

Department of Human Services
Bureau of Human Service Licensing

December 2, 2022

[REDACTED]
LUTHERAN COMMUNITY AT TELFORD
[REDACTED]
[REDACTED]

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 06/16/2022 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-1* Date: *08/06/2012* Issued By: *Borough of Telford*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *06/16/2022*

Inspection Dates and Department Representative

06/16/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* Residents Served: *80*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *26* Residents Served: *22*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *80*
Diagnosed with Mental Illness: *13* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *4*

Inspections / Reviews

06/16/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/10/2022*

Inspections / Reviews (*continued*)

07/13/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/15/2022

08/05/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/25/2022

12/02/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/02/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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:

9. Administration times.

13. Date and time of medication administration.

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident # 1 is prescribed Carbamazepine 200 mg 1 tablet 4 times daily at 6:00 A.M., 10:00 A.M., 2:00 P.M., and 5:00 P.M. This medication was administered on 6/12/22 at 6:00 A.M.; however, staff did not record this administration on Resident #1's medication administration record.

Resident # 1 was prescribed Aspirin 325 mg 1 tablet once daily, Furosemide 20 mg 1 tablet once daily, Sertraline 50 mg 1 tablet once daily. The home does not have a designated time these medications to be administered. The medication administration record only lists AM as the administration time.

Resident # 1 is prescribed Donepezil 5mg 1 tablet once daily, Lantaprost 0.005% solution instill one eye drop in both eyes daily, Memantine 5mg 1 tablet once daily. The home does not have designated administration times for these medications. The medication administration only has hs listed for the administration time.

Resident # 2 was prescribed Aspirin 81 mg 1 tablet once daily, Lisinopril 5mg 1 tablet once daily, Memantine 28 mg 1 tablet once daily. The home does not have designated administration times for these medications. The medication administration record lists am as the administration time.

Resident # 2 was prescribed Melatonin 5 mg 1 tablet once daily. The home does not have a designated administration time for this medication. The medication administration record lists hs as the administration time.

POC Submission**Accept**

On 6/17/2022 The Nurse that was responsible for administering Resident #1's medication on 6/12/2020 at 6:00 AM was counseled on ensuring all medications that are administered are documented as administered. We reviewed the open hole in Resident #1's electronic MAR and [REDACTED] recalled administering the medication. Education was given on the importance of following the 5 rights of medication administration and the proper procedure for medication administration. We reviewed how to run an administration report to ensure all medications are administered and documented prior to the end of [REDACTED] shift. This nurse has been running this report each scheduled shift and has not had any medication or documentation errors. In an effort to ensure future compliance and a re education to all nurses, a general education on the rights of medication administration will be conducted at our August staff meeting scheduled for 8/15/22. This re education will be done by a Resident Care Coordinator. All nurses will be instructed to run a Medication Administration Audit Report from [REDACTED] prior to the end of their shift for the oncoming nurse to review for completeness. The Resident Care Coordinator for each area will audit the residents MAR for compliance on a bi weekly basis by running a full administration audit report. The bi-weekly audits will be ongoing.

We use an electronic MAR through [REDACTED]. The administration history report can be run to notate the time of administration/documentation of any medication. [REDACTED] understand that this is a separate report from the MAR. A more encompassing evaluation will need to take place in order to determine a suitable time frame to complete the task of either changing all medication times to clock hours or researching a solution to notating the time of

187a - Medication Record (continued)

administration for "AM" or "HS" administration times on the electronic MAR keeping in line with our person centered care approach to ensure we are not infringing on a resident's right to take medications upon waking or prior to sleeping. █ anticipate a decision regarding the MAR revision to meet this regulation to be determined by 8/5/22 and the implementation of the revision to the MAR to be completed by 8/22/22.

Licensee's Proposed Overall Completion Date: 08/22/2022

Document Submission**Implemented (CM - 12/02/2022)**

On 6/17/2022 The Nurse that was responsible for administering Resident #1's medication on 6/12/2020 at 6:00 AM was counseled on ensuring all medications that are administered are documented as administered. We reviewed the open hole in Resident #1's electronic MAR and █ recalled administering the medication. Education was given on the importance of following the 5 rights of medication administration and the proper procedure for medication administration. We reviewed how to run an administration report to ensure all medications are administered and documented prior to the end of █ shift. This nurse has been running this report each scheduled shift and has not had any medication or documentation errors. In an effort to ensure future compliance and a re education to all nurses, a general education on the rights of medication administration will be conducted at our August staff meeting scheduled for 8/15/22. This re education will be done by a Resident Care Coordinator. All nurses will be instructed to run a Medication Administration Audit Report from █ prior to the end of their shift for the oncoming nurse to review for completeness. The Resident Care Coordinator for each area will audit the residents MAR for compliance on a bi weekly basis by running a full administration audit report. The bi-weekly audits will be ongoing.

We use an electronic MAR through █ The administration history report can be run to notate the time of administration/documentation of any medication. █ understand that this is a separate report from the MAR. A more encompassing evaluation will need to take place in order to determine a suitable time frame to complete the task of either changing all medication times to clock hours or researching a solution to notating the time of administration for "AM" or "HS" administration times on the electronic MAR keeping in line with our person centered care approach to ensure we are not infringing on a resident's right to take medications upon waking or prior to sleeping. █ anticipate a decision regarding the MAR revision to meet this regulation to be determined by 8/5/22 and the implementation of the revision to the MAR to be completed by 8/22/22.

See attached documentation of training and implementation of the medication administration audit report from 8/15/22.

The RCC does not stipulate between a paper MAR and an electronic MAR the position that █ stands on with their regulatory team is that the EMAR does show the time of administration of medication on the EMAR. Point █ thinks that since this is our standard administration source visually looking at the EMAR through access in Point Click Care would ensure compliance with this regulation. Lutheran Community at Telford will allow DHS access to the EMAR at the time of the survey to visually see the time of medication administration.

Licensee's Proposed Overall Completion Date: 08/22/2022