



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

DEC 22 2017

Ms. Diane K. Wolfgang  
Executive Director  
Luther Ridge Facility Operations LLC  
160 Red Horse Road  
Pottsville, Pennsylvania 17901

RE: Luther Ridge at Seiders Hill  
License #224660

Dear Ms. Wolfgang:

As a result of the Department of Human Services' annual licensing inspections on August 31, 2017 and October 2, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) 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. 2800 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  
Licensing Inspection Summary

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

<b>ALR Name:</b> LUTHER RIDGE AT SEIDERS HILL	<b>License Number:</b> 224660
<b>Address:</b> 160 RED HORSE ROAD POTTSVILLE, PENNSYLVANIA 17901	<b>County:</b> SCHUYLKILL
<b>Administrator:</b> DIANE WOLFGANG	
<b>Legal Entity Name:</b> LUTHER RIDGE FACILITY OPERATIONS, LLC	
<b>Legal Entity Address:</b> SAME	
<b>Certificate(s) of Occupancy:</b> C2LP ( L&I) 6/23/99	
<b>Type of Inspection:</b> Full	
<b>Reason(s) for Inspection(s):</b> Renewal	
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> 08/31/2017 Gerald Dumas, Kimberli Foulkes , Amy Deluca 10/02/2017 Gerald Dumas, Kimberli Foulkes	
<b>Off-Site Inspection Dates and Inspectors, If Applicable:</b>	
<b>Licensed Capacity:</b> 135  <b>Number of Resident Served:</b> 96  <b>Secured Dementia Unit In Home:</b> No  <b>Area:</b> NA  <b>Secured Unit Capacity, If Applicable:</b> NA  <b>Number of Residents Served in Secured Dementia Care Unit, If Applicable:</b> NA  <b>Number of Current Hospice Residents:</b> 3  <b>Number of Current Hospice Residents:</b> 3  <b>Number of Hospice Residents in past year:</b> 3	<b>Number of Residents who:</b>  <b>Receive Supplemental Security Income:</b> 0  <b>Are 60 years of Age or Older:</b> 96  <b>Have Mental Illness:</b> 0  <b>Have an Intellectual Disability:</b> 0  <b>Have a Mobility Need:</b> 10  <b>Have a Physical Disability:</b> 2

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

**Regulation**  
 15a The residence shall immediately report suspected abuse of a resident served in the residence in accordance with the Older Adult Protective Services Act ( 32 P.S. 10225.701 –10225.707) and 6 Pa. Code 15.21—15.27 ( relating to reporting suspected abuse, neglect, abandonment or exploitation) and comply with the requirements regarding restrictions on staff persons.

**Violation**  
 On 6/7/17 at 11:10am, an allegation of abuse, involving unwanted sexual advances/physical contact by resident # 1 against resident # 2 was reported to staff persons "A" and "B". The home did not report the allegation to the local area agency on aging or the State Department of Aging.

**Plan of Correction**

15a  
 Incident was reported to DHS to notify the department that an incident occurred and the steps put into place to keep resident #1 and #2 safe and separated. The contact was over the clothing and no skin to skin contact occurred. All staff members have been retrained on the reporting requirements and proper channels of reporting.

*Complete and ongoing.*

*The Administrator will oversee to ensure ongoing compliance. C*

Printed Name and Title of Legal Entity Representative (Required on all pages) DIANE VOLCANO, Executive Director  
 Signature of Legal Entity Representative (Required on all pages) *[Signature]* Date 11/21/17

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

The above plan of correction is approved as of <u>12-7-17</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>12-7-17</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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**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

**Regulation**  
 17- Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, agents of the Department and the long-term 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.

**Violation**  
 During the initial walk through Department representative observed an unlocked, unattended blue medication cart near the 3<sup>rd</sup> floor nursing station. The cart contained creams that were labeled with residents' names and on top of the cart was a binder containing Medication Administration Records ( M.A.R's)

**Plan of Correction**

17  
 All LPN supervisors that have access to the treatment cart have been retrained on the policy regarding securing the treatment cart and TAR at all times. Training certification sheets are attached. A new treatment cart has been purchased and is in use to avoid any issues with the locking system.

