

Department of Human Services
Bureau of Human Service Licensing

October 29, 2022

[REDACTED]

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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/28/2022, 03/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *LUTHERAN COMMUNITY AT TELFORD* License #: *12672* License Expiration: *08/02/2022*
Address: *235 NORTH WASHINGTON STREET, TELFORD, PA 18969*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *I-2* Date: *02/03/2012* Issued By: *Telford Borough*
Type: *I-2* Date: *08/06/2012* Issued By: *Telford Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/29/2022*

Inspection Dates and Department Representative

03/28/2022 - On-Site: [REDACTED]
03/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes* Area: *Shepard's Way* Capacity: *26* Residents Served: *21*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *3*

Inspections / Reviews

03/28/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/06/2022*

05/17/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/26/2022*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/20/2022*

06/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/26/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/10/2022*

10/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *10/26/2022*

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry (34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, governed by Department of Labor and Industry). Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate. The boiler certificates provided by the home have an expiration date of 01/16/2022.

POC Submission

Accept

The previous boiler certificate expiration date was 1/16/2022. There was a lapse of inspection on the boiler of 36 days. The inspection paperwork provided noted that the boiler was inspected on 2/22/2022. The certificate from Labor and Industry was not received at the time of inspection. The current boiler inspection certificate has been received and it is attached. Although there is no documentation to show that several phone calls and conversations were had with the Federal Insurance Company, CHUBB Insurance, to schedule the inspection of the boiler the reason for the delay in service was government agencies were lacking personnel to provide the service in a timely manner. To ensure future compliance with this regulation all communication with any federal, state or local government agencies will be done through email to provide time and date stamped documentation of communications.

Licensee's Proposed Overall Completion Date: 05/04/2022

Document Submission

Implemented [redacted] - 10/29/2022)

The previous boiler certificate expiration date was 1/16/2022. There was a lapse of inspection on the boiler of 36 days. The inspection paperwork provided noted that the boiler was inspected on 2/22/2022. The certificate from Labor and Industry was not received at the time of inspection. The current boiler inspection certificate has been received and it is attached. Although there is no documentation to show that several phone calls and conversations were had with the Federal Insurance Company, CHUBB Insurance, to schedule the inspection of the boiler the reason for the delay in service was government agencies were lacking personnel to provide the service in a timely manner. To ensure future compliance with this regulation all communication with any federal, state or local government agencies will be done through email to provide time and date stamped documentation of communications.

Licensee's Proposed Overall Completion Date: 05/04/2022

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted] for resident #1 was not signed by the administrator, an administrator designee or the resident.

POC Submission

Accept

This resident transferred from our [redacted] The POA signed for the resident and the administrator/designee signature was not present on the contract. On 3/30/22 the contract was reviewed with the resident and the resident and Administrator signed the contract. To ensure continued compliance with regulation

25b - Contract Signatures (continued)

2600.25.b when an admission or transfer to the PC or secured unit occurs, either the RCC, Admissions coordinator or Administrator reviews the contract with the resident both parties will sign the contract. The RCC or Administrator will do a second check of the contract for completeness prior to filing. The RCC or Administrator will use a checklist as documentation that the contract has been checked for all required signatures.

Licensee's Proposed Overall Completion Date: 03/30/2022

Document Submission

Implemented [REDACTED] - 10/29/2022)

This resident transferred from our PC unit to our secured unit. The POA signed for the resident and the administrator/designee signature was not present on the contract. On 3/30/22 the contract was reviewed with the resident and the resident and Administrator signed the contract. To ensure continued compliance with regulation 2600.25.b when an admission or transfer to the PC or secured unit occurs, either the RCC, Admissions coordinator or Administrator reviews the contract with the resident both parties will sign the contract. The RCC or Administrator will do a second check of the contract for completeness prior to filing. The RCC or Administrator will use a checklist as documentation that the contract has been checked for all required signatures.

Licensee's Proposed Overall Completion Date: 03/30/2022

42s - Privacy**3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home uses video monitoring and recording devices focused on the home's entrances, exits and corridors leading to these entrances and exits. On level 1 of Stair C, an active camera is present but there is no sign indicating that images are being recorded.

POC Submission

Accept

If these stairs do not lead to an exit or entrance and are accessible to resident there should not be and camera recording.

More information is needed. Please provide information on how the home intends to prevent this violation from recurring. Please list names and titles of persons responsible, methods, and timeframes.

After discussion and a better understanding of camera location, all cameras located in the Personal Care unit will have signage placed notating the use of a camera that is either monitoring or recording. The Director of Facilities Development, [REDACTED], or his designee will be responsible for acquiring the signage and the maintenance team will be responsible for hanging the signage at each camera. All signage will be acquired and posted by 7/5/2022.

Licensee's Proposed Overall Completion Date: 07/05/2022

Document Submission

Implemented [REDACTED] 10/29/2022)

If these stairs do not lead to an exit or entrance and are accessible to resident there should not be and camera recording.

More information is needed. Please provide information on how the home intends to prevent this violation from recurring. Please list names and titles of persons responsible, methods, and timeframes.

After discussion and a better understanding of camera location, all cameras located in the Personal Care unit will have signage placed notating the use of a camera that is either monitoring or recording. The Director of Facilities Development, [REDACTED], or his designee will be responsible for acquiring the signage and the maintenance team will be responsible for hanging the signage at each camera. All signage will be acquired and posted by 7/5/2022.

