



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 18 2017

Ms. Regina Greenman,  
Administrator  
Lutheran Home at Kane  
100 High point Drive  
Kane, Pennsylvania 16735

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

Dear Ms. Greenman:

As a result of the Department of Human Services' annual licensing inspection on November 2, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

|   |  |  |
|---|--|--|
| PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER   |  | License Number: 42646                                |
| Address: 100 HIGH POINT DRIVE, KANE, PA 16735   |  | County: McKean                                       |
| Administrator: Regina Greenman  |  | Region: WEST   |
| Legal Entity Name: LUTHERAN HOME AT KANE  |  | <b>RECEIVED</b>                                      |
| Legal Entity Address: 100 HIGH POINT DRIVE, KANE, PA 16735  |  | MAR 16 2017  |
| Certificate(s) of Occupancy<br>1-2<br>11/01/2010<br>Kane Borough  |  | WEST REGION FIELD OFFICE<br>Human Services Licensing |
| Staffing Hours<br>Resident Support: 0   |  | Total Daily Staff: 25<br>Working Staff: 19           |
| Type of Inspection: Full  |  | BHA Docket Number:<br>Notice: Unannounced            |
| Reason(s) for Inspection(s)<br>Renewal  |  |  |
| On-Site Inspections Dates and Department Representatives On-Site<br>11/02/2016: Mulick, Cindy; Park, Beth; Quinn, Suzanne   |  |  |
| Off-Site Inspection Dates and Inspectors, if Applicable   |  |  |
| Other Details<br>Partial or Full Triggers: Random Indicators:   |  |  |
| Resident Demographic Data as of Inspection Dates  |  |  |
| Licensed Capacity: 33<br>Number of Residents Served: 26<br>Secured Dementia Care Unit In Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served In Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 0<br>Number of Hospice Residents in past year: 0 | Number of Residents who:<br>Receive Supplemental Security Income: 10<br>Are 60 Years of Age or Older: 21<br>Have Mental Illness: 3<br>Have an Intellectual Disability: 1<br>Have a Mobility Need: 0<br>Have a Physical Disability: 1 |  |

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MAR 15 2017

Violation Report: 42645 - 11/02/2016 - Mulick, Cindy  
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION  
Resident #1's resident-home contract addendum, dated [redacted] 15, does not include the monthly fee charged for room and board.

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 change in policy-yearly rates for SSI recipients. The contract/fee schedule will now reflect what the exact monthly rate will be on an individual basis rather than Total Monthly Income minus \$85 and be updated as incomes change.**

**See Document Labeled #1**

Resident #1's resident-home contract now reflects the specific monthly fee for room and board. The resident signed the update on 3/3/17. ms 3/3/17

Immediately - All staff persons involved with new admissions will be educated on completing resident-home contracts including the specific monthly fee charged for room and board, to include contracts for recipients of SSI, and the cost for a bed hold. Documentation of training shall be kept. ms 3/3/17

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 03.14.17

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

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

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

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

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

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MAR 15 2017

WEST VIRGINIA DEPT OF CORRECTIONS  
Human Services Licensing

Violation Report: 42046 - 11/02/2016 - Mulick, Cindy  
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 66 Pa.Code §2600  
2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION  
Resident #1's resident-home contract addendum, dated [redacted] 15, does not include the charge for holding a bed during hospitalization or other extended absence from the home.

Resident #2's resident-home contract, dated [redacted] 16, does not include the charge for holding a bed during hospitalization or other extended absence from the home.

Staff person A, administrator, indicated there is a fee for a bed hold.

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 bed hold agreement reflects that a charge of the prevailing per diem rate as per their individualized contract will be charged. For an SSI resident the calculation is reached by using the formula of Total monthly income divided by the number of days in the month of their absence minus Total monthly PCA allowance of \$85 divided by the number of days in the month of their absence to reach their specific daily bed hold rate. This daily rate will then be multiplied by the number of days to be held. The bed hold agreement form that is utilized at the time of extended absences indicates the exact dollar amount to be paid.

