



August 28, 2019

Mr. Carl R. McAloose
President & CEO
LutherCare, Inc.
600 East Main Street
Lititz, Pennsylvania 17543

RE: St. John's Herr Estate
200 Luther Lane
Columbia, Pennsylvania 17512
Certificate #: 321870

Dear Mr. McAloose:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 16, 2019 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

Violation Report

Facility Information

Name: *ST JOHN'S HERR ESTATE*

License Number: *321870*

Address: *200 LUTHER LANE, COLUMBIA, PA 17512*

County: *LANCASTER*

Region: *CENTRAL*

Administrator

Name: *Anita Martin*

Phone: *7176840678*

Email: *amartin@luthercare.org*

Legal Entity

Name: *LUTHERCARE INC*

Address: *600 EAST MAIN STREET, PA, 17543*

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *05/15/1991*

Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *32*

Waking Staff: *24*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

04/16/2019 - On-Site: Douglas Hoover, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46*

Residents Served: *32*

Secured Dementia Care Unit

In Home:

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *1*

Are 60 Years of Age or Older: *32*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

Rec'd
5/31/19
GE

185a - Implement Storage Procedures

Regulations

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.

Description of Violation

The readings on the glucometer for Resident #2 did not correspond with recordings on the Medication Administration Record (MAR) for the following blood sugar readings:

3/17/2019 at 6:00 am, glucometer reading of 197 with MAR documentation of 194

3/16/2019 at 6:02 am, glucometer reading of 142 with MAR documentation of 147

No glucometer reading for 3/8/2019 however, MAR documentation of 189 at 6:10 am

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.)

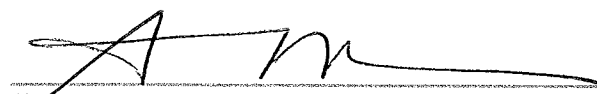
We have developed and implemented procedures for proper procedures and documentation for glucometer readings. (Please see attached standard). Completed 4/17/2019

PCS/LPN's were re-educated 4/17/19 on the necessity for immediate MAR documentation.

Personal Care Manager will randomly check glucometers against Mar documentation to ensure standards are being followed.

The findings of the random audits will be reviewed at the home's next Quality Management Review. - GE, 8/14/19

Legal Entity Representative



Signature

Anita Martin 5/31/19

Printed Name and Title PCHA/ED Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 8/14/19
(Date)

Plan of correction implementation status as of 8/14/19
(Date)

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

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

ST JOHN'S HERR ESTATE

321870

224a - Preadmission Screen Form

Regulations

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated 2/16/2018, does not include a determination that the needs of the resident can be met by the services provided by the home.

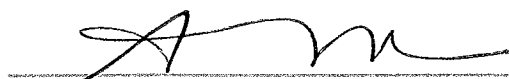
Plan of Correction (POC)

(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.)

Resident #1's Pre-screening form was discovered incomplete during survey. Anita Martin, PCHA corrected, signed and dated that the resident needs can be met in this personal care home. (see attached)

All Pre-screenings forms will be completed and reviewed to be in compliance by the PCHA or designee. Completed 4/16/2019

Legal Entity Representative


Signature

Anita Martin 5/31/19
Printed Name and Title PCHA/ED Date

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04/16/2019

3 of 3