42s - Privacy (continued)

Licensee's Proposed Overall Completion Date: 07/05/2022

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Hand sanitizer and jewelry cleaner, with a manufacture's label indicating "if ingested, seek medical attention or contact a poison control center", were unlocked, unattended, and accessible to residents in an activities cabinet on "Shepards Way" (Secure Dementia Care Unit). Not all the residents of Shepards Way, have been assessed capable of recognizing and using poisons safely.

Toiletry items, with a manufacture's label indicating "if ingested, seek medical attention or contact a poison control center", were unlocked, unattended, and accessible to residents in room 113a on Shepards Way. Not all the residents of Shepards Way, have been assessed capable of recognizing and using poisons safely.

POC Submission

Accept

The activities team and PC team have been reminded of the importance of ensuring all poisonous materials are kept locked and inaccessible to residents that are unable to recognize and use poisons safely. The activities materials containing poisonous materials have been moved to a closet that has an automatic locking device that requires a key code to enter. The PC team have been reeducated on the importance of ensuring that the toiletry items used for AM and PM care remain locked in the resident's locking cabinet. Following the use of products for resident care the toiletry cabinet must be locked prior to leaving the resident room. PC aides have been instructed to check each room to ensure toiletry cabinet is locked and all poisons are inaccessible to residents prior to leaving at the end of their shift. Nurses and RCC will do periodic checks to ensure daily compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/04/2022

Document Submission

Implemented 10/29/2022

The activities team and PC team have been reminded of the importance of ensuring all poisonous materials are kept locked and inaccessible to residents that are unable to recognize and use poisons safely. The activities materials containing poisonous materials have been moved to a closet that has an automatic locking device that requires a key code to enter. The PC team have been reeducated on the importance of ensuring that the toiletry items used for AM and PM care remain locked in the resident's locking cabinet. Following the use of products for resident care the toiletry cabinet must be locked prior to leaving the resident room. PC aides have been instructed to check each room to ensure toiletry cabinet is locked and all poisons are inaccessible to residents prior to leaving at the end of their shift. Nurses and RCC will do periodic checks to ensure daily compliance with this regulation.

Licensee's Proposed Overall Completion Date: 05/04/2022

91 - Telephone Numbers

5. Requirements

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

91 - Telephone Numbers (continued)

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room 113a.

POC Submission

Accept

This violation was corrected at the time of inspection. On 4/13/22 the PC team members checked all other phones on the unit and found no additional missing tags. To ensure future compliance with 2600.91 at Resident Council meeting held on 4/26/22 the residents were reminded of this regulation and importance of this tag on all phones in the building. The PC team members were reminded of the importance of this regulation and by signing the checklist requiring a date and signature on the resident's shower day this includes the inspection of the phone tag and lighting. If a tag is missing from a phone the PC team member is to notify/report the missing tag to the Nurse, RCC, Administrative Assistant or Administrator. The RCC and Administrator will do periodic checks of the facility to ensure all phone throughout the building have emergency number tags.

Licensee's Proposed Overall Completion Date: 04/27/2022

Document Submission

Implemented (█ - 10/29/2022)

This violation was corrected at the time of inspection. On 4/13/22 the PC team members checked all other phones on the unit and found no additional missing tags. To ensure future compliance with 2600.91 at Resident Council meeting held on 4/26/22 the residents were reminded of this regulation and importance of this tag on all phones in the building. The PC team members were reminded of the importance of this regulation and by signing the checklist requiring a date and signature on the resident's shower day this includes the inspection of the phone tag and lighting. If a tag is missing from a phone the PC team member is to notify/report the missing tag to the Nurse, RCC, Administrative Assistant or Administrator. The RCC and Administrator will do periodic checks of the facility to ensure all phone throughout the building have emergency number tags.

Licensee's Proposed Overall Completion Date: 04/27/2022

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #2 did not have access to a source of light that can be turned on/off at bedside because the light bulb had burned out.

POC Submission

Accept

This violation was corrected at the time of inspection. To ensure future compliance with 2600.101.j at the Resident Council meeting held on 4/26/22 the residents were reminded of the importance of proper lighting for safety. The residents were reminded to notify/report to any PC team member any lightbulbs that are out in the hallways, common areas or their own rooms. PC team members were reminded to check for proper lighting and ensure the lightbulbs are working throughout the resident's rooms. There is a checklist that is dated and initialed on shower days showing accountability for checking the lighting. The RCC and Administrator will do periodic checks of the facility to ensure all lightbulbs are in proper working order.

Licensee's Proposed Overall Completion Date: 04/27/2022

Document Submission

Implemented (MJ - 10/29/2022)

This violation was corrected at the time of inspection. To ensure future compliance with 2600.101.j at the Resident Council meeting held on 4/26/22 the residents were reminded of the importance of proper lighting for safety. The

101j7 - Lighting/Operable Lamp (continued)

residents were reminded to notify/report to any PC team member any lightbulbs that are out in the hallways, common areas or their own rooms. PC team members were reminded to check for proper lighting and ensure the lightbulbs are working throughout the resident's rooms. There is a checklist that is dated and initialed on shower days showing accountability for checking the lighting. The RCC and Administrator will do periodic checks of the facility to ensure all lightbulbs are in proper working order.

Licensee's Proposed Overall Completion Date: 04/27/2022