pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 16, 2017

Christine C. Macedonia
Administrator
Lutheran Senior Life Passavant Community
103 Burgess Drive
Zelienople, Pennsylvania 16063

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

Dear Ms. Macedonia:

As a result of the Department of Human Services' licensing inspection on February 17, 2017, 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,

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY	**License Number:** 44612
Address: 103 BURGESS DRIVE, ZELIENOPLE, PA 16063	**County:** Butler
Administrator: Christine Macedonia	**Region:** WEST
Legal Entity Name: PASSAVANT RETIREMENT AND HEALTH CENTER	
Legal Entity Address: 105 BURGESS DRIVE, ZELIENOPLE, PA 16063	

Certificate(s) of Occupancy

I-2
10/02/2014
Zelienople Municipality

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 53	**Waking Staff:** 40
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

02/17/2017: Garrigan, Laurie; Knee, Donald

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: 72	**Number of Residents who:**
Number of Residents Served: 35	**Receive Supplemental Security Income:** 0
Secured Dementia Care Unit in Home: Yes	**Are 60 Years of Age or Older:** 35
Area: Shenandoah, 3rd floor	**Have Mental Illness:** 0
Secured Dementia Unit Capacity, if Applicable: 32	**Have an Intellectual Disability:** 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 16	**Have a Mobility Need:** 18
Number of Current Hospice Residents: 1	**Have a Physical Disability:** 0
Number of Hospice Residents in past year: 3	

Violation Report: 44612 - 02/17/2017 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
On 2/13/17, a staff reported to staff person C, the home' administrator, that on 2/6/17 at approximately 3:30 p.m., he/she allegedly witnessed staff person A force open resident #1's mouth, by grabbing the resident's chin, force the pills into the resident's mouth and pour water into the resident's mouth so the resident would swallow the pills. Resident #1 was refusing to take the pills. The resident resides in the secured dementia care unit and was agitated. Staff person A allegedly stood in front of the resident in the dining room and blocked the resident from leaving. This incident was not reported to the local Area Agency on Aging until 2/13/17 at 1:45 p.m.

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 administrator immediately reported the incident on February 13, 2017 to the local Area Agency on Aging upon learning of the incident that occurred on February 6, 2017.

Staff are trained annually on the process and timeline for reporting suspected abuse however all Personal Care Staff in the Abundant Life Center were reeducated on three separate dates; 4.7.17, 4.11.17, 4.17.17. [redacted] of Protective Services came to the Abundant Life Center and provided all staff with an informal course pertaining to abuse.

Healthcare Manager will review with personal care staff monthly during the scheduled staff meeting the timeline to report suspected abuse and the importance of doing so. Healthcare Manager has also created a monitor log for CQI to ensure all related topics are discussed with staff monthly. This process will be monitored for the remainder of the 2017 year

(See attachment A for [redacted] credentials)

(See attachment B1, B2, B3 for staff attendance during abuse education)

(See attachment C for the course outline)

(See attachment D for monitor log of violation 2600.15(a))

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 — Date 5.17.17

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

The above plan of correction is approved as of 5/24/17 (Date)

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

Plan of correction implementation status as of 5/24/17 (Date)

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

Violation Report: 14612 - 02/17/2017 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
On 2/13/17, a staff reported to staff person C, the home' administrator, that on 2/6/17 at approximately 3:30 p.m., he/she allegedly witnessed staff person A force open resident #1's mouth, by grabbing the resident's chin, force the pills into the resident's mouth and pour water into the resident's mouth so the resident would swallow the pills. Resident #1 was refusing to take the pills. The resident resides in the secured dementia care unit and was agitated. Staff person A allegedly stood in front of the resident in the dining room and blocked the resident from leaving. However, staff person A continued to work unsupervised and provide direct care to residents in the home, including resident #1, on 2/6/17 and 2/7/17.

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 administrator took immediate action on Staff Person A's employment status. The administrator went directly to Human Resources on February 13, 2017 upon being advised of suspected abuse concerning Resident #1, to seek direction and suspend Staff Person A.

A phone call was made at this time by the Human Resource Director, witness by the Administrator, to Staff Person A instructing [redacted] not to come into work until informed by the Human Resource Director to do so. Staff Person A remained suspended until the conclusion of AAA, and DHS investigations.

