



Sent via e-mail: michelea@lutheranhomekane.org
reginag@lutheranhomekane.org

MAILING DATE: April 20, 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

Dear Ms. Avenali:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 26, 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 "Jason Williams", written over a white background.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: LUTHERAN HOME AT KANE/RESIDENTIAL CARE CENTER
 Address: 100 HIGH POINT DRIVE,, KANE, PA 16735
 County: MCKEAN Region: WESTERN

License Number: 42645

Administrator

Name: Michele Avenali

Phone: 8148378770

Email: CFLORAVIT@LUTHERANHOMEKANE.ORG

Legal Entity

Name: LUTHERAN HOME AT KANE
 Address: 100 HIGH POINT DRIVE, KANE, PA, 16735

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 21

Waking Staff: 16

Inspection

Type: Partial
 Reason: Complaint

BHA Docket #:

Notice: Unannounced

Inspection Dates and Department Representative

11/26/2019 - On-Site: Lori Gillette

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 33

Residents Served: 27

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 6

Are 60 Years of Age or Older: 19

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 0

Have Physical Disability: 0

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's support plan, dated 11/9/19, does not document the need for this resident to wear a Wanderguard or how this need will be met/who is responsible for this need. Resident has worn a Wanderguard on his ankle since date of admission, 10/11/19.

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.)

This resident has a wander guard anklet in place for his safety. He has a history of, as well as, diagnosis that have caused harm/danger to himself. He transferred from our adjoining nursing home to personal care and the need for the anklet doctor's orders transferred with him. As could be seen on the MAR, this individual and his wander guard is checked three times daily for placement. This has occurred since 10/17/19 at 3:34pm. The wander guard has also been added to his RASP as an update on 2/21/2020. An audit of all RASPs has been assigned to be completed within 30 days to assure that any wander guard in use are listed on the RASP. An already present quarterly QA on the RASP has seen the addition of wanderguards. The audit is meant to assure that wander guards and/or any "new orders" have been included or added as an update to RASP.

Legal Entity Representative

Michele Avenali 2/21/2020
Signature

Michele Avenali, LPN PCHA
Printed Name and Title

2/21/2020
Date

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The above plan of correction is approved as of 4/15/20
(Date)

Plan of correction implementation status as of 4/15/20
(Date)

- Fully Implemented
- Not Implemented

The above plan of correction was approved by *JW*
(Initials)