



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
Mailing Date: October 23, 2017

Mr. Henry Ebner, 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' licensing inspection on March 21, 2017 and March 22, 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,

A handwritten signature in cursive script that reads "Patricia Adams DK".

Patricia Adams
Regional Licensing Supervisor

Enclosure
Licensing 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: Montgomery
Administrator: HARRY 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		
Staffing Hours Resident Support: Total Daily Staff: 121 Waking Staff: 91		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 03/21/2017: Braswell, Natasha; Adams, Patricia 03/22/2017: Braswell, Natasha		
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 Served: 121 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, if Applicable: 19 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 21		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 0 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 12778 - 03/21/2017 - Braswell, Natasha
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 2/26/17, Staff member A applied a warm compress to resident #1's back. The compress was made by drawing water from the hot beverage machine. The water temperature from the machine registers 162 degrees fahrenheit. Staff member A applied the compress to the resident's back and waited 5 minutes; left and returned 20 minutes later. Upon return, Staff member A awakened the resident to remove the compress, but did not perform a visual check of Resident #1's back to ensure skin integrity. Resident #1 sustained blistering and pain in the area where the compress was placed.

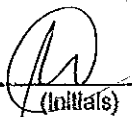
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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. Staff member A educated on proper application and monitoring when apply warm compresses.
- b. All nurses and Med Tech's educated in policy of warm compresses.
(Attachment A - practice sheet with policy)
- c. All orders requiring warm compresses or ice packs (as needed or routine) will accompany that the nurse/medtech must monitor skin during treatment and after (weekly)
- d. Staff also educated on the importance of following MD's instructions for warm compresses / ice pack.

Repeat Violation: No.	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Henry J. Ebner	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Henry J. Ebner			

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The above plan of correction is approved as of <u>10/10/17</u> (Date)	Plan of correction implementation status as of <u>10/10/17</u> (Date)
The above plan of correction was approved by  (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 - 03/21/2017 - Braswell, Natasha
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Staff member A made and applied a warm compression without orders from resident #1's prescriber.

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. Staff member A emphasized on the proper procedure on obtaining and importance of obtaining orders for any treatment for residents
- b. All Nurses/med tech's emphasized on obtaining orders and checking for orders for treatments, etc: warm compresses/Ice pack. (Attachment-B), if no order - Charge nurse to call MD to obtain one with instruction on use before warm compress/Ice pack can be used.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Henry J. Eber</i>	Date
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The above plan of correction is approved as of *10/16/17*
 (Date)

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

Plan of correction implementation status as of *10/16/17*
 (Date)

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