



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

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 annual inspection on August 24, 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 citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2800 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

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

Name of Assisted Living Residence: LUTHER RIDGE AT SEIDERS HILL		License Number: 224660
Address: 160 RED HORSE ROAD POTTSVILLE, PENNSYLVANIA 17901		County: SCHUYKILL
Administrator: DIANE WOLFGAN		
Legal Entity Name: LUTHER RIDGE FACILITY OPERATION		
Legal Entity Address: 160 RED HORSE ROAD POTTSVILLE, PENNSYLVANIA 17901		
Certificate(s) of Occupancy: C2 LP PA L&I		
Type of Inspection: FULL		
Reason(s) for Inspection(s): RENEWAL		
On-Site Inspections Dates and Department Representatives On-Site: 08/24/2018 ANN O'HAIRE, RYAN NOVAK, VANESSEA MANDEZ		
Off-Site Inspection Dates and Inspectors, if Applicable:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 135	Number of Residents who:	
Number of Residents Served: 108	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: NA	Are 60 Years of Age or Older: 107	
Area:	Have Mental Illness: 0	
Secured Unit Capacity, if Applicable	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 16	
Number of Current Hospice Residents: 4	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 14		

## LICENSING INSPECTION SUMMARY

### Assisted Living Residences – 55 Pa.Code § 2800

**Regulation**

2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**Violation**

The resident privacy coding document was attached to the licensing inspection summary posted on the home's bulletin board. The privacy coding document exposes confidential information of the residents.

**Plan of Correction**

The Executive Director took the resident privacy coding document off of the bulletin board immediately upon being notified by the surveyor. The Executive Director will ensure that the privacy coding document will be removed from the licensing inspection summary prior to being posted on the bulletin board. Immediate action was taken. The Executive Director is responsible for ongoing compliance and will add review of bulletin board posting compliance to quarterly Quality Assurance.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

*Diane Wolcott* Executive Director

*[Signature]* Date 12/14/18

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

The above plan of correction is approved as of 12-19-18  
(Date)

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

Plan of correction implementation status as of 12-19-18  
(Date)

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





## LICENSING INSPECTION SUMMARY

### Assisted Living Residences – 55 Pa.Code § 2800

**Regulation**

2800.144(c) - A residence that permits smoking inside or outside of the residence shall develop and implement written fire safety policy and procedures that include the following:  
 Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits

**Violation**

The chairs located in the homes staff smoking area had chair covers that were not fire retardant. The covers pose a possible fire hazard.

**Plan of Correction**

The cushions were removed in the presence of the surveyor and were discarded. The current furniture was inspected to ensure compliance. The future furniture that is purchased or used at the facility will be checked by our Plant Operations staff prior to use to ensure that it meets regulation.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

*Diane Wolf* Executive Director  
 Date 12/14/18

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## LICENSING INSPECTION SUMMARY

### Assisted Living Residences – 55 Pa.Code § 2800

2800.185(a) - The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Violation**

Resident # 1's glucometer had dried blood on the machine.

Resident # 2 has an order for blood glucose readings 4 times daily. On 8/19/18 at 5pm the MAR noted a reading of 147, the glucometer noted a reading of 145.

**Plan of Correction**

The glucometer was cleaned immediately by the Director of Nursing. The LPN's and Medication Technicians have been reeducated on infection control and the expectation of cleaning and sanitizing equipment after each use. The Director of Nursing will audit glucometers monthly and report to QAPI quarterly.

The LPN's and Medication Technicians were reeducated on transcription and medication technicians will complete monthly audits to ensure accuracy of MAR's. The audits will be submitted to the Director of Nursing monthly for review.

Printed Name and Title of Legal Entity Representative (Required on all pages)

Signature of Legal Entity Representative (Required on all pages)

*Diane Wolke, Executive Director*  
*[Signature]* Date 12/4/18

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