



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**APR 27 2018**

Mr. Carl R. McAloose,  
President and CEO  
Human Resources and Administration Services  
LutherCare, Inc.  
600 East Main Street  
Lititz, Pennsylvania 17543

RE: The Muhlenberg Lodge  
300 St. Mark Avenue  
Lititz, Pennsylvania 17543  
Certificate #: 321820

Dear Mr. McAloose:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on February 8, 2018 and February 9, 2018 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2500**

PCH Name: THE MUHLENBERG LODGE		License Number: 32182
Address: 300 ST MARK AVENUE, LITITZ, PA 17543		County: Lancaster
Administrator: Terri Weitzel		Region: CENTRAL
Legal Entity Name: LUTHERCARE INC		
Legal Entity Address: 600 EAST MAIN STREET, LITITZ, PA 17543		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 03/22/1999 L&J	A3-C2 09/22/2000 L&I	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 101	Waking Staff: 76
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/08/2018: Springs, Israel; Cargile, Kellie 02/09/2018: Springs, Israel; Cargile, Kellie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>MAR 05 2018</p> <p>Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 90 Number of Residents Served: 71 Secured Dementia Care Unit In Home: Yes Area: Memory Care Secured Dementia Unit Capacity, if Applicable: 26 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 32182 - 02/08/2018 - Springs, Israel  
 PCH Name: THE MUHLENBERG LODGE

**1. REGULATION 55 Pa.Code §2800**

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**

The label on the container for the Furosemide, prescribed for Resident #2, incorrectly documented a 10 mg tab 1 per day. The correct prescription for this medication is a 40 mg tab 1 per day.

**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.*

1. Why is the regulation important? So that the resident receives the correct med, dosage, time and route.
2. How was the regulation violated? The resident brought a container that she had in her apt before her move to PC
3. What caused the violation? The staff did not mark the container with a new label that said directions had changed and to see the chart for further directions.
4. What can be done right away to fix the violation? We put a direction change label on the bottle while DHS was here for the survey.
5. What can we do to prevent further violations? No medications are to be put in the residents med box without being checked for proper instructions.
6. Who will be responsible for preventing further violations? All staff. This violation will be discussed at our staff meeting on March 8, 2018.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *A. Weitzel* Date *3-1-18*

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

The above plan of correction is approved as of 3/5/18  
 (Date)

Plan of correction Implementation status as of 3/5/18  
 (Date)

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

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

Violation Report: 32182 - 02/08/2018 - Springs, Israel  
 PCH Name: THE MUHLENBERG LODGE

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plans developed for Resident #1 on 1/16/18 and Resident #2 on 12/21/17 were signed by each resident respectively, but did not document the date of the signature.  
 The support plan developed for Resident #3 on 10/8/17 was signed by the resident's responsible person, but did not document the date of the signature.  
 The support plans developed for Resident #3 on 10/6/17, Resident 4 on 10/19/17, and Resident 5 on 11/13/17 did not have the residents' signatures or document the residents' inability or refusal 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.

1. Why is the regulation important? To know that the resident/POA was included in the RASP
2. How was the regulation violated? There were missed signatures by the residents on their RASP
3. What caused the violation?. Staff did not have the Resident sign the RASP
4. What can be done right away to fix the violation? We have corrected all current RASPS at this time.
5. What can we do to prevent further violations? Team Leader and PCHA will be checking that all the RASPS are signed in the future.

Ongoing: All support plans will be signed and dated by the individuals who participated in the development of the plans. If one or more of the individuals who participated in the development of the plan are unable to unwilling to sign, documentation of inability or refusal will be kept.

*BAS 3/5/18*

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *A. Watzel* Date *3.1.18*

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

The above plan of correction is approved as of *3/5/18*  
 (Date)

Plan of correction implementation status as of *3/5/18*  
 (Date)

The above plan of correction was approved by *BAS*  
 (Initials)

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