager*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **ELLEN SHRAGER** Date **8/28/15**

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

The above plan of correction is approved as of 10/05/15
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction Implementation status as of 10/05/15
 (Date)

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

Violation Report: 12672 - 07/29/2015 - McIlvain, Shawn
 PCH Name: Lutheran Community at Telford

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

On July 29, 2015 the medication administration record for:

- Resident #3 medication administration record was missing the blood sugar recording for July 19, 2015 at 7:30 AM.
- Resident #4 medication administration record was missing the blood sugar recording for June 26, 2015 at 8:00 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.

All staff have been instructed in importance of following orders related to checking and recording blood sugar readings. The staff person involved with the two incidents as listed above have been counseled and disciplinary action instituted. Random monthly checks of MARs will be completed by Resident Care Coordinators (RCC). Administrator and RCCs to continue to monitor for compliance.

| | | | | |
|-----------------------|-----------------------------------|------------|--|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 05/12/2015 | | |
|-----------------------|-----------------------------------|------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Strager*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **ELLEN STRAGER** Date **8/28/15**

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

| | |
|---|---|
| The above plan of correction is approved as of <u>10/05/15</u> (Date) | Plan of correction implementation status as of <u>10/05/15</u> (Date) |
| The above plan of correction was approved by <i>[Signature]</i> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 12672 - 07/29/2015 - McIlvain, Shawn
 PCH Name: Lutheran Community at Telford

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On July 24, 2015 at 9:00 AM, resident #2's Acetaminophen 325 mg, Amlodipine 5 mg, Calcium Carb. + Vitamin. D 600 mg/400IU, Fish Oil Cap. 1000 mg, Metoprolol 25 mg, Neupro dis 3 mg, Senna 8.6 50 mg, Vit. B12 tab 1000 mcg and Vit. D3 Cap 2000U was administered. The medication record was not initialed.

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 involved in incident did initial MAR on return from vacation. Staff person was counseled on importance of following protocol in medication administration by initialing MAR immediately following administration of medication. Staff have been reminded of expectation to follow the 5 rights of medication administration. Annual medication administration training has been included for all staff that administer medications. Random monthly checks will be completed by Resident care coordinators. Administrator and resident care coordinators will monitor compliance.

| | | |
|-----------------------|-----------------------------------|------------|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 05/12/2014 |
|-----------------------|-----------------------------------|------------|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ellen Shraeger*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **ELLEN SHRAEGER** Date **8/28/15**

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

| | |
|---|---|
| The above plan of correction is approved as of <u>8/28/15</u> (Date) | Plan of correction implementation status as of <u>8/28/15</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |