



February 24, 2020

Ms. Michele Avenali
Administrator
Lutheran Home at Kane Residential Care Center
100 High point Drive
Kane, Pennsylvania 16735

RE: Lutheran Home at Kane
License #: 426450

Ms. Avenali:

As a result of the Department's Bureau of Human Services Licensing annual inspection on October 24, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report 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. 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

RECEIVED

1/14/19

Western Region Field Office
Bureau of Human Services Licensing**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

Page 1 of 3

PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER		License Number: 42645
Address: 100 HIGH POINT DRIVE, KANE, PA 16735		County: McKean
Administrator: REGINA GREENMAN		Region: WEST
Legal Entity Name: LUTHERAN HOME AT KANE		
Legal Entity Address: 100 HIGH POINT DRIVE, KANE, PA 16735		
Certificate(s) of Occupancy I-2 11/10/2010 Comm of PA		
Staffing Hours Resident Support: 0 Total Daily Staff: 29 Waking Staff: 22		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/24/2018: Winters, Lynn; Gillette, Lori		
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: 33 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: 0		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 14 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0

Violation Report: 42645 - 10/24/2018 - Winters, Lynn
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
 A layer of lint approximately 1/2" thick covered approximately 2/3 of the lint trap screen of the bottom dryer at 10:20 AM.

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.

Lint was removed from the trap immediately upon the finding. Verbal education began with on duty staff members and continued with remainder of staff. Two permanent laminated signs were posted 10/29/18 (one on each dryer) stating the requirement to remove and thoroughly clean the lint screen immediately following every load of laundry. The inspection results and staff education r/t the preliminary results were then discussed at a mandatory staff meeting held 11/14/18. All staff signed off understanding of education as well as their compliance. All staff utilizing the washer/dryer initial a calendar in the laundry room daily/per shift representing their compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michele Avenali LPN PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michele Avenali LPN PCHA* Date *1-14-19*

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

The above plan of correction is approved as of <u>5/1/19</u> (Date)	Plan of correction implementation status as of <u>5/1/19</u> (Date)
The above plan of correction was approved by <u><i>SA</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42645 - 10/24/2018 - Winters, Lynn
 PCH Name: LUTHERAN HOME AT KANE RESIDENTIAL CARE CENTER


1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #1's Ventolin HFA 90 MCG Inhaler, use 2 puffs ever 4 to 6 hours as needed, expired December of 2017 and was still stored in the medication cart.

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.


The inhaler was removed from the medication room and disposed of immediately upon the finding. Verbal education began with on duty staff members and continued with remainder of staff. A request for the discontinuation of the inhaler was sought 10/25/18 as the inhaler had not been necessary or used in greater than 6 months. A memo/notice to all staff was posted 10/25/18. The inspection results and staff education r/t the preliminary results were then discussed at a mandatory staff meeting held 11/14/18. All staff signed off understanding of education as well as their compliance of proper storage of prn medications. We continue to assign and complete a quarterly QA of the medication room and carts for unused/expired medications.

Immediately, then at least monthly, a designated staff person qualified to administer medications shall audit all medications to ensure no medications are expired.

 5/1/19

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page) <i>Michele Averati LPN PCHA</i>				
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michele Averati LPN PCHA</i>			Date <i>5-1-19</i>	

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