



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

Mailing Date: July 5, 2018

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's Bureau of Human Services Licensing inspection on March 20, 2018 of the above facility, the violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

ALR Name: Luther Ridge at Selders Hill		License Number: 224660
Address: 160 Red Horse Road Pottsville, PA		County: Schuylkill
Administrator: Diane Wolfgang		
Legal Entity Name: Luther Ridge at Seiders Hill, LLC		
Legal Entity Address: Same		
Certificate(s) of Occupancy: C2 LP 06/23/1999 L&I		
Type of Inspection: Partial		
Reason(s) for Inspection(s): Incident		
On-Site Inspections Dates and Department Representatives On-Site: 03/20/2018 Amy DeLuca		
Off-Site Inspection Dates and Inspectors, if Applicable:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 135	Number of Residents who:	
Number of Residents Served: 104	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 104	
Area: .	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 9	
Number of Current Hospice Residents: 3	Have a Physical Disability: 2	
Number of Hospice Residents in past year: 11		

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

Regulation 2800.42(b) – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. A resident must be free from mental, physical, and sexual abuse and exploitation, neglect, financial exploitation and involuntary seclusion.

Violation On 2/25/2018 Resident # 1 eloped from a common area of the home at approximately 11:13pm, exited through a door located near the loading dock, and suffered a fall while ambulating down a sloping driveway to the side of the home's entrance. The resident was admitted to a nearby hospital and passed away on [redacted] 2018. Prior to the incident the resident had attempted to elope from the home and had been found in stairwells on 8/30/2017 and 12/10/2017. The home did not adequately address Resident #1's elopement seeking behaviors.

Plan of Correction

Resident #1 was last observed by the LPN supervisor on 2/25/18 at 11:10p.m. in the common area. She wore a roam alert anklet which alerted staff if a stairwell door or exterior door became ajar. On 2/25/2018, at 11:12:41 staff was alerted that resident was near the exit door at the East end of the ground floor. Staff immediately responded to alarm by going to the east door to investigate. At 11:14:32 staff member reset the alarm and noted that the resident was lying on the macadam several feet from the ground floor east exit.

In the event that a similar situation should transpire in the future, the facility will complete a thorough investigation to determine the root cause of the resident's poor safety awareness and appropriateness of the assisted living level of care. If the facility determines that the resident's needs exceed the assisted living level of care, a 30 day notice of discharge will be issued and the facility will assist the resident with the transition to a facility that can adequately meet their needs.

The administrator shall monitor and be responsible for ongoing compliance.
M 6/29/18

Printed Name and Title of Legal Entity Representative (Required on all pages) *Diane Wolfanda Executive Director*
 Signature of Legal Entity Representative (Required on all pages) *[Signature]* Date *6/8/18*

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The above plan of correction is approved as of <u>6/29/18</u> (Date)	Plan of correction implementation status as of <u>6/29/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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