

Department of Human Services
Bureau of Human Service Licensing

May 3, 2021

██████████ EXECUTIVE DIRECTOR
LUTHERAN COMMUNITY AT TELFORD
12 LUTHERAN HOME DRIVE
TELFORD, PA 18969

RE: LUTHERAN COMMUNITY AT
TELFORD
235 NORTH WASHINGTON STREET
TELFORD, PA, 18969
LICENSE/COC#: 12672

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2021, 03/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

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: LUTHERAN COMMUNITY AT TELFORD **Licence #:** 12672 **Licence Expiration Date:** 08/02/2021
Address: 235 NORTH WASHINGTON STREET, TELFORD, PA 18969
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2157239819 **Email:** [REDACTED]

Legal Entity

Name: LUTHERAN COMMUNITY AT TELFORD
Address: 12 LUTHERAN HOME DRIVE, TELFORD, PA, 18969
Phone: 2157239819 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 08/06/2012 **Issued By:** Borough of Telford

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 77 **Waking Staff:** 58

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/31/2021

Inspection Dates and Department Representative

03/30/2021 - On-Site: [REDACTED]
03/31/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 60

Secured Dementia Care Unit

In Home: Yes **Area:** Shepards Way **Capacity:** 24 **Resident Served:** 17

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 60
Diagnosed with Mental Illness: 13 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 4

Inspections / Reviews

03/30/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *04/19/2021*

4/15/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/30/2021*

5/3/2021 - Document Submission

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

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/31/21 at 11:25am, the lid to the dumpster located outside the kitchen was open and not in use.

Plan of Correction

Accept

The dietary and maintenance staff will be in-serviced on the importance of the dumpster lids being closed when not in use. This in-servicing will be completed by 4/30/21. The dietary utility person will be responsible for ensuring the dumpster lids in/around the kitchen area are closed when not in use. The dietary utility person will check the dumpster at a minimum of 3 times a day with each service. The dietary chef and dietary manager will be tasked with additional oversight to ensure compliance at periodic intervals. The other facility dumpsters will be monitored for compliance by the maintenance staff and overseen by the maintenance director periodically. Trash is collected on Monday's, Wednesday's and Friday's by an independent contractor.

Completion Date: 04/30/2021

Document Submission

Implemented

In-service conducted (see attached documentation)

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 3/31/21 at 9:30am, There was a Smuckers caramel syrup dated use by 2/27/21 and container labelled Beef dated use by 3/30/21 in the PC 2 Kitchen fridge on the 2nd floor.

Plan of Correction

Accept

The dietary staff servers will be in-serviced on the importance of checking the refrigerators and freezers for "use by" dates and discarding items that are past the date in addition to alerting the dietary manager of items nearing the "use by" date. The dietary server that is scheduled 11a-7p is responsible to check the fridge, freezer and stock at the end of their shift and discard whatever items have a "use by" date of the current date. This check will take place nightly and will be overseen with periodic checks from the dietary PC manager. This system will ensure outdated food is discarded and continued compliance with this regulation.

Completion Date: 04/30/2021

Document Submission

Implemented

In-service conducted (see attached documentation)

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

162c - Menus Posted (continued)

Description of Violation

On 3/30/21 at 11:30am the weekly menu was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept

On 4/9/2021, the weekend dietary managers were in-serviced on the importance of making sure the weekly menus stating the specific food being served at each meal will be posted 1 week in advance in a conspicuous and public place and this menu will be followed (see attached documentation). The weekend manager on the schedule for Sundays will change the menus located in Shepherds Way and PC1 outside of the activity room to reflect the current and following week. This task will be overseen and checked at periodic intervals by the dietary PC manager to ensure continued compliance. In addition to the posted menus, a copy of the weekly menu is distributed to each resident in their room on Fridays for the upcoming week.

Completion Date: 04/10/2021

Document Submission

Implemented

n-service conducted (see attached documentation)

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self-administers medications and stores medications in [redacted] room. On 3/31/21 at 10:00am, there were several unlocked, unattended medications in resident #1's bedroom.

Plan of Correction

Accept

The resident who self-administers medications was reminded and re-educated on 4/14/21 by the Resident Care Coordinator, [redacted] on the importance of ensuring his medications are locked in a safe and secure location for his safety, the safety of other residents, staff, outside agencies and family. The resident expressed understanding and demonstrated the ability to lock and unlock the door to the apartment independently. The resident also demonstrated his ability to continue to self-medicate and keep his medications safe and secure.

Completion Date: 04/21/2021

Document Submission

Implemented

Resident Care Coordinator reminded and re-educated the resident on the importance of keeping his door locked. Resident demonstrated ability to lock/unlock door independently. Documentation of this re-education is located in the resident's electronic record.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.

187a - Medication Record (continued)

- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Risperidone .25mg, Acetaminophen 500mg, amiodarone tab 200mg, diltiazem cap 90mg, furosemide tab 40mg, Pot CL Micro tab 20meq, tramadol tab 50mg. Resident #2's medications come in packets for each day and time. Resident #2 was not administered these medications in the morning of 3/24/21. However, it was documented that these medications were administered.

Plan of Correction

Accept

This information was self reported and the staff member responsible for the error in documentation was counseled at the time that the error was found and reported. All staff members responsible for medication administration will be in-serviced on the 5 rights of medication administration including the importance of maintaining an accurate medication record for the resident.

Completion Date: 04/30/2021

Document Submission

Implemented

In-service conducted (see attached documentation)

187d - Follow Prescriber's Orders

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Repeat Violation

Resident #2 is prescribed Risperidone .25mg, Acetaminophen 500mg, amiodarone tab 200mg, diltiazem cap 90mg, furosemide tab 40mg, Pot CL Micro tab 20meq, tramadol tab 50mg. Resident #2's medications come in packets for each day and time. However, resident #2 was not administered these medications in the morning of 3/24/21.

Plan of Correction

Accept

This information was self reported and the staff member responsible for the error of not administering the resident's medications as prescribed by the prescriber was counseled at the time that the error was found and reported. All staff members responsible for medication administration will be in-serviced on the importance of following the 5 rights of medication administration including following the directions of the prescriber.

Completion Date: 04/30/2021

Document Submission

Implemented

In-service conducted (see attached documentation)

221c - Post Activity Calendar

1. Requirements

221c - Post Activity Calendar (continued)

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 3/30/21 at 11:30am, the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction**Accept**

Activity staff members will be in-serviced about the importance of the monthly activity calendar being posted in a conspicuous and public place in the home. The activity staff member assigned to the particular floor will ensure the monthly calendar is displayed on the bulletin board on the respective floor they are scheduled. The staff member will check this posting daily when writing the daily activities on the white board. The activity director or assistant activity director will check for continued compliance at periodic intervals. At the end of the month each resident receives a copy of the upcoming monthly activity schedule delivered to their apartment. This allows the resident the ability to schedule appointments or outings around the activities they enjoy.

Completion Date: 04/30/2021

Document Submission**Implemented**

In-service conducted (see attached documentation)