See included documents labeled #2  
Immediately - The administrator or designee will give each resident an addendum to the resident-home contract which includes the charges for holding a bed during hospitalization or other extended absence from the home. ms 3/15/17  
Immediately - All staff persons involved with new admissions will be educated on completing resident-home contracts including the monthly fee charged for room and board to include contracts for recipients of SSI, and the cost for a bed hold. Documentation of training shall be kept. ms 2/21/17

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jessica Bourzard*      Date *03.14.17*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>3/15/17</u><br>(Date) | Plan of correction implementation status as of <u>3/15/17</u><br>(Date)   |
| The above plan of correction was approved by <u>ms</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>ms</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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MAR 16 2017

7151 (Required for use)  
Human Services Licensing

Violation Report: 42845 - 11/02/2016 - Mulick, Cindy  
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2800  
2800.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. On 10/29/16, there were 26 residents in the home and none had mobility needs. Accordingly, on 10/29/16, the home was required to provide a minimum of 26 hours of personal care services; however, only 18.75 hours of personal care services were provided.

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 Full-Time position has been created and posted called Residential Care/ Hospitality Aide. The additional of this position will allow all staff more direct personal care services.**

**See Document Labeled #5**

Immediately - The administrator or designated staff person will develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has a mobility need. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the residents' assessments and support plans. *MS 3/3/17*

Immediately - The administrator will review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. *MS 3/3/17*

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| Repeat Violation: No  | Date(s) of Previous Violation(s): |   |  |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                   | <i>Justica Buzard</i>   |  |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   | Date <i>03.14.17</i>  |  |
| <b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>                 |                                   |   |  |
| The above plan of correction is approved as of <u><i>3/31/17</i></u><br>(Date)    |                                   | Plan of correction implementation status as of <u><i>3/31/17</i></u><br>(Date)  |  |
| The above plan of correction was approved by <u><i>MS</i></u><br>(Initials)       |                                   | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |  |

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MAR 14 2017

WEST VIRGINIA COLLEGE  
Human Services Training

Violation Report: 42645 - 11/02/2016 - Mulick, Cindy  
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 66 Pa.Code §2600  
2600.67(d) - At least 75% of the personal care service hours specified in § 2600.67(b) and § 2600.67(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION  
The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. On 10/29/16, there were 25 residents in the home and none had mobility needs. Accordingly, on 10/29/16, the home was required to provide a minimum of 18.75 hours of personal care services during waking hours; however, only 14 hours of personal care services were provided during waking 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 Full-Time position has been created and posted called Residential Care/Hospitality Aide. The additional of this position will allow all staff more direct personal care services.**

See Document Labeled #5

Immediately - The administrator or designated staff person will develop and implement a schedule that includes the availability of providing at least one hour per day of personal care services for each mobile resident and two hours per day of personal care services for each resident who has a mobility need. At least 75% of the required personal care service hours will be available during waking hours and additional personal care service staffing hours will be scheduled to meet the needs of the residents as specified in the residents' assessments and support plans. *ms 3/21/17*

Immediately - The administrator will review the schedule and residents' assessments and support plans at least weekly to ensure adequate staffing is scheduled. *ms 3/31/17*

|   |                                   |                      |  |
|---|-----------------------------------|----------------------|--|
| Repeat Violation: No  | Date(s) of Previous Violation(s): |                      |  |
| Signature of Legal Entity Representative<br>(Required on EVERY Page)              |                                   | <i>[Signature]</i>   |  |
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) |                                   | Date <i>03.14.17</i> |  |

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| The above plan of correction was approved by <u>MS</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

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MAR 16 2017

NEGOTIATION FIELD OFFICE  
Human Services Licensing

Violation Report: 42846 - 11/02/2016 - Mulick, Cindy  
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600  
2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
The fire drill record for the drill conducted on 10/26/16 at 6:43 a.m. does not include the number of residents in the home at the time of the drill.

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 record will be double checked by the PCH Administrator to assure that all spaces have been filled in. The facility will continue to utilize the current documentation record as it does contain all required information when the form is completed appropriately.

