Department of Human Services
Bureau of Human Service Licensing

June 4, 2021

[redacted]
ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.
998 LOGAN BOULEVARD
ALTOONA, PA 16602

RE: SCHREFFLER MANOR
200 RACHEL DRIVE
PLEASANT GAP, PA, 16823
LICENSE/COC#: 25634

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY

Facility Information

Name: *SCHREFFLER MANOR* **License #:** *25634* **License Expiration Date:** *05/10/2021*
Address: *200 RACHEL DRIVE, PLEASANT GAP, PA 16823*
County: *CENTRE* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** *8143592782* **Email:** [redacted]

Legal Entity

Name: *ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.*
Address: *998 LOGAN BOULEVARD, ALTOONA, PA, 16602*
Phone: *8143592782* **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *06/09/1994* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *35* **Waking Staff:** *26*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *03/16/2021*

Inspection Dates and Department Representative

03/16/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55* **Residents Served:** *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *34*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*
Have Mobility Need: *0* **Have Physical Disability:** *0*

Inspections / Reviews

03/16/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/22/2021*

5/4/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/11/2021*

6/4/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home did not have the License Inspection Summary report dated 03/14/2019 posted in the home.

Plan of Correction **Accept**

On 3/16/21, the day of the licensing survey inspection, the home had already had in place, a copy of the licensing summary inspection report from 4/8/2020. This was posted in the common area/ lobby, of the home.

The home was compliant with this regulatory requirement on the same day of the this annual inspection and immediately re-posted the 2019 DHS Licensing Inspection Summary Report. The 2019 report was displayed directly beside the 2020 DHS Licensing Inspection Summary from 4/8/20.

Completion Date: *03/16/2021*

Update - 05/04/2021

Immediately and Ongoing:
The administrator will ensure that the current license and a copy of all violation reports where full compliance has not been verified are posted in a conspicuous and public place within the home. Copies of the violation reports and plans of correction will also be available for review upon request of the residents or their designated persons. The Administrator shall monitor monthly X's 4 months to ensure ongoing compliance. 5-4-2021 - MM

Document Submission **Implemented**

see photo attached of the posted licensing summary/ violation reports for the home.

[redacted]

[redacted]

Plan of Correction **Accept**

[redacted]

VIOLATION W/D 6-4-2021 - MM

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person A did not have training in the following required training topic for 2019: Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

65f - Training Topics *(continued)*

Plan of Correction **Accept**

Staff person A was found to have no record of completing the required training in 2019, as outlined in regulation 2600.65f.

Staff person A was re-educated on all the required topics listed in regulation 2600.65f, on 4/3/2021.

Effective immediately, a checklist will be utilized by the home's administrative secretary, that outlines all annual training requirements for all team members and for the required training topics specific to each job title.

All staff members NOT in attendance during the annual training review meeting, that is conducted by the home's administrator, will be noted on the checklist. After the training meeting is complete, each department manager will be given names of those absent, to follow up and ensure that copies of the training are provided to the absent team member, reviewed with them and signed by each staff person who was absent during the meeting.

Additionally, effective immediately, all staff meetings will have the option to attend/ participate virtually via Zoom. This added option is intended to increase attendance and participation from staff, going forward.

Completion Date: *04/03/2021*

Update - 05/04/2021

Please send/Attach proof of staff training. 5-4-2021 - MM

Document Submission **Implemented**

Staff person A is a [redacted] and was only working occasionally. Completed annual review on 4.3.21. Since then, they rendered their resignation and are no longer employed at the PCH.

105g - Lint Removal and Duct Cleaning

1. **Requirements**

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The home's dryer located in the laundry room had a layer of lint sitting in the netting above the large lint trap in the industrial sized dryer.

105g - Lint Removal and Duct Cleaning *(continued)*

Plan of Correction **Accept**

Lint was found in the upper area of the lint catcher, upon inspection on 3/16/2021.

Administrator completed a re-education for all staff team members, on the proper protocols of lint removal for all dryers within the home. This review and re-education was started on 3/22/2021 and all staff will have completed this review by 4/30/2021 (some of the seasonal staff are not due to return to work until 4/30/2021).

Administrative staff posted three (3) signs, each one posted above all of the 3 dryers within the home. Sign reads "Staff members are required to clean the lint trap after every use. Must clean top and bottom in commercial dryer". Lint removal sign off sheets posted near each dryer, which staff are to mark off after each use. These will also be audited weekly by the nursing supervisor to ensure all lint traps are free of lint or debris.

The home's safety committee will conduct monthly lint check inspections, to ensure all the above requirements are being met and safety measures are sustained.

Completion Date: *04/30/2021*

Update - 05/04/2021

Please send/Attach proof of staff training. 5-4-2021 -MM

Document Submission **Implemented**

direct care staff supervisor reviewed the regulations and provided a re-education. documentation attached

133.1 - Exit Signs

1. **Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word ''EXIT'' in plain legible letters shall be placed at all exits.

Description of Violation

The home's medical suite has an exit door that did not have an exit sign posted above or near it. The medical suite is accessible from the common area where resident rooms are located and the door leading to the medical suite also did not have a sign indicating that there is an exit leading from the medical suite. The door leading to the medical suite was unlocked and open at the time of the inspection. The room is used by residents and the exit door in the medical suite is used as an exit leading to the parking lot of the home.