All Staff receive annual educational training on abuse, however all Personal Care Staff for the Abundant Life Center were reeducated on April 4th, 11th, and 17th 2017 by [redacted] on the process and timeline for reporting cases of suspected abuse. The Healthcare Manager currently holds monthly meetings for all staff, however has created a monitor log for CQI to ensure detailed information is being provided on the importance of reporting alleged abuse. These plans of corrections were constructed to make certain that the administrator or healthcare manager is informed of any suspicion of abuse in a timely manner.

(See attachment A for [redacted] credentials)

(See attachment B1, B2, B3 for staff attendance during abuse education)

(See attachment C for the course outline)

(See attachment D for monitor log of violation 2600.15(b))

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- ☐ Not Implemented

Violation Report: 44612 - 02/17/2017 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION
On 2/13/17, a staff reported to staff person C, the home' administrator, that on 2/6/17 at approximately 3:30 p.m., he/she allegedly witnessed staff person A force open resident #1's mouth, by grabbing the resident's chin, force the pills into the resident's mouth and pour water into the resident's mouth so the resident would swallow the pills. Resident #1 was refusing to take the pills. The resident resides in the secured dementia care unit and was agitated. Staff person A allegedly stood in front of the resident in the dining room and blocked the resident from leaving. This incident was not reported to resident #1's designated person until 2/13/17.

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.

On February 13th 2017, the Healthcare Manager reported the suspected abuse to Resident #1's designated person directly upon being made aware of the incident that occurred on February 6th 2017. Healthcare Manager then went to speak with Resident #1, however due to diagnosis of Dementia Resident #1 was unaware of the occurrence.

Personal Care Staff employees in the Abundant Life Center were reeducated on the process, and the importance of the allotted timeframe for reporting suspected abuse. [redacted] of Protective Services came into the Abundant Life Center on 4.7.17, 4.11.17, and 4.17.17 and schooled all Personal Care Staff these topics. All Personal Care Staff will continue to receive their annual abuse education training as scheduled. The Healthcare Manager will discuss detailed information pertaining to abuse at each scheduled monthly staff meeting. The Healthcare Manager has constructed a monitor log for CQI to ensure all topics are relayed to all Personal Care Staff monthly. The monitor will continue each month for the remainder of the 2017 calendar year.

(See attachment A for [redacted] credentials)

(See attachment B1, B2, B3 for staff attendance during abuse education)

(See attachment C for the course outline)

(See attachment D for monitor log of violation 2600.15(d))

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RECEIVED
MAY 18 2017

Violation Report: 44812 - 02/17/2017 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 2/13/17, a staff reported to staff person C, the home' administrator, that on 2/8/17 at approximately 3:30 p.m., he/she allegedly witnessed staff person A force open resident #1's mouth, by grabbing the resident's chin, force the pills into the resident's mouth and pour water into the resident's mouth so the resident would swallow the pills. Resident #1 was refusing to take the pills. The resident resides in the secured dementia care unit and was agitated. Staff person A allegedly stood in front of the resident in the dining room and blocked the resident from leaving. This incident was not reported to the Department until 2/13/17 at 2:00 p.m.

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.

Administrator contacted all proper personal immediately following an abuse allegation involving Person A. Administrator promptly reported to the Department on February 13th 2017 upon obtaining knowledge of a suspected abuse case that took place on February 6th 2017.

All Personal Care Staff employed at the Abundant Life Center were reeducated on the proper process, and allotted timeframe for reporting suspected abuse on 4.7.17, 4.11.17, and 4.17.17 by [redacted] of Protective Services. Annually, all Personal Care Staff are required to complete a review on abuse. All employees with continue with this annual education, as well as attend a monthly staff meeting conducted by the Healthcare Manager. During the staff meeting Healthcare Manager will stress the importance of the Elder Justice Act and remind monthly of the allotted timeline of reporting suspected abuse.

For the remainder of the 2017 calendar year, the Healthcare Manager will refer to the CQI monitor log during each monthly staff meeting to ensure all topics are explained in detail. In the event that all staff members are unable to attend the scheduled meeting, the Healthcare Manager will provide a summary of the meeting to ensure proper education of reporting abuse is obtained by all employees.

(See attachment A for [redacted] credentials)
(See attachment B1, B2, B3 for staff attendance during abuse education)
(See attachment C for the course outline)
(See attachment D for monitor log of violation 2600.16(c))

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Violation Report: 44612 - 02/17/2017 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

At 12:05 p.m. and at 12:43 p.m., 14 resident records for residents residing on the 3rd floor, to include residents #2, #3 and #4, were unlocked, unattended and accessible in the third floor team room.