The fire drill record for the following fire drills was completed in accordance with regulation 2800.132c:

- 11/25/16 at 1:32 pm
  - 12/22/16 at 10:15 AM
  - 1/20/17 at 8:10 PM
  - 2/4/17 at 9:11 AM
  - 3/29/17 at 4:30 AM
- MS 3/31/17

monthly MS 3/31/17

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

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

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

Date *03.14.17*

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The above plan of correction is approved as of 3/31/17  
(Date)

Plan of correction implementation status as of 3/31/17  
(Date)

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

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

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MAR 14 2017

Violation Report: 42646 - 11/02/2016 - Mullok, Cindy  
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Exit route #2 was one of the exit routes used for each monthly fire drill from April 2016 to November 2016.

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 facilities Maintenance Director has been made aware of the infrequency of blocking Exit #2 as it is the maintenance dept that conducts the monthly fire drills. Moving forward maintenance will make a more specific effort to alter the availability of exit routes and assure excluding #2 more often. Locations of safe exit routes will vary per the Maintenance Director. PCH Director will monitor the exit routes being used monthly to assure they are being alternated per regulation.

Exit route #2 was not utilized for the fire drill held on 3/29/17 at 4:30 AM. ms 3/31/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Ponzard* Date *03.14.17*

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

The above plan of correction is approved as of 3/31/17 (Date)

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

Plan of correction implementation status as of 3/31/17 (Date)

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

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MAR 15 2017

ALLEGANY COUNTY OFFICE  
Human Services Licensing

Violation Report: 42646 - 11/02/2016 - Mulick, Cindy  
PGH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 88 Pa.Code §2600  
2600.226(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 12/21/16, does not include a diagnosis of chronic obstructive pulmonary disease (COPD) as indicated on the resident's medical evaluation, dated 11/24/16.

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 diagnosis of COPD is and was listed and addressed on the mentioned Resident #1's RASP (the third diagnosis listed on page 6 of 12 of RASP). The RASP also includes and addresses Schizophrenia, Depression, IDDM and CAD which are all of the diagnosis listed on the resident's DME. The facility will continue to assure that all diagnosis are addressed in the RASP acknowledging the importance of proper documentation so as appropriate care is given to each individual.**

See Documents Labeled #3

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Justice Buzard*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Justice Buzard*      Date *03-14-17*

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

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| The above plan of correction is approved as of <u>3/31/17</u><br>(Date) | Plan of correction implementation status as of <u>3/31/17</u><br>(Date)   |
| The above plan of correction was approved by <u>MS</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

RECEIVED

MAR 16 2017

Violation Report: 42846 - 11/02/2016 - Mulick, Cindy  
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 66 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 uses a bed enabler; however, this is not indicated in the support plan, dated 10/17/16.

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.

**Resident #3 has a bed enabler in order to assist with repositioning and bed mobility. Doctors had all been previously notified of needs and usage of bed enablers in their specific residents and individual physician's orders were sought and received. Each resident utilizing a bed enabler is verbally educated 1:1 on the benefits versus risks of the usage, has signed off on the written educational piece and been provided a copy for their own records. A mesh cover is provided and placed over the enabler handle, must be in place at all times and is checked daily by DCS for placement. Routinely the mention of a bed enabler is addressed on the RASP. The use of the enabler has since been addressed on [redacted] RASP and there will be greater attention to details specifically assuring bed enablers are always addressed on RASPs.**

*Immediately - the administrator or designee will check the bed enablers for each resident using one to ensure there are no potential dangers for its use and to reassess the resident's need for the bed enabler. The resident-assessment support plan (RASP) shall include the resident's need for the bed enabler and how the home plans to protect the resident from any potential dangers of its use. MS 3/31/17*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 02/04/2016

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Puzard*      Date *03.14.17*

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

|   |   |
|---|---|
| The above plan of correction is approved as of <u>3/31/17</u><br>(Date) | Plan of correction implementation status as of <u>3/31/17</u><br>(Date)   |
| The above plan of correction was approved by <u>MS</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |