



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

Mr. Henry J. Ebner,  
Personal Care Administrator  
Artman Lutheran Home  
250 Bethlehem Pike  
Ambler, Pennsylvania 19002

RE: Artman Lutheran Home  
License #: 127780

Dear Mr. Ebner:

As a result of the Department of Human Services' annual licensing inspection on December 6, 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 2600**

PCH Name: ARTMAN LUTHERAN HOME		License Number: 12778
Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002		County: Monigomery
Administrator: Henry Ebner		Region: SOUTHEAST
Legal Entity Name: ARTMAN LUTHERAN HOME		
Legal Entity Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002		
Certificate(s) of Occupancy		
I-1 04/28/2016 Borough of Ambler	C-1 02/08/1994 PA Dept. of Health	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 104	Waking Staff: 146
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renawal		
On-Site Inspections Dates and Department Representatives On-Site 12/08/2016: Kazimor, Lauren; Colon, Lissolio		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 136	Number of Residents who:	
Number of Residents Served: 119	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 119	
Area: Inspiring Today	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 10	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 18	Have a Mobility Need: 75	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents In past year: 18		

Violation Report: 12778 - 12/08/2016 - Kazlmer, Lauren	
PCH Name: ARTMAN LUTHERAN HOME	
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.</p>	
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  The Matilson spa bathroom trash can does not have a lid.</p>	
<p><b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b>                  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.</p> <p>1. Trash can removed from Spa Area immediately (Picture of SPA area attached)</p> <p>2. Audit performed on trash cans in Kitchen + Bathrooms (shared area) in accordance with Reg. 2600.85(d) Attachment #1</p> <p>3. Audit to be performed by Household Coordinators monthly &amp; Report to PCA of Jordings so it can be corrected. Attachment #2</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Henry Ebor</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Henry Ebor, Personal Care Adm</i>	Date <i>1/18/17</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <i>1/18/17</i> (Date)	Plan of correction Implementation status as of <i>1/18/17</i> (Date)
The above plan of correction was approved by <i>EB</i> (Initials)	<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

Violation Report: 12778 - 12/08/2016 - Kazlmer, Lauren  
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 65 Pa.Code §2800  
 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 does not have a current order for Vitamin D3 1,000 units. On 12/7/16, the medication was located in the medication cart.

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.

1. Vitamin D<sub>3</sub> removed from med cart immediately in accordance with Reg. 2600.183(d)
2. Cart audits performed and any medications not ordered by physician removed from cart. (Big pharmacy - CPS)
3. Cart audits to be done by nurse/medication technician monthly Attachment #3.
4. Staff untrained on Cart Audit process Attachment #4.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Henry J. Eborer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Henry J. Eborer, Personal Care Admin      Date 1/18/17

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The above plan of correction is approved as of <u>1/25/17</u> (Date)	Plan of correction implementation status as of <u>1/25/17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<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

Violation Report: 12778 - 12/06/2016 - Kazlmer, Lauren  
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 65 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 Senna 8.6mg reads, "take two daily." The order for Senna 8.6mg is to take two as needed.

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.

- 1) Direction change label applied to Senna immediately at time of survey in accordance with Reg. 2600.184(a)
- 2) Cart audit performed and orders checked against medications. Direction change applied if needed. (By pharmacy - CPS)
- 3) Cart audits to be done by nurses/medication technicians monthly  
 Attachment # 3

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Henry Ebner, Person/Case Adm	Date 1/18/17
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The above plan of correction is approved as of 1/25/17  
 (Date)

Plan of correction implementation status as of 1/25/17  
 (Date)

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

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

Violation Report: 12770 - 12/08/2016 - Kazimer, Lauren  
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 66 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's PRN Acetaminophen 326mg and PRN Gabapentin 100mg were not available on 12/7/16.

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.

- 1.) Prn Acetaminophen + prn Gabapentin ordered at time of Survey in accordance with Reg. 2600.185(a)
- 2.) Audit was performed on all prn medications. If not available, prns were ordered  
Attachment # 5
- 3.) Cart audit to be done by nurse/medication technicians monthly.  
Attachment # 3
- 4.) Staff involved on Cart Audit process.  
Attachment # 4

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Henry Ebra*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Henry Ebra Personal Care Adm*      Date *1/18/17*

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The above plan of correction is approved as of *1/25/17*  
 (Date)

Plan of correction implementation status as of *1/25/17*  
 (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: 12778 - 12/08/2016 - Kazimer, Lauren  
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 56 Pa.Code §2600

2800.187(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

Resident #4 has an order for Warfarin 5mg, take 1 and a half tabs daily. The medication administration record reads, "Warfarin 7.5mg, 1 tab by mouth at bedtime."

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.*

1. Physician called about Warfarin and orders change to reflect medication label in accordance with Reg. 2600.187(a) Attachment # 6
2. Audit done on all Warfarin medications from outside pharmacy use. If orders differ, direction change stickers applied. Attachment # 7
3. Staff trained on outside pharmacy procedure. Attachment # 4

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Henry Eber Personal Care Adm</i>	Date <i>1/18/17</i>
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The above plan of correction is approved as of *1/25/17*  
 (Date)

Plan of correction implementation status as of *1/25/17*  
 (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: 12778 - 12/08/2016 - Kazlmer, Lauren  
 FCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 66 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

- Resident #5 has an order for Metoprolol Tartrate 25mg, take 1 tab twice a day at 8am and 8pm. The MAR lists the administration times as 7am to 10am and 4pm to 7pm, which are outside of the one hour administration window.
- Resident #5 has an order for Simvastatin 40mg, take 1 tab daily at 8pm. The MAR lists the administration time as, "evening."
- Resident #6 has an order for Atorvastatin 10mg, take 1 tab daily at 8pm. The MAR lists the administration time as 7pm to 10pm.
- Resident #6 has an order for Donepezil 10mg, once daily at 8pm. The MAR lists the administration time as 7pm to 10pm.
- Resident #6 has an order for Acetaminophen 600mg, take 2 tabs by mouth three times a day: 8am, 2pm, and 10pm. The MAR lists the administration times as 4am to 7am, 1pm to 3pm, and 7pm to 10pm.

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.

- 1) Orders for residents #5, #6, changed with either physicians approval or in Quick MAR program in accordance with Reg. 2600.187(d). Attachment #9 - highlighted
- 2) Audit performed on specific time orders and either change in Quick Mar or order obtained by physician to use more liberal times. Attachment #9
- 3) Staff inservice on Cost Audit process + orders matching in Quick Mar system. Attachment #14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Henry Ebrer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Henry Ebrer, Personl Care Adm.      Date 1/18/17

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The above plan of correction is approved as of 1/23/17 (Date)

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

Plan of correction implementation status as of 1/25/17 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented