



**Sent via e-mail [henrye@artmanhome.org](mailto:henrye@artmanhome.org)  
March 12, 2020**

Mr. Henry J. Ebner  
Personal Care Administrator  
Artman Lutheran Home  
250 Bethlehem Pike  
Ambler, Pennsylvania 19002

RE: Artman Lutheran Home  
License #: 127780

Dear Mr. Ebner:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 12 and 13, 2020 of the above facility, the citations specified were found.

We have determined that your plan of correction is:

Acceptable - Compliance has not been verified as implemented. All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Claire Mendez". The signature is written in a cursive, flowing style.

Claire Mendez  
Human Services Licensing Supervisor

# Violation Report

## Facility Information

Name: ARTMAN LUTHERAN HOME

License Number: 12778

Address: 250 BETHLEHEM PIKE,, AMBLER, PA 19002

County: MONTGOMERY

Region: SOUTHEAST

## Administrator

Name: Henry Ebner

Phone: 2156439926

Email: HENRYE@ARTMANHOME.ORG

## Legal Entity

Name: ARTMAN LUTHERAN HOME

Address: 250 BETHLEHEM PIKE, AMBLER, PA, 19002

## Certificate(s) of Occupancy

Type: C-1

Date: 02/08/1994

Issued By: Department of Health

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 188

Waking Staff: 141

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

02/12/2020 - On-Site: Denise Gillespie, Sabrina Freeman

02/13/2020 - On-Site: Denise Gillespie, Sabrina Freeman

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 136

Residents Served: 122

### Secured Dementia Care Unit

In Home: Yes

Area: 1st floor

Capacity: 19

Residents Served: 18

### Hospice

Current Residents: 5

### Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 122

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 66

Have Physical Disability: 0

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/13/2020 at 10:30 A.M. , the hot water temperature at Resident Bedroom 161 measured 129.9 degrees Fahrenheit and at 10:45 A.M. it was 129.9 degrees Fahrenheit.

On 2/13/2020 at 10:35 A.M. , the hot water temperature at Resident Bedroom 159 measured 129.9 degrees Fahrenheit and at 10:50 A.M. it was 129.9 degrees Fahrenheit.

On 2/13/2020 at 10:40 A.M. , the hot water temperature at Resident Bedroom 149 measured 125.3 degrees Fahrenheit and at 10:55 A.M. it was 125.3 degrees Fahrenheit.

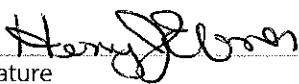
Repeated Violation: 3/5/19

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.)

1. In accordance with regulation 2600.89b, PCA notified Director of Facilities about hot water temperature in rooms noted. Director of Facilities adjusted water temperatures to be at 117 degrees.
2. Maintenance staff in-serviced by Director of Facilities in accordance of regulation 2600.89b. (Attachement 1)
3. Director of Facilities had plumbing contractor to inspect Hot Water system. Recommend and ordered to be done-check valves and replace circulator pump. (Attachement 2)  
Type text here
4. Director of Facilities to do hot water temperatures daily for a month then weekly for 3 months. (Attachement 3)

Legal Entity Representative

Signature 

Henry Ebner Personal Care Administrator  
Printed Name and Title

2/26/20  
Date

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The above plan of correction is approved as of 3/12/2020 Plan of correction implementation status as of \_\_\_\_\_  
(Date) (Date)

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

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation


There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident Bedroom 154.

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.)

- 1. In accordance with regulation 2600.91, PC administrator had nurse manager place a 911 sticker on phone in bedroom 154 as soon as surveyor noticed it was missing.
- 2. On 2/17/2020-Audit was done on all rooms for 911 stickers. If 911 stickers were missing, staff immediately adhered a 911 sticker on phone or by phone area. (Attachment 4)
- 3. Audit for presence of 911 stickers to be completed monthly for 3 consecutive months and verified by Nurse Managers.
- 4. Educate staff on importance of adherence of regulation 2600.91. (Attachment 5)

Legal Entity Representative

Signature 

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(Date)

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(Initials)

- Implemented
- Not Implemented

103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2/13/2020 at 11:00 A the temperature in the refrigerator on Stonebridge was 50 degrees Fahrenheit and at 11:15 A.M. it was 50 degrees Fahrenheit.


On 2/13/2020 at 11:10 A the temperature in the refrigerator on Inspiring was 57 degrees Fahrenheit and at 11:20 A.M. it was 59 degrees Fahrenheit.

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.)

- 1. In accordance with regulation 2600.103.f, refrigerator on Stonebridge temperature was adjusted and temperature registered 38 degrees. Refrigerator in Inspiring was adjusted but still was recording high temperature. Food/supplies in that refrigerator were thrown out and refrigerator noted out of service.
- 2. Dietary Manager called refrigeration company to inspect refrigerator in Inspiring and Stonebridge.
- 3. Refrigerator on Inspiring needed service to replace capillary tube and filter drier. Refrigerator on Stonebridge just needed temperature adjustment. (Attachement 6)
- 4. Dietary Director in-serviced dietary homemakers on regulation 2600.103f (Attachemnt 7). Temperatures are to be done daily and to report to Manager if temperature not in compliance. (Attachement 8)

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(Initials)

106 - Swimming Areas

Regulations

2600.