*The Administrator will oversee to ensure ongoing compliance. CP.*

*documents provided. CP.*

Printed Name and Title of Legal Entity Representative (Required on all pages) *DIANE WOLFGANG EXECUTIVE DIRECTOR*

Signature of Legal Entity Representative (Required on all pages) *[Signature]* Date *11/21/17*

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**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

**Regulation**

28(e) In the event of the death of a resident of a resident 60 years or older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P.S. 10226.101 –10226.107). The residence shall keep documentation of the refund in the resident's record.

**Violation**

Resident # 3, age [redacted] died on [redacted] 17. The resident's room was cleared of personal belongings and the Administrator requested a refund from corporate on 6/2/17. The resident's refund of \$800 was not made until 7/10/17, late in accordance with the Elder Care Payment Restitution Act.

**Plan of Correction**

28(e)

The regulation regarding refunds has been reviewed with the Business Office Manager. Certification attached. A monthly audit will be completed by the Business Office Manager and reviewed with the Executive Director during the monthly Quality Management meeting to ensure timely refunds.

*fs*

Printed Name and Title of Legal Entity Representative (Required on all pages)

*Diane Wolf* *Executive Director*

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date

*11/21/17*

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**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

<b>Regulation</b>	42c- A resident shall be treated with dignity and respect.
<b>Violation</b>	On the weekend of 4/1/17 through 4/2/17 staff person, other staff persons using profanity in the presence of residents while using a cell phone witnessed C. Staff person C was overheard speaking to resident # 6 with a harsh tone and in a disrespectful manner. Staff person C was terminated from employment for his/her conduct on 4/3/17.
<b>Plan of Correction</b>	<p>42c            Staff member C was terminated immediately and a report was submitted to the department and AAA. All staff reviewed the cell phone policy and resident abuse and neglect training. Complete and ongoing.</p> <p><i>The Administrator will oversee to ensure ongoing compliance. Cf.</i></p>

Printed Name and Title of Legal Entity Representative (Required on all pages) Diane Wolfgang Executive Director  
 Signature of Legal Entity Representative (Required on all pages) *[Signature]* Date 11/21/17

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**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

**Regulation**

132(h) Residents shall evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.

**Violation**

A fire drill was conducted on 3/30/17 at 3:45 p.m. according to the home's fire drill logs 2 residents refused to evacuate during the drill: Resident # 4 and Resident # 5.

**Plan of Correction**

132(h)

At the time of the refusals, both residents were reminded that participation in fire drills is required. Family members of both residents were notified. All fire drills since 3/30/2017 have been successful. Residents are notified of the policy during the admissions process and reminded as necessary.

*Documented repeated refusals to participate in fire drills may result in a 30 day notice.*

*The Adm will oversee fire safety to ensure ongoing compliance. C.*

Printed Name and Title of Legal Entity Representative (Required on all pages)

*Diane Wolby* → *Executive Director*

Signature of Legal Entity Representative (Required on all pages)

*[Handwritten Signature]*

Date

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**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

**Regulation support**

227d – Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident or referral for the resident to outside services if the resident's physician, physician assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services, if applicable, that will be provided to the resident.

**Violation**

Staff interviewed indicated that resident # 2 was known to exhibit attention-seeking behaviors from men, specifically resident # 1 that may have contributed to the incident that occurred on 6/7/17. The home did not update the resident's support plan to document how the home will handle these behaviors.

Staff interviewed indicated that prior to the incident on 6/7/17, involving resident # 1, they were instructed at stand up meetings to watch resident # 1 for inappropriate behaviors. The home did not update the resident's support plan with regards to this supervision prior to or after the incident on 6/7/17.

Resident # 3's support plan dated 8/10/16 under dental stated, "No needs known at this time. Partial plate". On 11/10/16 in the nurses notes it states, "Broken teeth to gum line, only roots remaining, Infected visible abscess. Doctor recommending all teeth extracted excluding 4, 7, 8, 21. Resident refused treatment at this time. Monitor for pain." The home did not update the support plan regarding these needs.

**Plan of Correction**

227d

All resident updates, new orders and incidences will be reviewed daily. Updates to the support plan will be added daily to coordinate with the nurses notes to reflect any and all information that is pertinent to their plan of care.

*The Administrator will oversee to ensure ongoing compliance CI*

Printed Name and Title of Legal Entity Representative (Required on all pages)

*Disne Wolfgram Executive Director*

Signature of Legal Entity Representative (Required on all pages)

*[Signature]*

Date

*11/21/17*

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