Plan of Correction **Accept**

No exit sign was found to be mounted, at the entrance/exit of the medical suite, in the home.

An exit sign was purchased and installed on 4/8/2021, by the home's maintenance staff.

Routine inspections of exit signs, to ensure they are properly illuminated, are performed as part of the home's preventative maintenance schedule of duties. The newly installed exit sign was added to the list of signs to inspect, on 4/12/2021.

Completion Date: *04/08/2021*

Update - 05/04/2021

Please send/Attach (pic) of compliance. 5-4-20201 - MM

133.1 - Exit Signs *(continued)*

Document Submission **Implemented**

exit signs were installed and hung on 4/8/21. photos of the installed signs are attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's documentation of medical evaluation (DME) form dated 01/19/2021 was missing the following information: height, weight, body positioning.
Resident #2's DME dated 01/15/2020 was missing height; Resident #2's DME dated 10/21/20 was missing height and weight.

Plan of Correction **Accept**

Regulation 2600.141a, is important for making sure all residents served in the home, are seen by their PCP prior to the resident moving in, when health changes occur and at least annually, to ensure residents needs can be met by the home at all times they are residing in the home.

The home's nursing supervisor facilitated ensuring the DME was completed by resident #1's PCP, which was completed in full, by 3/23/2021.

Resident #2 DME was also completed by their PCP on 3/23/2021, by measures taken by the home's nursing supervisor.

Effective immediately, the home's nursing supervisor will ensure no blank fields are left on a resident's DME, when the DME is received by the home. Nursing supervisor, or an assigned designee, will also check that all dates are accurate when the DME is received by the home.

Also, In the event blanks are observed when DME's are received, Nursing supervisor will make contact with resident's PCP to obtain permission of the examining physician, to complete the blanks.

Completion Date: *04/30/2021*

Update - 05/04/2021

Please send/Attach proof of Resident #1 and #2's updated DME. 5-4-2021 -MM

141a 1-10 Medical Evaluation Information *(continued)*

Document Submission **Implemented**

Both DME's attached and completed by resident's PCP

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B did not have documentation of current medication technician training or an annual practicum training. Staff person B does perform medication administration as verified by the staff schedule and by administrator interview.

Plan of Correction **Accept**

Regulation 2600.182b is necessary to ensure medication management is provided by skilled and educated individuals who are aware of the proper protocols and procedures of medication administration.

Staff person B was found to be scheduled to perform medication administration duties, but no documentation of the current medication training was available at the time of the survey.

The home's administrator obtained the necessary documentation from the staff person's agency supervisor. This documentation verified that Staff person B had successfully completed the DHS required medication training program in December 2019.

Effective immediately, the home's administrator will ensure copies are made for the home, in addition to providing copies to the student medication administrator. Upon successful completion of the initial medication training, the Annual training dates will be logged into administrator's outlook calendar to ensure timely completion of the ongoing medication training needs of the staff who require these training needs.

Completion Date: *04/06/2021*

Update - 05/04/2021

Please send/Attach proof of staff person B's medication training. 5-4-2021 -MM

Document Submission **Implemented**

training documentation proof for staff person B is attached.

185a - Implement Storage Procedures

1. Requirements

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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident # 3 has an order for blood glucose monitoring twice daily at 6am and 5pm. On the following dates there were blood glucose readings documented on the resident's Medication administration record that were not found in the resident's glucometer verifying that the readings had taken place:
03/7/21: blood glucose reading at 6am documented = 197; reading was not in the resident's glucometer.
03/09/21: blood glucose reading at 6am documented = 160; reading was not in the resident's glucometer.
03/12/20: blood glucose reading at 6am documented = 160; reading was not in the resident's glucometer.
On all 3 above dates, there were no 6am readings found in the resident's glucometer.

Plan of Correction **Accept**

Regulation 2600.185a is important to ensure all medications are on hand and available for the residents, at all times per their prescriber. It is also beneficial for staff to have a standardized policy to follow regarding the proper storage and maintenance of medications prescribed for the residents of the home.

Resident #3 was found to have inconsistent blood glucose readings that were not in alignment with the glucometer and the readings marked in the residents MAR. This information was communicated to the resident's responsible party on 3/17/2021 by the nursing supervisor and all parties concluded that resident #3 would benefit from a newer and different model of glucometer. A replacement glucometer was ordered and received by the home on 3/22/2021. Diabetic education on proper use of the new glucometer was provided to the direct care staff, by the nursing supervisor. All direct care staff who administer medications in the home received this education by 4/7/2021.

Effective immediately, the home's nursing supervisor will perform routine glucometer audits, to ensure they are functioning properly and will re-check the history of readings in the glucometer, to ensure they match what is documented in the resident's MAR. This will be completed at least 3 times per month, on random dates during the month. An additional verification will be performed by the nursing supervisor each month while MAR monthly changeover is being reconciled for medication administration.

Completion Date: *04/30/2021*

Update - 05/04/2021

Please send/Attach proof of staff training. 5-4-2021-MM

Document Submission **Implemented**

attached are the the audit forms which outline the home's nursing supervisor audits for both lint traps and glucometer readings.