



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

SEP 27 2016

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' annual licensing inspection on June 8, 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 cursive script, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 32187 - 06/08/2016 - Gensil, Lori

PCH Name: ST JOHN S HERR ESTATE

1. REGULATION 55 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

2a. DESCRIPTION OF VIOLATION

There is no bedside table or shelf beside the bed in resident bedroom #38.

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.*

2600.101(j)(5)

#38 was admitted as a RESPIT-bedside table was an oversight when furnished.

A bedside table was added on June 8th, 2016.

A resident bedroom checklist has since been developed for the Maintenance department to use on room inspections at admission.

(see room photo and checklist)

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 8/15/16

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

The above plan of correction is approved as of

8-18-16
(Date)

Plan of correction implementation status as of

8-18-16
(Date)

The above plan of correction was approved by

LM
(Initials)

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

Violation Report: 32187 - 06/08/2016 - Gensil, Lori
 PCH Name: ST JOHN S HERR ESTATE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed in resident room #38 does not have a source of light that can be turned on/off from bedside.

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.

2600.101(j)(7)

#38 was admitted as a RESPIT-An operable lamp or other source of lighting at the bedside was an oversight when furnished.

A bedside source of lighting was added on June 8th, 2016.

A resident bedroom checklist has since been developed for the Maintenance department to use on room inspections at admission.

(see room photo and checklist)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Anita Martin Date 8/15/16

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 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32187 - 08/08/2016 - Gensil, Lori
 PCK Name: ST JOHN S HERR ESTATE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Aspirin, 81mg, and Resident #2's Aspercream, 10%, were not labeled with the residents' names.

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.

2600.184(b)

Resident #1's ASA and resident #2 Aspercream were immediately labeled on June 8, 2016. Res #1 ASA now being packaged through the pharmacy (see attached).

Staff were educated on Labeling of medication.

MAR/RX Review Audits in place-done weekly by the LPN (see attached).

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 8/15/16

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32187 - 06/08/2016 - Gensil, Lori
 PCH Name: ST JOHN S HERR ESTATE

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

Resident #2's Miralax powder, pro re nata (prn) and Tylenol 500 mg, prn are not present in the home. The home's medication policy is to have prn medications available at the home.

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.

2600.185(a)

Resident #2's PRN-Miralax and Tylenol were not present in the home.

Pharmacy was notified immediately for reorder. Meds had expired and were not reordered in a timely manner. Meds delivered.

Staff were educated on PRN med availability.

MAR/RX Review Audits in place-done weekly by the LPN *(see attached)*.

Luthercare is working towards a Standard for Individualized Orders *(see attached)*.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anita Martin* Date *8/15/16*

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 (Date)

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