pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: david.gritzer@lutheranseniorlife.org

MAILING DATE: January 9, 2020

Mr. David Gritzer
Executive Director
St. John Lutheran Care Center
500 Wittenberg Way, PO Box 928
Mars, Pennsylvania 16046

RE: St John Specialty Care Center
Certificate #: 448330

Dear Mr. Gritzer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 5, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Jody Garvey
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ST. JOHN SPECIALTY CARE CENTER* License Number: *44833*
Address: *500 WITTENBERG WAY, P.O.BOX 928, MARS, PA 16046*
County: *BUTLER* Region: *WESTERN*

Administrator

Name: *Samantha Rapuk* Phone: *7246251571* Email: *DAVID.GRITZER@LUTHERANSENIORLIFE.ORG*

Legal Entity

Name: *ST JOHN LUTHERAN CARE CENTER*
Address: *500 WITTENBERG WAY, P.O. BOX 928, MARS, PA, 16046*

Certificate(s) of Occupancy

Type: *C-1* Date: *06/01/1965* Issued By: *Dept of L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Incident*

Inspection Dates and Department Representative

12/05/2019 - On-Site: Laurie Garrigan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *16*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2*
Diagnosed with Mental Illness: *1*
Have Mobility Need: *1*
Are 60 Years of Age or Older: *16*
Diagnosed with Intellectual Disability: *0*
Have Physical Disability: *0*

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 11/28/19 at approximately 10:00 a.m., while providing assistance to resident #1 in his room, staff person A and staff person B were told by resident #1 that he did not want a shower because he did not feel well and was not up to it. Staff person A called resident #1 a baby and said he was acting like a 2 year old. Staff person A then physically forced resident #1 out of his bed by raising the bed to the highest position and making resident #1 slide from his bed into a wheelchair. Resident #1 sustained a large skin tear to his elbow during this transfer. Staff person A and staff person B took resident #1 to the common shower room where staff person A forcibly undressed the resident. The staff person grabbed the resident's shirt, ripped it off roughly and forcefully transferred him from the wheelchair to the shower chair, causing another skin tear to the opposite elbow which bled onto his shirt. Staff person A washed resident #1's arms and back very hard and despite the resident telling the staff person that it hurt, she continued to wash resident #1 in the same rough manner. The resident repeatedly told staff person A that he did not want a shower and was heard yelling "no," "stop you are hurting me," "please stop," "help" and "why are you doing this?" Resident #1 was bleeding from both elbows and his right hand by the end of the shower and in total sustained 4 skin tears from the incident including a large skin flap tear on his right elbow, a large skin flap tear on his left elbow, a large skin flap tear on his right hand and a smaller skin tear on his right hand.

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.)

See attachments 2a of 2, 3a of 2 and 4a of 2. 1/9/2020

Legal Entity Representative

Signature

DAVID GRITZER 12-16-19

Printed Name and Title Date

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The above plan of correction is approved as of 1/9/2020 (Date)

Plan of correction implementation status as of 1/9/2020 (Date)

☑ Implemented
☐ Not Implemented

The above plan of correction was approved by (Initials)

Plan of Correction

Edgewood Grove

License 44833

Regulation 2600.42.b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Violation:

On 11/28/19 at approximately 10:00am, while providing assistance to resident #1 in his room, staff person A and staff person B were told by resident #1 that he did not want a shower because he did not feel well and was not up to it. Staff person A called resident #1 a baby and said he was acting like a 2-year-old. Staff person A then physically forced resident #1 out of his bed by raising the bed to the highest position and making resident #1 slide from his bed into a wheelchair. Resident #1 sustained a large skin tear to his elbow during this transfer. Staff person A and staff person B took resident #1 to the common shower room where staff person A forcibly undressed the resident. The staff person grabbed the resident's shirt, ripped it off roughly and forcefully transferred him from the wheelchair to the shower chair, causing another skin tear to the opposite elbow which bled onto his shirt. Staff person A washed resident #1's arms and back very hard and despite the resident telling the staff person that it hurt, she continued to wash resident #1 in the same rough manner. The resident repeatedly told staff person A that he did not want a shower and was heard yelling "no," "stop you are hurting me," "please stop," "help" and "why are you doing this?" Resident #1 was bleeding from both elbows and his right hand by the end of the shower and in total sustained 4 skin tears from the incident including a large skin flap tear on his right elbow, a large skin tear flap on his left elbow, a large skin flap tear on his right hand and a smaller skin tear on his right hand.

Plan of Correction:

Why did it happen?

Staff person A has always been polite and respectful with the residents. On this particular day, she acted in a manner that has not been previously witnessed before. We have not been able to determine why exactly she lashed out at this particular resident on this day.

What do we do right now to fix the problem?

Who – David Gritzer, NHA immediately suspended Staff Person A until investigation was complete.

What – Staff person A was suspended immediately and then terminated upon completion of investigation

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When – Staff person A was suspended immediately on the day of the incident. She was terminated immediately upon completion of the investigation.

How do we prevent this from happening again?

Who – David Gritzer, NHA will provide all staff with reeducation on resident rights, types of abuse and neglect, and abuse reporting procedures.

What – Reeducation of all staff on resident rights, types of abuse and neglect, and abuse reporting procedures.

When – All staff will be reeducated no later than December 28, 2019.

Timeline/Work Plan:

Date	Action	Person Responsible
11/28/2019	Suspended Staff Person A pending investigation	David Gritzer, NHA
12/2/2019	Terminated Staff Person A	David Gritzer, NHA
12/28/2019	All staff will be reeducated on Resident Rights	David Gritzer, NHA
12/28/2019	All staff will be reeducated on types of abuse and neglect	David Gritzer, NHA
12/28/2019	All staff will be reeducated on reporting abuse and OAPSA	David Gritzer, NHA

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RESIDENT SAFETY/SECURITY/CARE AUDIT

PROCEDURE

The Personal Care Home Administrator (PCHA) of Edgewood Grove Personal Care will audit 5 residents per month for a 6-month period. The PCHA will use the attached audit tool.

Starting date for this procedure will be January 7, 2020