



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 19 2016

Ms. Megan M. Bolden, Administrator
Lutheran Home at Kane
100 High Point Drive
Kane, Pennsylvania 16735

RE: Lutheran Home at Kane/Residential Care Center
License #: 426450

Dear Ms. Bolden:

As a result of the Department of Human Services' annual licensing inspection on February 4, 2016 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 42645 - 02/04/2016 - Harvey, Jason
 PGH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 4/25/15, and support plan, dated 5/10/15, for resident #1 indicates that the resident requires assistance with managing health care daily. The resident cannot self-administer medications, requires the home to order, store and administer medications per physician's orders and to monitor for effectiveness/side effects and report any changes to the family and physician on a daily basis. The resident has Diabetes Mellitus Type II and requires staff to administer medications as ordered, assure labs are drawn as per doctor order, monitor for changes in need/effectiveness/side effects, maintain communication with family and doctor daily. The resident also has a moderate problem with judgement, currently a minimal issue however historically has been very noncompliant with health care. The home is to provide encouragement, reassurance, positive feedback, assist in making/remembering/keeping appointments and adhering to physician orders. In the summary it states the resident was previously determined to be a threat to themselves due to extreme noncompliance, lack of self-care, and poor decision making. Since arriving at the home, the resident has not appeared to demonstrate this lack of compliance, performs own blood sugar checks and self-injects routine insulin prior to meals and bedtime. Representatives reviewed the glucometer for the resident and the readings in the glucometer did not match the readings that were recorded. It was discovered through interviews with the resident and staff that staff is taking the residents word on the reading and that the resident sometimes can't see the reading on the glucometer due to the lighting and sometimes guesses or sometimes pulls the strip out too early and guesses. The home is not providing the resident with the necessary assistance in monitoring blood glucose levels 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.

Glucometer checks had initially been performed routinely by licensed nurses/diabetic trained RA staff members via a "zig-zag" schedule (a rotation of alternating times daily from 7am, 11am, 4pm and hs) ordered by Resident #1's physician. Staff did begin to allow her the independence of performing her glucometer checks under guidance, then independently and even provided her with a chart identical to the one staff created to assist in keeping track of not only the values but what time everyday that the check was to be performed. This resident frequently went on LOA, whether it be for several hours or overnight and this particular resident had a goal of leaving the personal care setting and returning to an apartment whether her PCP agreed with her decision or not (and did in fact discharge herself on 2/6/16, just two days after this inspection). It was felt that given the number of absences and her intentions of moving out that staff was doing what was necessary to best prepare her for living independently. Following this inspection a plan was immediately implemented that even if a resident has orders stating they may independently do glucometer checks, docs will be present and check the meter for true reading prior to documenting anything.

* Adm Designee acknowledge resident plans & goals will not be confused w/ regulatory compliance. 4/7/16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jessica Copenhaver, NHA</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jessica Copenhaver, NHA Administrator		Date 03/15/16

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

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by  (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: 42646 - 02/04/2016 - Harvey, Jason
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #2, date of admission [redacted] 14, had the most recent medical evaluation completed on 1/7/15. The previous medical evaluation in the resident's record was completed on 11/26/13.

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.
Prior to admission to the facility, resident #2 had a doctor's appt on [redacted] 13. The DME form was completed on 01/02/14 by the physician based on that visit in anticipation for admission the following [redacted]. The following years both an appt was scheduled and the DME was completed 01/04/15 followed by 01/07/16. The information is misstated above, as the issue was between the initial DME and [redacted] first yearly. Staff was educated by inspectors on February 4, 2016 while they were here as to the 12 months and 15 days that we have for the yearly must be based on the date of EVALUATION (such as [redacted]/13) and not the date the FORM IS COMPLETED (such as 01/02/14). After the initial misunderstanding of dates, Resident #2 had already been in compliance and current for DME evaluation and forms filled out. Copies of all this documentation was taken the day of inspection.

Adm/Designee will ensure there is a process in place to track dates of resident(s)'s evaluations, and schedule them timely the following year to in order to ensure ongoing compliance. *J. 3-15-16*

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


Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica Copenhaver, MHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jessica Copenhaver, MHA Administrator Date 03/15/16

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

The above plan of correction is approved as of 3-15-16
(Date)

Plan of correction implementation status as of 3-15-16
(Date)

The above plan of correction was approved by 
(Initials)

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

Violation Report: 42645 - 02/04/2016 - Harvey, Jason
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 The home's designated smoking area is in the gazebo located through the doors near the dining area. At 9:55am there were two blue chairs with fabric seating and backs from the therapy department made of urethane foam and two blue vinyl chairs. All four of the chairs were made out of materials that would be flammable.

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.
 The four chairs were immediately removed from the gazebo. Discussions and brainstorming took place among members of the management team. The decision was made to issue a 30 day notice to the sole individual that had been "grand fathered" to maintain smoking rights on facility grounds. The facility has since issued the 30 day no smoking notice, offered to pay for a smoking cessation aid and explained that if he wishes to continue to smoke that he must be off of the property to do so. He has chosen smoking cessation and is to begin the patch on the evening of 03/13/16 at which time the entire Lutheran Home at Kane property will be completely tobacco free. During the 30+ day interim decs, 7-3 shift RA and 3-11 shift RA, performed a QA check daily of the gazebo to assure that no flammable furniture/items had been again placed in the area.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Copenhaver NHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jessica Copenhaver, NHA Administrator

Date 03/15/16

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

The above plan of correction is approved as of 3-15-16
 (Date)

Plan of correction implementation status as of 3-15-16
 (Date)

The above plan of correction was approved by *JC*
 (Initials)

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

Violation Report: 42645 - 02/04/2016 - Harvey, Jason
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is currently self-administering insulin. The resident has not been assessed by a physician, physician's assistant or certified registered nurse practitioner as being able to self-administer medication.

