



**Sent via e-mail: diane.k.wolfgang@consulatehc.com
MAILING DATE: January 17, 2020**

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 18, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: LUTHER RIDGE AT SEIDERS HILL

License Number: 22466

Address: 160 RED HORSE ROAD, POTTSVILLE, PA 17901

County: SCHUYLKILL

Region: NORTHEAST

Administrator

Name: Diane Wolfgang

Phone: 5706217200

Email: diane.k.wolfgang@consulatehc.com

Legal Entity

Name: LUTHER RIDGE FACILITY OPERATIONS LLC

Address: 160 RED HORSE ROAD, POTTSVILLE, PA, 17901

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff:

Total Daily Staff: 121

Waking Staff: 91

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Incident*

Inspection Dates and Department Representative

11/18/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 135

Residents Served: 105

Special Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 105

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 16

Have Physical Disability: 0

16c Incident reporting

Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 10/6/2019 resident #1 suffered a fall in her room. An x-ray was ordered and the resident was found to have a fractured clavicle on 10/8/2019. The home did not report the incident to the department's regional office until 10/14/2019.


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.)

A process has been put into place to ensure that incidences are reported within the regulated timeframe. The chain of communication is as follows: The LPN Supervisor on duty when the incident occurs is responsible for notifying the Director of Nursing. If the DON is unavailable, they have been instructed to contact the Executive Director. The DON or ED is responsible for ensuring that the report is submitted timely. All LPN Supervisors have been or will be retrained on regulation 2800.15 prior to working their next shift.

Please see the attached verification sheet.

Legal Entity Representative

Signature 

 Executive Director 12/10/19
Printed Name and Title Date

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

The above plan of correction is approved as of 1-10-2020
(Date)

Plan of correction implementation status as of 1-10-2020
(Date)

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

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

225a2 Assessment – significant change

Requirements

2800.

225.a.2. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's support plan dated 4/2/2019 was not updated until 10/18/2019 to reflect that the resident had become increasingly combative with staff. The care notes for the resident indicate these behaviors had become an issue as early on as 9/3/2019.

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.)

A new system has been put into place to increase communication between the LPN Supervisors and the Director of Nursing and Executive Director. Please see the attached form. The LPN Supervisors have been instructed to complete this form and submit to the Director of Nursing and Executive Director daily. LPN Supervisors will be trained by the Executive Director by December 10th, or prior to the next working day, as to how and when to update the resident ASP. The Director of Nursing is ultimately responsible for ensuring that all ASP's are updated timely. An audit will be completed monthly by the DON and submitted to the ED to be reviewed in Quality Assurance Meeting.

Legal Entity Representative

Signature 

Printed Name and Title Dianna Wolfigoy Executive Director Date 12/10/19

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