



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 26 2016

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

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

Dear Ms. Shrager:

As a result of the Department of Human Services' annual licensing inspections on August 16, 2016 and August 17, 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 'J. Rowe'.

Jacqueline L. Rowe
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		
1-2 02/03/2012 Telford Borough	1-2 08/08/2012 Telford Borough	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 112	Working Staff: 84
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/16/2016: Kazimer, Lauren; Keppel, Autumn 08/17/2016: Kazimer, Lauren; Keppel, Autumn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Date:		
Licensed Capacity: 125	Number of Residents who:	
Number of Residents Served: 90	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 90	
Area: Shepard's Way	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 26	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 22	Have a Mobility Need: 22	
Number of Current Hospice Residents: 4	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 14		

Violation Report: 12672 - 08/16/2016 - Kazimer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year 2015 did not include the topic Medication Self-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.

Two new mandatory training modules will be added to the annual training calendar starting in October, 2016. (See attached copies) All CNA's, will be required to complete this training.

The administrator will ensure that all direct care staff will receive their required annual training.

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

Printed Name and Title of Legal Entity Representative *Mary Ann DuCan, Administrator* Date *9/16/2016*
 (Required on EVERY Page)

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

The above plan of correction is approved as of *9/13/16*
 (Date)

Plan of correction implementation status as of *9/13/16*
 (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: 12672 - 08/16/2016 - Kazimer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The SCU courtyard is clearly marked, "EXIT". The gate to exit the courtyard is equipped with a keypad lock located on the exterior of the gate. The gate is unable to be unlocked manually from inside the courtyard, preventing immediate egress during a non-fire emergency.

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.

I respectfully disagree with this violation. There has not been a question regarding our compliance from any regulators since our opening in 2011. In light of the recommendation we have added another keypad (with code attached) to the interior gate in the courtyard of Shepherds Way. Please see 2 attached pictures.

Maintenance staff will complete monthly rounds to ensure no exit obstruction.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Duigan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Duigan, Administrator* Date *9/6/2016*

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The above plan of correction is approved as of *9/13/16*
 (Date)

Plan of correction implementation status as of *9/3/16*
 (Date)

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

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

Violation Report: 12672 - 08/16/2016 - Kazimer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

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's PRN Milk of Magnesia 30cc was discontinued on 8/13/16 and was located in the medication cart on 8/17/16.

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 milk of magnesia was removed from the medication cart on 8/17/16. Nurses will be retrained regarding the correct process of discontinuation of medications during a mandatory staff meeting on 9/27. Moving forward the charge nurse will complete monthly medication room and medication cart audits. The Resident Care Coordinator will complete random medication cart and medication room audits monthly to ensure compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann DuCear, Administrator</i>	Date <i>9-6-2016</i>
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Violation Report: 12672 - 08/16/2016 - Kazimer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
- (1) The resident's name.
 - (2) The name of the medication.
 - (3) The date the prescription was issued.
 - (4) The prescribed dosage and instructions for administration.
 - (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 The label for resident #2's PRN Acetaminophen 325mg reads, "1 tab every 4 hours". The current physician's order reads, "2 tabs every 4 hours."

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 dosage change label, provided by the pharmacy, was applied to the acetaminophen bottle on 8/17/2016 by the RCC. Charge nurses will do monthly medication cart audits. The RCC will randomly complete monthly audits of MAR, medication cart, and medications to ensure that orders match what medications are available.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann DuGoan</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann DuGoan, Administrator</i>			Date <i>9-6-2016</i>
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Violation Report: 12672 - 08/16/2016 - Kazimer, Lauren
 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
 Resident #3 has a physician's order for PRN Gas Relief 180mg. On 8/17/16, the home had Gas-X 125mg available.

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.

Pharmacy was called on 8/17/2016 and Gas Relief 180 mg was ordered and delivered to match current order. The Charge Nurses will do monthly medication cart audits. The RCC will randomly complete monthly audits of MAR, medication cart, and medications to ensure that orders match what medications are available.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mark Ann DuCean, Administrator* Date *9-6-2016*

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Violation Report: 12672 - 08/16/2016 - Kazimer, Lauren
 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

The medication administration record for resident #2 does not include the instructions to use the PRN ear drops for 4 days.

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 date by which the steps will be completed.

The original order required clarification for the # of days. The staff obtained this from the prescribing physician when original order was received. When the monthly recaps of the MAR's were done, the frequency was not on the printed MAR and nurse who reviewed the MAR did not find the error. The MAR was corrected immediately on the day of inspection. Effective 10/1/2016, the 3-11 charge nurse and the 11-7 charge nurse will both audit the MARs prior to them going live. Previously the 11-7 nurse was the only one reviewing. In addition, the RCC will complete random monthly audits of MARs.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Kucak, Administrator* Date *9-6-16*

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Violation Report: 12672 - 08/16/2016 - Kazlmer, Lauren
 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 8/15/16, staff did not initial resident #1's medication administration record for Miralax 17gm at 9am. There is no documentation of why the medication was not administered.
 - On 8/13/16, resident #4's blood glucose was 161 at 1pm. Staff did not write the amount of insulin units given, the site it was administered, or initial the medication administration record.
 - On 8/15/16, resident #4's blood glucose was 159 at 5pm. Staff did not write the amount of insulin units given, the site it was administered, or initial the medication administration record.
 - On 8/15/16 at 9pm, the site of insulin injection was not documented by staff on resident #4's medication administration record.

