



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 18 2018

Ms. Karen Russell  
Executive Director  
St. John Lutheran Care Center  
500 Wittenberg Way, PO Box 928  
Mars, Pennsylvania 16046

RE: St John Specialty Care Center  
Certificate #: 448330

Dear Ms. Russell:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 27, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ST JOHN SPECIALTY CARE CENTER		License Number: 44833
Address: 500 WITTENBERG WAY P O BOX 928, MARS, PA 16046		County: Butler
Administrator: Samantha Rapuk		Region: WEST
Legal Entity Name: ST JOHN LUTHERAN CARE CENTER		
Legal Entity Address: 500 WITTENBERG WAY, MARS, PA 16046		<b>RECEIVED</b>
Certificate(s) of Occupancy C-1 06/01/1965 PA L&I		MAY 04 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 10	Total Daily Staff: 36	Waking Staff: 27
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> 02/27/2018: Bartlett, Patricia; Garrigan, Laurie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers: N/A		Random Indicators: N/A
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 36 Number of Residents Served: 16 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: 3		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 10 Have a Physical Disability: 0

Violation Report: 44833 - 02/27/2018 - Bartlett, Patricia  
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

At approximately 10:15 a.m., the left side lid of the home's dumpster was open fully, exposing 4 full large brown bags of trash and approximately 6 large cardboard boxes.

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.

Plan of Correction-

Maintenance, Environmental Services, and Dietary staff are being re-educated on the importance of closing the dumpster lids after each use. Trainings are in progress as is reflected in the training sign-in sheets, but are ongoing and will be completed by 5/18/2018. A new policy has been written that will be implemented effective immediately. All maintenance staff on each shift (7-3/3-11/11-7) are to perform rounds of the building, both inside and outside. The maintenance staff has a checklist for these rounds. On each shift, a task has been added for the maintenance staff to check the dumpsters and ensure that they are closed.

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)

Samantha Rapke

Date

5/4/18

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

The above plan of correction is approved as of

5-8-18  
(Date)

Plan of correction implementation status as of

5-8-18  
(Date)

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

The above plan of correction was approved by

X  
(Initials)

Violation Report: 44833 - 02/27/2018 - Bartlett, Patricia  
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At approximately 10:10 a.m., the freezer temperature of the 3-door freezer next to the exit to the dock measured 10 degrees Fahrenheit.

At approximately 10:25 a.m., the 4th floor activity room freezer did not contain a thermometer.

At approximately 11:22 a.m., the 5th floor activity room Hotpointe freezer across from the bird cage temperature measured 10 degrees Fahrenheit.

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.*

Plan of Correction-

The freezer in the kitchen next to the dock was inspected by Allegheny Refrigeration on the day of inspection, 2/27/2018, and Freon was added as a preventative measure. All refrigerators will have temperature logs kept daily to ensure that temperatures are at an acceptable range. The freezer in the activities room now has a thermometer and a temperature log with which to record daily temperatures. Activities staff and Personal Care Staff have been educated on the importance of maintaining these temperatures and how to report any temperature out of range. A new policy has been created for all staff on the Personal Care Unit, Dietary and Activities. Temperature logs are to be kept on all cold storage units daily. The administrator will store these logs and audit them for any temperatures outside of the safe range. The results of these audits will be discussed in the quarterly QAPI meetings.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Samantha Page*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Samantha Page* Date *5/4/18*

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

The above plan of correction is approved as of <u>5-8-18</u> (Date)	Plan of correction implementation status as of <u>5-8-18</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: 44833 - 02/27/2018 - Bartlett, Patricia  
 PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted to the home on [redacted] 17. However, the resident's initial medical evaluation was completed on [redacted] 16.

**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.*

**Plan of Correction-**

Admissions staff will ensure that all new admissions have a DME completed within 60 days prior to admission.

The Administrator will review the charts on all new admissions within 1 week of admission to the facility. At this time, the administrator will note the date of the DME, ensuring that it was completed no longer than 60 days prior to admission. If the DME is out of compliance, the Administrator will have one completed within 30 days of the resident's admission to the facility.

The administrator has also created a new checklist for all resident files. The checklist has section to write in the date of the DME and to check it against the date of admission.

