

Department of Human Services  
Bureau of Human Service Licensing

May 14, 2021

██████████ ASSOCIATE DIRECTOR, NHA PCHA  
ST JOHN LUTHERAN CARE CENTER  
500 WITTENBERG WAY  
P.O. BOX 928  
MARS, PA 16046

RE: ST. JOHN SPECIALTY CARE CENTER  
500 WITTENBERG WAY, P.O.BOX  
928  
MARS, PA, 16046  
LICENSE/COC#: 44833

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** ST JOHN SPECIALTY CARE CENTER      **Licen e #:** 44833      **Licen e Expiration Date:** 05/25/2021  
**Addr e :** 500 WITTENBERG WAY, P O BOX 928, MARS, PA 16046  
**County:** BUTLER      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7246251571      **Email:** [REDACTED]

**Legal Entity**

**Name:** ST JOHN LUTHERAN CARE CENTER  
**Address:** 500 WITTENBERG WAY, P.O. BOX 928, MARS, PA, 16046  
**Phone:** 7246251571      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 10      **Waking Staff:** 8

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Rea on:** Renewal      **Exit Conference Date:** 04/08/2021

**Inspection Dates and Department Representative**

04/08/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 36      **Residents Served:** 9

**Secured Dementia Care Unit**

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

**Hospice**

**Current Re ident :** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 8  
**Diagnosed with Mental Illness:** 6      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 1      **Have Physical Disability:** 0

## Inspections / Reviews

04/08/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/22/2021*

4/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *04/27/2021*

4/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/12/2021*

5/14/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

At 10:00 am, there was an unlabeled spray bottle which contained approximately 18 oz. of a light yellow liquid present on the housekeeping cart in the cleaning closet.

Plan of Correction

Accept

The bottle of cleaner was removed from the closet and discarded on 4/8/2021. The Environmental Services Department will be in-serviced by 4/30/2021 on the required labeling of containers by the Environmental Department Manager. To ensure compliance, the Environmental Services Supervisor will inspect all housekeeping carts and closets weekly for 4 weeks and then monthly for a year unless further inspections are required due to failure to comply. An inspection line will be added to the monthly Safety Committee Environmental Inspection form that addresses proper chemical storage and identification. The results of these inspections will be discussed monthly in the Safety Committee meetings and at the Quarterly QAPI meetings.

Completion Date: 05/12/2021

Document Submission

Implemented

The Environmental Services department was educated on labeling and storing of chemicals and cleaning supplies. See attached education. The Environmental Services Supervisor has conducted audits on the cleaning carts and closets to ensure compliance. See attached audit.

85a Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

A thick, yellow liquid is present on the back wall and on the shelf of the small refrigerator in the common area.

Plan of Correction

Accept

The refrigerator in the citation was cleaned on 4/08/2021. Staff will be responsible for checking for any spills daily. Staff will be responsible for wiping out the refrigerator whenever spills are noticed and weekly. This process has been added to the daily checklist for staff and a checklist for weekly tasks. The administrator will audit these checklists monthly for 6 months unless further inspections are required due to failure to comply. The administrator will also spot check the refrigerators weekly for 6 months unless further inspections are required due to failure to comply and keep a record of these audits. All audits will be reviewed in the quarterly QAPI meetings.

Completion Date 05/12/2021

Document Submission

Implemented

The staff were educated on cleaning and checking the refrigerators. See attached education. The refrigerator checks were added to the staff daily checklists. See attached. The administrator audited the cleanliness of the refrigerators and will continue to do so per the POC. The administrator also audited the staff checklists and will continue to do so per the POC. See attached audits.

## 86b - Bathroom

**1. Requirements**

2600.

- 86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

**Description of Violation**

*The fans in the following bathrooms are inoperable, and there are no windows in either bathroom:*

- *the staff restroom across from the nurse's station*
- *the common shower room*

**Plan of Correction****Accept**

*The Maintenance Department (and contractors as may be required) will inspect and provide service as necessary to the existing ductwork and rooftop exhauster to ensure that adequate ventilation is provided to the restrooms and shower rooms on the unit no later than 5/12/2021. Inspections of the restroom fans will be conducted monthly for a year unless further inspections are required due to failure to comply. The results of these inspections will be presented at the Quarterly QAPI meetings.*

**Completion Date:** 05/12/2021

**Document Submission****Implemented**

*The Maintenance department corrected the issue with the bathroom fans. See attached documentation. The Maintenance department will inspect the fans monthly per the POC.*

## 103e - Left Overs

**1. Requirements**

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*At 9:47 am, a jelly donut, a slice of cherry pie and a cup of vanilla pudding were undated and stored in the small refrigerator located in the common area.*

**Plan of Correction****Accept**

*The refrigerator in the citation was cleaned on 4/08/2021 and all unlabeled and undated food was thrown away. Residents were educated at the Resident Council Meeting on 4/8/2021 that all foods stored in any facility refrigerator must be dated and labeled with their names. All foods left in the refrigerator will be disposed of on the 3rd day. Staff will be responsible for checking the refrigerators for food outside of the 2 day window and throwing them away. This process has been added to the daily checklist for staff and a checklist for weekly tasks. The administrator will audit these checklists monthly for 6 months unless further inspections are required due to failure to comply. The administrator will also spot check the refrigerators weekly for 6 months unless further inspections are required due to failure to comply and keep a record of these audits. All audits will be reviewed in the quarterly QAPI meetings.*

