



Mailing Date: March 25, 2020

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
License #: 321870

Dear Mr. McAloose:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 4, 2020 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 that reads "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *ST. JOHN'S HERR ESTATE*

License Number: *32187*

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

County: *LANCASTER*

Region: *CENTRAL*

Administrator

Name: *Anita Martin*

Phone:

Email:

Legal Entity

Name: *LUTHERCARE INC*

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

Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *05/15/1991*

Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *39*

Waking Staff: *29*

Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

Inspection Dates and Department Representative

02/04/2020 - On-Site: Jason McCloskey, Hope O'Pake

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46*

Residents Served: *39*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *39*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

65g - Annual Training Content

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation


Direct care staff person A did not receive training in fire safety and emergency preparedness procedures during the 2019 calendar training year.

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 completed staff member A's fire safety and emergency preparedness training on 2/13/2020. (See attached). Going forward, those team members who were not able to attend our annual scheduled fire safety/emergency preparedness training will be rescheduled for our makeup training which will be held by one of our fire safety experts. Each department manager will review their team members training records quarterly. Any missed trainings will be communicated to those who could not attend either by scheduling the training make up, or posting the training information into Relias for the team member to review.

Legal Entity Representative


Signature

Tim Wetmore PC manager 2/13/2020
Printed Name and Title Date

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The above plan of correction is approved as of 2/13/2020 Plan of correction implementation status as of 3/25/2020
(Date) (Date)

The above plan of correction was approved by BAS Implemented
(Initials) Not Implemented

132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drills conducted on 9/9/2019 and 11/26/2019, there were 39 residents present in the home, but only 38 residents evacuated during each of the drills.

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 letter has been sent to the resident and POA regarding participation in fire drills, along with a copy of our house rules that the resident received at the time of admission and DHS regulation 2600.132. (H). (see attached).

We have modified our fire drill log for more clarity with number of residents in the building vs daily census. We have held a training with all of the fire experts to re-educate them on our fire drill procedure, the timing of our drills, satisfactory drill vs unsatisfactory drill, what to do if we fail a drill, and the responsibility of the fire expert. (See attached). Going forward if a drill is unsatisfactory, another drill be conducted with in that month. The PC manager will review the fire drill procedure and the new fire drill form with the direct care staff during the February 26th staff meeting. New hires will be educated on fire safety upon hire and all team members will receive an annual education on September 9th 2020 from our certified fire prevention specialist. The PC manager will review all completed fire drills within 72 hrs. to determine if the drill was successful and that all residents were evacuated. If the drill was unsatisfactory, another drill will be performed with that month and documented. A copy of February and March's fire drill will be sent the Department of Human Services by 4/3/2020.

Legal Entity Representative

Signature

Tim Costner PC manager 2/13/2020

Printed Name and Title

Date

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