

Department of Human Services  
Bureau of Human Service Licensing

August 4, 2021

[REDACTED] ADMIN  
PASSAVANT RETIREMENT AND HEALTH CENTER  
105 BURGESS DRIVE  
ZELIENOPLE, PA 16063

RE: LUTHERAN SENIOR LIFE PASSAVANT  
COMMUNITY  
103 BURGESS DRIVE  
ZELIENOPLE, PA, 16063  
LICENSE/COC#: 44612

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/08/2021, 07/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Janine Wenzig

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

August 2, 2021

[REDACTED] ADMIN  
PASSAVANT RETIREMENT AND HEALTH CENTER  
105 BURGESS DRIVE  
ZELIENOPLE, PA 16063

RE: LUTHERAN SENIOR LIFE PASSAVANT  
COMMUNITY  
103 BURGESS DRIVE  
ZELIENOPLE, PA, 16063  
LICENSE/COC#: 44612

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/08/2021, 07/09/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

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,  
Janine Wenzig

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:** LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY      **Licen e #:** 44612      **Licen e Expiration Date:** 10/28/2021  
**Addr e :** 103 BURGESS DRIVE, ZELIENOPLE, PA 16063  
**County:** BUTLER      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** 7244525400      **Email:** [REDACTED]

**Legal Entity**

**Name:** PASSAVANT RETIREMENT AND HEALTH CENTER  
**Address:** 105 BURGESS DRIVE, ZELIENOPLE, PA, 16063  
**Phone:** 7244525400      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 10/12/2014      **Issued By:** Zelienople

**Staffing Hours**

**Re ident Support Staff:** 0      **Total Daily Staff:** 46      **Waking Staff:** 35

**Inspection**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 07/09/2021

**Inspection Dates and Department Representative**

07/08/2021 - On-Site: [REDACTED]  
07/09/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 68      **Residents Served:** 30

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Shenandoah      **Capacity:** 32      **Residents Served:** 16

**Hospice**

**Current Re ident :** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 30  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 16      **Have Physical Disability:** 0

## Inspections / Reviews

07/08/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *08/02/2021*

8/2/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/04/2021*

8/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 Repeat Violation

On 7/8/2021, at approximately 1:20 p.m., the temperature measured 11 degrees Fahrenheit in the walk-in freezer in the main kitchen.

Repeat Violation - 7/23/2019

Plan of Correction

Accept

On July 6, 2021 walk-in-freezer temperatures began to rise above 0 degrees. (See attachment A). Immediate action was taken - as much frozen food as possible was moved to other freezers on campus. Parts were ordered to repair the walk-in-freezer.

On July 8, 2021 [REDACTED] made repairs to the walk-in-freezer. (See attachment B)

On July 9 - all remaining food in the walk-in-freezer was discarded. A freezer truck was delivered and any new food deliveries were stored in the truck. Temperatures of the truck were monitored (see Attachment A)

On July 12th food in freezer truck was moved back into the walk-in-freezer and temperatures monitored. (See attachment A)

On July 17th an emergency call to maintenance was made when walk-in-freezer temperatures were noted to be out of range. All frozen food was moved to other freezers on campus. Freon was added to freezer. All frozen food was moved back in later in the day when freezer temperature was at -20 degrees (see Attachment A). Temperatures were monitored. Additional parts were ordered for a planned repair (see Attachment C)

On July 22nd planned repairs took place to the walk-in-freezer. All frozen food was moved to a freezer truck and monitored during the time of the repairs. (See attachment A)

On July 26th all frozen food was transferred back to the walk-in-freezer. Temperatures are monitored three times daily. (See attachment A)

Temperatures will continue to be monitored three times daily per policy. (See attachment A)

Completion Date: 07/26/2021

Document Submission

Implemented

Documentation provided.

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

## 234a - Admission Support Plan (continued)

**Description of Violation**

Resident #1 was admitted to the Secured Dementia Care Unit on [REDACTED] however, the support plan was not developed until [REDACTED]

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

Healthcare Manager did an audit of all RASPs for residents on Secured Dementia Care Unit on July 12, 2021 to ensure all support plans were completed within the required time frame. No other support plans were out of compliance.

Going forward the Healthcare Manager will complete all RASPs the day after the move in to ensure it meets the required completion time frame. Administrator or designee will review RASP to ensure compliance.

Completion Date: 07/12/2021

**Document Submission****Implemented**

All RASPs audited - no others out of date compliance.