



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: OCT 02 2017**

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' licensing inspection on September 9, 2016 and October 28, 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, appearing to read 'Patricia Adams', with a long, sweeping horizontal stroke extending to the right.

Patricia Adams  
Human Services Licensing Supervisor

Enclosure  
Licensing 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		
Staffing Hours		
Resident Support:	Total Daily Staff: 117	Waking Staff: 88
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable  09/09/2016: Adams, Patricia 10/28/2016: Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 125 Number of Residents Served: 94 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: 2 Number of Hospice Residents in past year: 14	Number of Residents who: Receive Supplemental Security Income: 1 Are 80 Years of Age or Older: 94 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 2	

Violation Report: 12672 - 09/09/2016 - Adams, Patricia  
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

**1. REGULATION 55 Pa.Code §2600**

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

**2a. DESCRIPTION OF VIOLATION**

On 9/4/16, staff person A, became distracted and did not identify the resident correctly before administering resident #1's medication at 6:00 pm.

**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 took full responsibility for the error on 9/4/2016 and immediately followed protocol for a medication error. She was counselled regarding the 6 rights of medication administration and on how to focus on one resident's medications at a time. As of March 2017, staff member A has had no further incidents. The RCC continues to complete randomly monthly checks for medication carts 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 DuGan*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann DuGan, Administrator* Date *3/27/17*

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

The above plan of correction is approved as of 3/27/17  
 (Date)

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

Plan of correction implementation status as of 3/29/17  
 (Date)

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

Violation Report: 12672 - 09/09/2016 - Adams, Patricia  
 PCH Name: LUTHERAN COMMUNITY AT TELFORD

1. REGULATION 55 Pa.Code §2600  
 2600.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2a. DESCRIPTION OF VIOLATION  
 On 9/4/16, resident #1 was administered Oxycodone/APAP 5-325 mg and Ceflin 500 mg prescribed for and belonging to resident #2.

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 staff member involved in this 9/4/2016 incident immediately followed protocol for a medication error which includes contacting the physician and notifying her supervisor. The staff member was counselled regarding compliance with the 6 rights of medication administration and the importance of avoiding distractions. As of March 27th, she has had no further incidents. All LPN's and RN's in Personal Care receive training on proper medication administration at orientation and annually. In addition, RCC completes random monthly medication cart checks in order to reinforce and 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 DuGan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann DuGan, ADMINISTRATOR</i>	Date <i>3/27/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>3/27/17</u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>3/29/17</u> (Date) <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
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