



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

Ms. Jessica Buzard
Administrator
Lutheran Home at Kane Residential Center
100 High point Drive
Kane, Pennsylvania 16735

RE: Lutheran Home at Kane
Certificate #: 426450

Dear Ms. Buzard:

As a result of the Department of Human Services' annual licensing inspection on October 26, 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.

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.

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: 42845
Address: 100 HIGH POINT DRIVE, KANE, PA 18735		County: McKean
Administrator: Regina Greenman		Region: WEST
Legal Entity Name: LUTHERAN HOME AT KANE		
Legal Entity Address: 100 HIGH POINT DRIVE, KANE, PA 18735		RECEIVED
Certificate(s) of Occupancy I-2 11/10/2010 Commonwealth of PA		FEB 06 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 22	Working Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/26/2017: Summers, Vicky; Garvey, Jody		
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: 33 Number of Residents Served: 22 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 7 Are 80 Years of Age or Older: 19 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

FEB 05 2018

Violation Report: 42645 - 10/26/2017 - Summers, Vicky
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The following direct care staff persons did not receive annual training in the following topics during the 7/31/16-8/1/17 training year;

- Staff person A - hired 8/23/02
- Staff person B - hired 7/9/01
- Staff person C - hired 6/26/08
- Staff person D - hired 6/23/08
- Staff person E - hired 3/21/14
- Staff person F - hired 6/27/14

- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Care for residents with dementia and cognitive impairments
- Personal care service needs of the resident

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 meeting was conducted 8/23/17 with a guest speaker on the topics of: Dementia, Sexually Inappropriate and Dis Inhibited Behaviors.
SEE ATTACHMENT #1

Staff meeting was held on 11/8/17 with education including: Pre screen, Medical Evaluations, Resident Assessment and Support Plan, Personal Care Service Needs of the Resident - ADLs
SEE ATTACHMENT #2

The Staff Training Plan was immediately updated to include all required education for training year 8/1/17 through 7/31/18.
SEE ATTACHMENT #3

Staff persons A, B, C, D, E and F received training in the aforementioned topics. MS 2/9/18

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) <i>Bruce T. Kimball</i>	Date <i>2-5-18</i>
--	-----------------------

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

The above plan of correction is approved as of <u>2/9/18</u> (Date)	Plan of correction implementation status as of <u>2/9/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

FEB 05 2018

Page 3 of 7

Violation Report: 42646 - 10/26/2017 - Summers, Vicky
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2800.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION
At 10:30 a.m., the steam table, accessible to residents in the dining room, was on and measured 145.4 degrees.

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 procedure was immediately put into effect and all staff educated. Until a permanent protective solution could be achieved, a staff member will be present at all times that the steam table is on to assure that no resident or visitor may come in contact with the heated surface.
SEE ATTACHMENTS #4 and #5

A room divider has been purchased to prevent resident contact with the steam table and procedure as to proper use of the divider has been put into effect.
SEE ATTACHMENTS #6 and #7

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

Signature of Legal Entity Representative
(Required on EVERY Page) *B.K.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bruce T. Kimball* Date *2-5-18*

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

The above plan of correction is approved as of 2/9/18
(Date)

Plan of correction implementation status as of 2/9/18
(Date)

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

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

Violation Report: 42845 - 10/26/2017 - Summers, Vicki
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
The exhaust fan in resident #1 and #2's shared bathroom in room 108 is inoperable and there is no window in this bathroom.

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 10/27/17 maintenance assessed and cleaned the exhaust fan in Room 108 bathroom and from above the room in the ceiling. Upon follow-up the exhaust fan was and continues to be in good working order.
Maintenance has agreed upon a monthly cleaning and tracking regimen for the exhaust fans to assure they remain in good repair.
Personal Care Staff has exhaust fans on the quarterly QA. Each quarter the Director assigns a staff member to go into every bathroom and assure that a tissue placed near the exhaust fan "gets sucked up". Staff is instructed to report any negative results to both the RCC Director and by filling out a maintenance requisition.

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

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

The above plan of correction is approved as of 2/9/18
(Date)

Plan of correction implementation status as of 2/9/18
(Date)

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

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

RECEIVED

FEB 06 2018

WEST REGION FIELD OFFICE Page 5 of 7

Human Services Licensing

Violation Report: 42846 - 10/26/2017 - Summers, Vicky
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 65 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Resident #3's Dorzolamide-Timolol eye drops - place 1 drop to each eye twice daily, which were filled on 1/8/17, are undated. Therefor, it cannot be determined when vial was open. Directions indicate to discard unused portion after 28 days.

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.
Dorzolamide-Timolol drops were filled prior to Resident #3's [redacted] 17 admission, brought from home, and were not in use. They were being stored in the cupboard in the facility medication room. The vial of eye drops was disposed of upon discovery. A new vial was immediately ordered to replace it. Staff training has been completed as to the importance of date opened/started on all medications.
SEE ATTACHMENT #8

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bruce T. Kimball* Date *2-5-18*

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

The above plan of correction is approved as of 2/9/18
(Date)

Plan of correction implementation status as of 2/9/18
(Date)

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

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

RECEIVED

FEB 06 2018

Page 6 of 7

Violation Report: 42846 - 10/26/2017 - Summers, Vicky
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.226(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 2/15/17, does not include the diagnoses of atrial fibrillation, heart failure, acute kidney failure and abnormal weight loss that are indicated on the attached page to the medical evaluation, dated 1/25/17.

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 diagnoses of Resident #3 listed above were added to RASP.
SEE ATTACHMENT #9

Staff education held on 11/8/17 included Medical Evaluations and the Resident Assessment and Support Plan. All staff to be mindful that any and all documents attached to the DME become part of the document including all diagnosis and/or history of. All such diagnosis must then be addressed on the RASP not only the diagnoses that the PCP has deemed pertinent enough to have hand written on the DME form itself.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Buck

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

Bruce T Kimball

Date *2-5-18*

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

The above plan of correction is approved as of

2/9/18
(Date)

Plan of correction implementation status as of

2/9/18
(Date)

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

The above plan of correction was approved by

ms
(Initials)

FEB 06 2018

Violation Report: 42846 - 10/26/2017 - Summers, Vicky
PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.225(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 #4's assessment, dated 6/14/17, does not include the diagnoses of depression, chronic obstructive pulmonary disease and history of deep vein thrombosis that are indicated on the physician's orders attached to the medical evaluation, dated 4/12/17.

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 diagnoses of Resident #4 listed above were added to RASP.
SEE ATTACHMENTS #10 and #11

Staff education held on 11/8/17 included Medical Evaluations and the Resident Assessment and Support Plan. All staff to be mindful that any and all documents attached to the DME become part of the document including all diagnosis and/or history of. All such diagnosis must then be addressed on the RASP not only the diagnoses that the PCP has deemed pertinent enough to have hand written on the DME form itself.

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/02/2016

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bruce J Kimball* Date *2-5-18*

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

The above plan of correction is approved as of 2/9/18
(Date) Plan of correction implementation status as of 2/9/18
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *MS*
 Partially Implemented - Inadequate Progress
 Not Implemented

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