A new Policy and Procedure has been written and admissions staff and the Administrator are being trained in this regulation. The education follows including a blank sign-in sheet. This training will be completed by 5/7/2018.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Samantha Rapak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Samantha Rapak	Date 5/4/18
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of S.F.F  
 (Date)

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

Plan of correction implementation status as of S.F.F  
 (Date)

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

Violation Report: 44833 - 02/27/2018 - Bartlett, Patricia  
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed blood glucose monitoring every 2 weeks. The resident's glucometer was not calibrated to the correct date and time. On 2/27/18 at 2:00 p.m., the resident's glucometer indicated a date and time of 1/30 at 2:30 p.m.

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.

Plan of Correction-

The med techs and the nurses on the Personal Care Unit have been educated on calibrating the glucometers. A new policy and procedure has been created to reflect the calibration of the glucometers. Effective immediately, the Nursing Supervisor is to perform weekly audits of the glucometers to ensure that they are properly calibrated. The audits are to be given to the administrator each month to review. These audits will be kept by the administrator for 1 year. Training is ongoing for this and will be completed by 5/18/18 for all clinical coordinators and Edgewood direct care staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Samantha Rapak*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Samantha Rapak* Date *5/4/18*

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The above plan of correction was approved by <u>K</u> (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: 44833 - 02/27/2018 - Bartlett, Patricia  
 PCH Name: ST JOHN SPECIALTY CARE CENTER  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 was prescribed Nystatin 100,000 unit/gram topical powder, apply two times daily under bilateral breasts for excoriation. The resident refused the medication on 2/1/18, 2/10/18, 2/11/18, 2/15/18, and 2/24/18 during the dayshift. However, the prescribing physician was not notified of the resident's refusals of the medication.

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.

Plan of Correction-

The med techs, nurses, and clinical coordinators are being educated on the above referenced regulation. Training will be completed by 5/18/18. The policy and procedure on reporting of refusal of medication has been updated. The Administrator will perform a monthly audit of the resident MARs for refusals of medications. The Administrator will check that all refusals have been reported to the physician per the policy. The audit will be kept in the administrator's office for 1 year. A blank copy of the audit form is attached. The first audit will be completed by 5/18/18. *S.F.F*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Samantha Rapov*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Samantha Rapov* Date *5/4/18*

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The above plan of correction was approved by <u><i>[Signature]</i></u> (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: 44833 - 02/27/2018 - Bartlett, Patricia  
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct Care staff person A, did not successfully complete a Department-approved medication administration course or pass the Department's performance-based competency test. However, on 2/26/18 during day shift, direct care staff person A administered Nystatin 100,000 unit/gram powder to resident #2.

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.

Plan of Correction-

All staff on Edgewood Grove are being educated on who can and who cannot administer medications, both prescription and over-the counter. This training is ongoing and will be completed for current staff by 5/18/2018. The policy and procedure for medication administration has been updated to include who can and cannot administer medications. Going forward, we are working on training all staff on Edgewood Grove as Med Techs, which should help to avoid this problem altogether. We have a certified trainer on staff who can teach the classes in house as needed. 5-9-18

Immediately: Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. 5-9-18

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Samantha Rapae*      Date *5/4/18*

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

The above plan of correction is approved as of 5-8-18  
(Date)

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

Plan of correction implementation status as of 5-8-18  
(Date)

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

Violation Report: 44833 - 02/27/2018 - Bartlett, Patricia  
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(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 #1's initial assessment was completed on [redacted]/17. However, the assessment did not include medical diagnoses indicated on the medical evaluation dated [redacted] 16 to include: Hemiparesis, obesity, atrioventricular block, rectal bleeding, constipation, anemia, sciatica, vitamin D deficiency, aortic valve replacement, and hypothyroidism.

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.

Plan of Correction-

The administrator has trained the nurse on the unit in writing an assessment and support plan. The administrator will check that all medical diagnosis match on both the assessment and the DME. Effective immediately, an audit will be conducted monthly on these documents by the administrator.

Immediately: The administrator or designated staff person shall review resident #1's record and update the residents assessment to include all of the resident's diagnoses. *S-8-18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2017		
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Signature of Legal Entity Representative (Required on EVERY Page) *Samantha Pope*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Samantha Pope* Date *5/4/18*

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

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The above plan of correction was approved by <u><i>[Signature]</i></u> (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