106. Swimming Areas - If a home operates a swimming area, the following requirements apply:

- 1. Swimming areas shall be operated in accordance with applicable laws and regulations.
- 2. Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

Description of Violation

On 2/12/2020 at 12:00 P.M. the pool area was unlocked and unattended. The lifeguard on duty had gone to lunch. There were people present in the pool. The home's policy is that a lifeguard will be present at all times during the open swim hours.

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.)

- 1. As per regulation 2600.16, life guard to monitor pool area at all times. At time of suryer inspection of pool area, life guard was was not present (getting lunch), leaving pool area unattended. When PCA was with surveyor and incident was noticed, PCA, went into gym area and had one of the Becoming Center staff to monitor pool area till life guard came back.
- 2. Pool Policy undated to state that otherBecoming Center staff will cover life guard when on or need break. Policy also was noted that when pool is not in use it will be locked. (Attachment 9)
- 3. Becoming staff in-services on importance of regualtion of 2600.16by Becoming Center Director. Becoming Center Director to schedule staff coverage when life guard is on break. (Attachment 10)

Legal Entity Representative

Signature Henry Ebner

Henry Ebner Personal Care Administrator  
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182c - Medication Administration

Regulations

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On 2/13/2020 at 6:00 A.M. Resident # 1's Tamulosin 0.4 mg capsule and Carbidopa-Levo 25-100 mg tablet were left in a pill cup on the Resident's lamp stand located next to the Resident's recliner. Resident # 1 did not find them until 10:00 A.M. Staff Person A stated through an interview that Staff Person left them for when the Resident wakes up. Staff Person stated this is the regular routine if Resident does not wake up to take am medication.

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.)

- 1. In accordance with regulation 2600.182.c, Resident took medication.
- 2. PCA spoke to staff member (A) after surveyor spoke with both resident and staff member (A). PCA reviewed policy with staff member (A) on proper medications administration.
- 3. Staff member (A) was counseled and corrective action was given. (Attachment 11)
- 4. All medications administrators were in-serviced on medication administration policy in accordance with regulation 2600.182.c. (Attachment 12)

Legal Entity Representative

Signature 

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2/26/20  
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183b - Meds and Syringes Locked

Regulations

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident # 2, was prescribed Eucerin Original Lotion to be applied bilaterally to the upper and lower extremities. This resident does not have an order to keep this medication at bedside. On 2/13/2020 during the medication audit at 10:50 A.M. this medication was kept in the Resident's room at bedside.

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.)

- 1. In accordance with regulation 2600.183.b, Eucerin cream was taken out of room. On 2/14/2020, order obtained for resident to have cream at bedside. (Attachment 13)
- 2. Audit was completed on residents with lotions and ones that did have it in their room, order was obtained to allow resident to have in room. (Attachment 14)
- 3. Staff in-serviced on regulation 2600.183.b. Nurses to ask MD when ordering creams or lotions, if resident can have order to keep at bedside. (Attachment 12)
- 4. Monthly audit of rooms for lotions/creams in rooms have orders monthly times 3 months. PCA to run report and give to charge nurse to complete. Charge Nurse to obtain order for may keep at bedside from physician.

Legal Entity Representative

Signature \_\_\_\_\_ Henry Ebner Personal Care Administrator  
 Printed Name and Title \_\_\_\_\_ 2/26/20  
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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

Resident # 2 is acetaminophen 325mg give 2 tablets every 4 hours as needed for a temperature greater than 100.4 degrees Fahrenheit or mild pain . On 2/13/2020 at 10:45 A.M. these medications were not available in the home.

Resident # 3 is prescribed milk of magnesia suspension 400mg/5 ml give 30 ml as needed. On 2/13/2020 at 10:30 A.M. the medication was not available in the home.

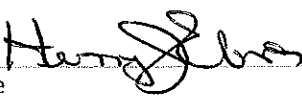
Resident # 4 is prescribed Dulcolax 10 mg suppository insert 1 rectally as needed. On 2/13/2020 at 11:15 A.M. the medication was not available in the home.

Plan of Correction (POC)

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- 1. In accordance with regulation 2600.185.a, as needed medications were ordered and replaced in cart from pharmacy by nurse manager.
- 2. Cart audit completed by nurses and any as needed medications that were missing were ordered through pharmacy. (Attachement 15)
- 3. PCA in-inserviced staff on regulation 2600.185a. (Attachement 12)
- 4. Artman PC Charge Nurses to have access to EMMA System(dispensing machine-only to be accessed by nurse) and house stock for each household. Policy attached. (Attachement 16)
- 4. Cart audit to be completed monthly times 3 months.

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187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation


On 2/13/2020 at 6:00 A.M. , Resident # 1 was given tamulosin 0.4mg capsule and carbidopa-levo 25-100mg capsule in a cup on the lamp stand next to Resident # 1's recliner. Staff person A did not administer the medication but signed the medication administration record on 2/13/2020.

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.)

- 1. In accordance with regulation 2600.187.b, Staff memeber A was in-serviced by PCA on the proper medication administration process.
- 2. Staff member A was counseled and coorrective action given. (Attachment 11)
- 3. All medications administrators in-serviced on the medication administration policy in accordance with regulation 2600.187.b. (Attachment (12)

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