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.

Resident #1 was "self administering" the injection (and also being observed doing so) after licensed/diabetic trained staff prepared the proper dose per doctor's order. This resident frequently went on LOA, whether it be for several hours or overnight and this particular resident had a goal of leaving the personal care setting and returning to an apartment whether PCP agreed with decision or not (and did in fact discharge on 3/16, just two days after this inspection). It was felt that given the number of absences and intentions of moving out that staff was doing what was necessary to best prepare for living independently.

The home will follow the resident's PCP instructions on the DME, and any subsequent orders/scripts relating to any resident self-administering medication.

Only the physician, PA or CRNP may determine the ability to self-administer.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Copenhaver, NHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Jessica Copenhaver, NHA Administrator Date 03/15/16

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

The above plan of correction is approved as of 3-15-16
 (Date)

Plan of correction implementation status as of 4-7-16
 (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: 42645 - 02/04/2016 - Harvey, Jason
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 56 Pa.Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 The 2014/2015 Annual Practicum for staff person A was not completed in its entirety as only 3 of 4 medication administration reviews were completed and only 1 of 2 medication administration observations were completed. Direct Care Staff Person A is currently passing medications based on a review of the January and February MARs.

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 A was initially hired [redacted] 10 and successfully passed the approved Medication Administration Training Course in December 2010. This employee has been one of our most frequently scheduled and highly qualified medication administration personnel through the years. She had a separation from the facility from [redacted] 15 - [redacted] 15. Upon rehire the employee worked 3 days of 1:1 reorientation medication pass training with our LPN Supervisor/Resident Services Manager/Medication Administration Trainer. However during this inspection process it was learned that paperwork for medication observation, MAR review, and annual practicum should have been completed based on all the review education.

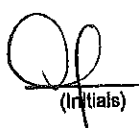
02/09/16 [redacted] again spent the day with trainer [redacted]. They reviewed the medication administration course using both "online and paper" resources. [redacted] also passed medications to eleven residents as [redacted] observed. This medication pass included a glucometer check, sliding scale insulin coverage, eye drops, four narcotics, a prn that had been requested, a liquid medication, multiple oral tablets/capsules and all required documentation.

* conversation w/ Designee - Med Trainer -
 paper trained = paper testing
 on-line trained = online testing

on line RESOURCES may be used to train all staff. (C) 4-7-16

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jessica Copenhaver</i> MHA
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 03/15/16
Jessica Copenhaver, MHA Administrator		

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

The above plan of correction is approved as of <u>4/7/16</u> (Date)	Plan of correction implementation status as of <u>4-7-16</u> (Date)
The above plan of correction was approved by  (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: 42645 - 02/04/2016 - Harvey, Jason.
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

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

Staff did not sign or initial the Medication Administration Record of resident #3 on 2/2/2016 to indicate that 100mg of Quetiapine had been administered at bedtime.

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly documented the blood glucose test results in the individual glucometer:

Resident #4- At 4pm on 2/1/2016 the glucometer reading was 160 but was incorrectly documented as 157

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

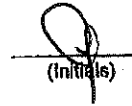
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A staff meeting is to be held 03/30/16 and our Medication Administration Trainer will be utilizing the DHS approved Medication Administration Course in combination of the paper course and online with an emphasis on Documentation and Double checking ones' self. All des are mandated to this review with the trainer. QA is already completed quarterly on MAR and also randomly to look for any "blanks" and will continue as such.

paper & on-line trained staff may both use on-line training records.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Jessica Copenhaver, NHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 03/15/16	
Jessica Copenhaver, NHA Administrator			

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

The above plan of correction is approved as of <u>4-7-16</u> (Date)	Plan of correction implementation status as of <u>4-7-16</u> (Date)
The above plan of correction was approved by  (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: 42645 - 02/04/2016 - Harvey, Jason
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has a bed enabler. The resident's support plan dated 5/10/15 does not include the use of the bed enabler and how it is used in response to a specific need and how the home plans to protect the resident from any potential dangers of its use.

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.

Resident #1 discharged herself to live independently in an apartment on 02/06/16, two days after this inspection. However, bed enablers were removed from all empty beds throughout the wing and will not be installed without a specific need. Doctors have been notified of needs and usage of bed enablers in their specific patients. Doctor's orders were sought and received stating that each of these residents is capable of safely utilizing the bed enabler. The residents themselves that are utilizing these aids were verbally educated 1:1 on the benefits versus risks of usage, signed off on the educational piece, and were given a copy to keep. A mesh cover is provided, must be in place at all times and is checked daily for placement by dcs.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Copenhaver, NHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jessica Copenhaver, NHA Administrator	Date 03/15/16
---	---------------

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

The above plan of correction is approved as of <u>3-15-16</u> (Date)	Plan of correction implementation status as of <u>3-15-16</u> (Date)
The above plan of correction was approved by <i>JC</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