



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

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' Personal Care Homes annual licensing inspection on December 4, 2017 and December 5, 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 - 56 Pa.Code Chapter 2600**

PCH Name: ARTMAN LUTHERAN HOME		License Number: 12778
Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002		County: Montgomery
Administrator: Henry Ebner		Region: SOUTHEAST
Legal Entity Name: ARTMAN LUTHERAN HOME		
Legal Entity Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002		
Certificate(s) of Occupancy		
C-1 02/08/1994 CWOPA Dept of Health	I-1 03/17/2016 Borough of Ambler	I-1 10/04/2016 Borough of Ambler
Staffing Hours		
Resident Support: 0	Total Daily Staff: 200	Working Staff: 150
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/04/2017: Thomas, Tahesia; Freeman, Sabrina 12/05/2017: Thomas, Tahesia; Freeman, Sabrina		
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: 117 Secured Dementia Care Unit in Home: Yes Area: Inspiring Today Secured Dementia Unit Capacity, if applicable: 20 <i>19</i>  Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 18		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: 83 Have a Physical Disability: 0

Violation Report: 12778 - 12/04/2017 - Thomas, Tahosia
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 was not signed by the resident, whose date of admission was [redacted] /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.

- * Contract for resident #1 was signed by Power Attorney and contract noted that resident didn't signed. (Attachment 1)
- * All Administrative assistants and weekend liasons inserviced on the contract signatures (if resident is unable to sign contract, Power Attorney can sign but box on contract my be acknowledged. (Attachment 2)
- * Audit done on current contracts to make sure in compliance with Regulation 2600.25(b). (Attachment 3)
- * Personal Care administrator to audit monthly on new contracts to make sure in compliance with regulation.

Effective immediately - HOME will document attempts to have RESIDENT SIGN CONTRACTS BY (PER P.O.A)

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) Henry J. Ebner, Personal Care Administrator Date 1/24/18

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

The above plan of correction is approved as of *2/23/18*
 (Date)

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

Plan of correction implementation status as of *2/23/18*
 (Date)

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

Violation Report: 12778 - 12/04/2017 - Thomas, Tahesia
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.

- * Contract for resident #1 was signed by Power Attorney and contract noted that resident didn't signed.
- * All Administrative assistants and weekend liasons inserviced on the contract signatures (if resident is unable to sign contract, Power Attorney can sign but box on contract my be acknowledged.
- * Audit done on current contracts to make sure in compliance with Regulation 2600.41(e).
- * Personal Care administrator to audit monthly on new contracts to make sure in compliance with regulation.

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) Henry J. Ebner, Personal Care Administrator

Date 1/24/18

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Violation Report: 12778 - 12/04/2017 - Thomas, Tahesia
 PCH Name: ARTMAN LUTHERAN HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 - Resident # 2 participated in the development of their support plan on 03/23/17. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.
 - Resident # 3 participated in the development of their support plan on 05/16/17. The resident was unable to sign the support plan. The home did not make a notation regarding the resident's inability to sign.

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.

* Support Plan for resident #2 and #3 corrected to show that resident unable to sign. (Attachment 4)

*All staff that create the support plan (nurses, community life and household coordinators, inserviced on the importance that if resident is unable to sign support plan, it must be noted by checking the correct box. (Attachment 5)

* Audit done on current support plans to make sure if resident is unable to sign, it must be checked and resident designated person must sign according to Regulation 2600.227 (h). (Attachment 6)

* Personal Care administrator to audit monthly on new support plans to make sure in compliance with regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Henry J. Ebner, Personal Care Administrator Date 1/24/18

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 (Date)

Plan of correction implementation status as of *[Signature]*
 (Date)

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