**Completion Date:** 05/12/2021

103e - Left Overs (*continued*)**Document Submission****Implemented**

*The staff were educated on cleaning and checking the refrigerators. See attached education. The refrigerator checks were added to the staff daily checklists. See attached. The administrator audited the cleanliness of the refrigerators and will continue to do so per the POC. The administrator also audited the staff checklists and will continue to do so per the POC. See attached audits.*

## 103f Refrigerator/Freezer Temps

**1. Requirements**

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**

*At 9:47 am, no thermometer was present in the small refrigerator located in the common area.*

**Plan of Correction****Accept**

*A thermometer was placed in the refrigerator on 4/8/2021. Staff will be responsible for checking refrigerator temperatures daily and tracking the temperatures on a spreadsheet. Staff will be educated by 4/23/2021 on this process. Any temperature above 40 degrees will be reported to maintenance for inspection. The administrator will audit these records monthly for a year unless further audits are needed due to failure to comply. All audits will be reported on in the quarterly QAPI meetings.*

**Completion Date:** 05/12/2021

**Document Submission****Implemented**

*The staff were educated on cleaning and checking the refrigerators. See attached education. The temperature checks were added to the staff daily checklists. See attached. The administrator audited the temperatures of the refrigerators and will continue to do so per the POC. The administrator also audited the temperature checklists and will continue to do so per the POC. See attached audits.*

## 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.

**Description of Violation**

*The only menu posted in the home is dated April 5-11.*

162c - Menus Posted (*continued*)**Plan of Correction****Accept**

*Menus for two weeks have been posted in the resident lounge area. Each Sunday, the following week's menu will be posted so that there are always 2 weeks of menus posted. The administrator will perform an audit of these menus weekly for 6 months unless further audits are required due to failure to comply. The results of these audits will be presented in the Quarterly QAPI meetings.*

**Completion Date:** 05/12/2021

**Document Submission****Implemented**

*The administrator audited the menus weekly and will continue to do so per the POC. See attached audits.*

## 171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

*The first aid kit in the van used to transport residents does not include eye coverings or a breathing shield.*

**Plan of Correction****Accept**

*Goggles and a breathing shield have been added to the First Aid Kit on the transport van. These items will be added to the physical inventory sheet for the transport van and will be placed in the bus as part of the vehicle's log. The driver will be assigned the task of performing a monthly First Aid Kit inspection, with the physical inventory being reconciled against the inventory requirements. Any missing items shall be ordered for immediate replacement. The results of these inspections will be reviewed at the Quarterly QAPI meetings.*

**Completion Date:** 05/12/2021

**Document Submission****Implemented**

*The missing items have been added to the checklist for the van driver. See attached checklist. These audits will continue per the POC. See attached checklist and items ordered.*

## 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:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.

## 187a - Medication Record (continued)

**Description of Violation**

Resident #3 is prescribed [REDACTED]; however, the resident's [REDACTED] medication administration record (MAR) does not indicate that the [REDACTED]

Resident #3 is prescribed [REDACTED]; however, the resident's [REDACTED] MAR does not indicate the dosage.

Resident #3 is prescribed [REDACTED]; however, the resident's [REDACTED] MAR does not indicate the route of administration.

**Plan of Correction****Accept**

The pharmacy has been consulted to ensure that these records match on the MAR and on the medications being given. The MARs for these residents have been updated to be in compliance. All resident records have been audited to ensure that they are in compliance. The MARs for all residents will be audited monthly for 6 months and then every other month for 6 months to ensure compliance. The results of these audits will be presented at the Quarterly QAPI meetings.

Completion Date: 05/12/2021

**Document Submission****Implemented**

The administrator audited the resident records and will continue to do so per the POC. See attached audit.

## 224a - Preadmission Screen Form

**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #2's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home. This section of the form is blank.

**Plan of Correction****Accept**

All pre-admission screening forms have been audited to ensure compliance. Going forward, all pre-admission screening forms will be checked by two staff at the facility to ensure all appropriate boxes are checked and all information is filled out accurately. These audits will be done for 1 year unless further audits are required due to failure to comply. The results of these audits will be presented at the Quarterly QAPI meetings.

Completion Date: 05/12/2021

**Document Submission****Implemented**

The pre-admission forms for new admits were audited and will continue to be audited per the POC. See attached audit.

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident #3 receives [REDACTED] services [REDACTED] for [REDACTED], uses a [REDACTED] and has a physician order for [REDACTED] as needed; however, these services are not indicated in the resident's most recent support plan, dated 1/15/21.

**Plan of Correction****Accept**

The RASP for this resident has been updated to include [REDACTED] services received and the use of [REDACTED]. Staff have been educated on updating RASPs as care needs change. Changes in condition or decline are brought up in our morning meeting and the administrator will ensure that these changes are documented on the RASPs as needed. An audit of the RASPs will be done monthly for 6 months and then quarterly for 6 more months unless further audits are required due to failure to comply. The results of these audits will be presented in the Quarterly QAPI meetings.

Completion Date: 05/12/2021

**Document Submission****Implemented**

All residents were reviewed for changes and an audit was completed. See attached. The audits will continue per the POC.

## 252 - Record Content

**1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.

**Description of Violation**

No inventory of resident property are present in the records for residents #1 and #2.

**Plan of Correction****Accept**

The residents for whom an inventory are missing have had inventories completed and placed in their records. The resident records have been audited to ensure that all residents have an inventory. The administrator will audit the resident records for an inventory monthly for 6 months and then every other month for 6 months unless further audits are required due to failure to comply. The results of these audits will be presented in the Quarterly QAPI meetings.

Completion Date: 05/12/2021

**Document Submission****Implemented**

The administrator updated the checklist, all residents had inventories in place.. The audits will continue per POC. See attached checklist.