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 Healthcare Manager provided all Personal Care Staff of the Abundant Life Center with reeducation of Health Insurance Portability and Accountability Act beginning May 12th 2017. The Healthcare Manager continued to reeducate the employees whom were not present on the date mentioned throughout the week of May 15th 2017.

All Personal Care Staff are required to complete annual training on Health Insurance Portability and Accountability Act. Healthcare Manager will ensure that all staff comply with regulation, and remind all staff during monthly meeting on how to comply with the Health Insurance Portability and Accountability Act.

A monitor log for CQI was generated to guarantee that the Healthcare Manager conveys the importance of Health Insurance Portability and Accountability Act. This monitor log will be examined, and completed monthly for the remainder of the 2017 year.

Healthcare Manager will also examine the Team Room daily to confirm that the door is locked to protect all resident's confidential information. The Healthcare Manager has created a monitor log for CQI which indicates daily if the Team Room was secured. This monitor will last for the next three months.

(See attachment E for staff attendance during HIPPA education)
(See attachment F for the course outline)
(See attachment G for daily lock monitor log of violation 2600.17(a))
(See attachment D for monthly meeting monitor log of violation 2600.17(a))

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Violation Report: 44612 - 02/17/2017 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION
Resident #1's assessment, dated 7/15/16, indicates the resident has a minimal mobility need. However, resident #1 resides in the secure dementia care unit. The resident's support plan, dated 7/15/16, indicates he/she uses a rollator walker, has hearing loss and wears a hearing aid in the right ear, and would need verbal direction for assistance to locate to a safe area during an evacuation.

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.

On February 20th 2017 Resident #1's RASP was significantly changed to address Resident's behavioral concerns. At this time, the mobility was reevaluated and determined as moderate (immobile) due to residing in secured dementia care unit.

An audit is being conducted by the Healthcare Manager on all the residents RASP's residing in secured dementia care unit to ensure mobility needs are indicated and addressed correctly. The audit will be completed by June 1st 2017.

A monitor was implemented by the Personal Care Specialist immediately to ensure upon admission to the secured dementia unit resident's mobility is correctly indicated and addressed. This monitor will also be scrutinized for any and all significant changes, and annual dates. Monitor will be continued for the remainder of the 2017 year.

(See attachment H for Resident #1's RASP)

(See attachment I for Healthcare Manager's Audit Log)

(See attachment J for Personal Care Specialist's Mobility Monitor Log)

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Date 5.17.17

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Violation Report: 44612 - 02/17/2017 - Garrigan, Laurie
PCH Name: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
Resident #1 was admitted to the secured dementia care unit in the home on [redacted]16. However, his/her support plan was not completed until [redacted]16.

On 2/8/17, multiple staff indicated resident #1, who resides in a secured dementia unit, was agitated and refusing medications. Multiple staff attempted to administer medication to resident #1 in the dining room of the unit. However, resident #1's support plan, dated [redacted]16, indicates resident #1 prefers staff to place medications into a small dish that is on the counter in the residents room to allow him/her to participate in the process.

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.

Personal Care Specialist has created a monitor for CQI to ensure that any new admission to the Secured Dementia Care Unit has the timeline of completion that is in compliance with the regulation code 2600.234 (a). Personal Care Specialist will monitor any new resident admission for the remainder of the 2017 calendar year.

Healthcare Manager will complete an audit of all current support plans on the Secured Dementia Care Unit to ensure that all new admission dates are in regulatory compliance. This audit shall be completed by June 1st, 2017.

All Personal Care Staff have been reminded of the importance of resident's RASP as well as the importance of following provided support plans. A treatment was added into Resident #1's EMAR to administer medications in a small dish on the counter during each medication pass to allow Resident #1 to participate in self administration. If medication cannot be administered in the preferred small dish a detailed documentation needs to be written with an explanation on why as well as how the medication was administered. Healthcare Manager created a monitor log for CQI which will be monitored weekly for the remainder of the 2017 calendar year to ensure Personal Care Staff are administering medications following Resident #1's support plan.

(See attachment K for Personal Care Specialist's new admission monitor log)
(See attachment I for Healthcare Manager's audit log)
(See attachment L for Healthcare Manager's medication administration log)
(See attachment M for Resident #1's treatment for medication dish)

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 5.17.17

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