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.

For resident # 1, the administering nurse was questioned regarding the Miralax. Nurse reported that it was not given because the resident had loose stools. Moving forward, all nursing staff will be retrained regarding proper documentation when a medication is not administered including the reason it was not administered and any follow-actions needed.
 For resident # 4, on 8/13/2016 and 8/16/2016 both nurses that did not complete the documentation of insulin were agency nurses. The agency was called on 8/18/2016 by the RCC and the owner was informed of the missing documentation. The owner stated to the RCC that both nurses would be counselled. Moving forward the charge nurses will check daily for any missing documentation on the MARs. In addition RCC will complete monthly glucometer and blood glucose flow sheet audits to ensure compliance and accuracy. Staff will be reeducated on documentation on 9/27/2016.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann DuGan, Administrator* Date *9-6-16*

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Violation Report: 12672 - 08/16/2016 - Kazlmer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 65 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 8/1/16 at 9am, resident #4's Neosporin Ophthalmic ointment was not administered because it was not available.

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 member counseled on proper procedure when medication is not available from pharmacy. Procedure of what to do when a medication is not available will be discussed at the upcoming nurses meeting on September 27, 2016. Nurses to call the pharmacy for an emergency delivery if they find they do not have a medication. If pharmacy is not able to fill the order in a timely fashion, the PCP should be notified for any further instructions or orders. Charge nurses to monitor medication supplies and reorder in a timely matter. Charge nurses and RCC to complete random monthly cart checks to ensure adequate medication supply.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann DeLoach, Administrator</i>	Date <i>9-6-2016</i>
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Violation Report: 12672 - 08/16/2016 - Kazimer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home's SDCU on [redacted] 16. The resident is under present psychiatric care for Anxiety disorder due to unknown physiological condition, and Unspecified dementia with behavior disturbance.

- Resident #1's RN Flow Sheet indicates that Ativan 0.25mg was given on Wednesday 7/13/16 at 7:15pm for, "agitation prior to shower" and on Wednesday 7/20/16 Ativan 0.25mg was given at 7pm for, "Prior to shower anxiety."

- Resident #1 had an order on 7/21/16 for Ativan Gel 0.25mg PRN every 4 hours as needed for anxiety "if unable to take P.O." On 8/12/16, the Ativan Gel order was changed to, "may give Ativan Gel if resident refuses to take P.O. (either standing order or PRN)"

- As evidenced by the resident's record, physician's orders, and staff interviews, the resident is not given the right to refuse medications. It is not documented that staff are going back to the resident a second or third time to attempt to administer medications or notifying the physician of refusal. Instead, when medications are refused, staff state they crush them in applesauce or pudding. When Ativan is refused by mouth, gel may be administered. According to staff, resident #1 is also cognitively unable to ask for PRNs.

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.

- I respectfully disagree with this violation. (Please see attached letter that was e-mailed to [redacted] on 8/20/16.) In response to [redacted] recommendations we will include mandatory training which will review resident rights, behavior intervention, and redirection techniques, and documentation. Effective 10/3/2016 we will also institute the requirement for a flow sheet to be completed by all Shepherd's Way nurses prior to any anxiety/agitation PRN medications being given to a resident. (See attached flow sheet) In addition, the RCC will randomly audit chart notes, flow sheets, and MARs. Counselling, education, and/or disciplinary measures, as needed, will be on-going. (See attached 2016 trainings)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann DuGan, Administrator* Date *9-6-2016*

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Violation Report: 12672 - 08/16/2016 - Kazimer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
- (1) Annually.
 - (2) If the condition of the resident significantly changes prior to the annual assessment.
 - (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1's assessment dated 2/15/16, does not include the cognitive and behavioral needs of the resident such as anxiety, agitation, irritability, and verbal and physical aggression.

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.

Addendum was added to the support plan on 8/18/2016 (see attached addendum). The Administrator and RCC will meet weekly to discuss any possible changes needed to the RASP.

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)			Date
Mary Ann DuCan, Administrator			9-6-2016
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 (Initials)			

Violation Report: 12672 - 08/18/2016 - Kazimer, Lauren
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

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 #5's August medication administration record contained white-out.

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 member was counseled regarding use of white out on medical records. All staff will be reeducated and reminded that white out can not be used on any of our records at the nurses meeting September 27, 2016. Additional disciplinary measures will be taken if necessary.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann DuCan, Administrator</i>	Date <i>9-6-16</i>
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