



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 21 2017

Ms. Laura R. Roy, Executive Director  
Lutheran Senior Life Passavant Community  
103 Burgess Drive  
Zelienople, Pennsylvania 16063

RE: Lutheran Senior Life Passavant Community  
105 Burgess Drive  
Zelienople, Pennsylvania 16063  
License #: 446120

Dear Ms. Roy:

As a result of the Department of Human Services' annual licensing inspection on August 1, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



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OCT 10 2016

Violation Report: 44612 - 08/01/2016 - Daerr, Alicia  
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #4, dated 8/27/16, did not include medication regimen. The medications section was blank and the resident was prescribed multiple medications.

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 current medication list for resident #4 was printed and attached to the DME - see attached. The original was sent to the physician to sign and will be attached upon receipt.

The Healthcare Manager or designee will review all DME's when received from the physician to ensure that all sections including the medication section are completed or a medication list is attached. A monthly committee will be set up by the Healthcare Manager for CQI and compliance purposes.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia, Administrator*      Date *10.7.16*

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

The above plan of correction is approved as of 11/28/16  
(Date)

Plan of correction implementation status as of 11/28/16  
(Date)

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

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

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PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The home did not have a menu for meals 1 week in advance posted in a conspicuous and public place in 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.

Two weeks of resident menus are posted on the household refrigerators. On the date of inspection menus were not posted, they were on the kitchen counter. Menus were posted on the refrigerator on August 1, 2016.

The Household Coordinator or designee is responsible for posting menus and will monitor daily that menus are on the refrigerators.

Note: Breakfast is intentionally left blank as it is always made to order.

Within 7 days of receipt of this plan of correction, the administrator will take remedial action to ensure that each menu states the specific food being served at each meal, including breakfast.

BB 11/28/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Christine Macedonia, Administrator*      Date *10-7-16*

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Violation Report: 44612 - 08/01/2016 - Daerr, Alicia  
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed debrox 6.5% ear drops on 7/8/16 with instructions to administer 5 drops into each ear twice a day for 3 days and the medication was observed in the resident's medication cabinet of his/her bedroom #2012.

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's debrox was discontinued on 4th MAR, however was not removed from the medicine cabinet. The debrox was removed on August 1, 2016.

Staff are being re-educated on the importance of removing discontinued medications from the resident medicine cabinets. (Documentation to follow by October 14th)

The Healthcare Manager or designee will do periodic medicine cabinet audits to ensure compliance. The Healthcare Manager will set up a CQI monitor.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Priscilla Macedonia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Priscilla Macedonia, Administrator*      Date *10.7.16*

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Violation Report: 44612 - 08/01/2016 - Daerr, Alicia  
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The August 2016 medication administration record for resident #5 did not include the following:

- Special precaution order not to exceed 3,000 mg in 24 hours for the prescribed acetaminophen 650 mg every 4 hours as needed
- Diagnosis or purpose for the prescribed rivastigmine dis 4.6 mg/24 patch

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 order for acetaminophen is now being changed to a liquid - order to follow when received from the physician. It will include a special precaution not to exceed 3000 mg in 24 hours.

The rivastigmine diagnosis was signed off by the physician (see attached) and added to the MAR (see attached).

All medications on the MAR must have a diagnosis listed. The Healthcare Manager or designee will audit MARs for diagnosis as well as all other required information. A CQI monitor will be set up by the Healthcare Manager.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Christine Macedonia*

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

*Christine Macedonia, Administrator*

Date

*10.7.14*

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 65 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 #3's medical evaluation, dated 9/21/15, indicated a diagnosis of postherpetic neuralgia and the support plan, dated 10/4/15, did not document how this need will be met.

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 #3's support plan was modified on 10.7.16 (see attached) to address how the resident's needs for the diagnosis of Post Herpetic Neuralgia will be met.

All diagnosis must have a plan for how staff will meet the specific needs documented on the support plan.

Healthcare Managers or designee will review each support plan to ensure compliance. A CQI monitor will be set up by the Healthcare Manager.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Christine Macedonia*

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

Christine Macedonia, Administrator

Date 10.7.16

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PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY			
1. REGULATION 55 Pa.Code §2600 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.			
2a. DESCRIPTION OF VIOLATION Resident #1's preadmission screening dated 2/25/16 had white out on the completion date.  Resident #2's assessment and support plan dated 2/17/16 had white out on page 7's tactile section.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>The Healthcare Manager was educated the day of the inspection (August 1, 2016) on the proper way to document when an error is made - draw a line through the error, initial and date. The use of white out is never acceptable. The Administrator was the educator and will periodically spot check documents to ensure white out is not being used.</p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christine Macedonia, Administrator</i>			Date <i>10.7.16</i>
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