

Department of Human Services
Bureau of Human Service Licensing

October 13, 2022

[REDACTED]
ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.
[REDACTED]
[REDACTED]

RE: SCHREFFLER MANOR
200 RACHEL DRIVE
PLEASANT GAP, PA, 16823
LICENSE/COC#: 25634

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/23/2022 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,
Michele Moskalczyk
Human Services Licensing Supervisor

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: *SCHREFFLER MANOR* License #: *25634* License Expiration: *05/10/2023*
Address: *200 RACHEL DRIVE, PLEASANT GAP, PA 16823*
County: *CENTRE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *8143592782* Email: [REDACTED]

Legal Entity

Name: *ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.*
Address: *998 LOGAN BOULEVARD, ALTOONA, PA, 16602*
Phone: *8143592782* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/09/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/06/2022*

Inspection Dates and Department Representative

08/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *55* Residents Served: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

08/23/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2022*

Inspections / Reviews (*continued*)

10/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/06/2022*

10/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/18/2022*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Resident #1 had an unwitnessed fall in resident #1's bedroom. Staff found resident #1 lying face down, blood was noted on the floor and the resident #1's face. Resident #1 was sent to hospital and diagnosed with an intracranial hemorrhage from the fall. Resident #1 had an extensive, fall history of 13 documented falls between 1/3/22 and the final fall on [REDACTED]. Home did not have any safeguards in place to ensure the safety of the resident. [REDACTED] days later, while at the hospital Resident #1 died from the injuries related to the fall.

Plan of Correction

Do Not Accept

The current Administrator for this home started on 3/18/2022. On 3/26/2022 one hour safety checks were implemented for this resident due to the fall risk. On 5/20/22 a request for a Level of Care assessment was requested from Area on Aging for skilled nursing placement. Aging assessed the resident on 5/31/2022 and the determination letter was received by the home on 6/3/22. Several attempts to contact the resident's POA were made by the Administration with no response to messages left. The POA made contact with the Administrator on 6/10/22 explaining [REDACTED] had contacted and applied for care at a local nursing home and was waiting for an opening. On the date of the final fall the resident was observed at 9pm and assisted to [REDACTED] room. At 9:15pm [REDACTED] was found on the floor and emergency services were immediately contacted. Since this time, the home implemented new policies for resident safety checks. Each resident who requires additional safety check will have personalized sheets that document the specific times and locations of the residents. When a change in the resident's status becomes unsafe the home shall have a plan in place and documented on the resident's support plan. When a determination is made for a higher level of care the Administrator is to issue a written 30 day notice immediately.

Completion Date: 09/23/2022

Update: 10/02/2022

- Who is responsible for fixing the problem and what did they do to fix it?
- What action that person will take, and when that action will happen - (date).
- Was there staff training?
- Who will monitor ongoing compliance?

Plan of Correction

Accept

The current Administrator for this home started on 3/18/2022. On 3/26/2022 one hour safety checks were implemented for this resident due to the fall risk. On 5/20/22 a request for a Level of Care assessment was requested from Area on Aging for skilled nursing placement. Aging assessed the resident on 5/31/2022 and the determination letter was received by the home on 6/3/22. Several attempts to contact the resident's POA were made by the Administration with no response to messages left. The POA made contact with the Administrator on 6/10/22 explaining [REDACTED] had contacted and applied for care at a local nursing home and was waiting for an opening. On the date of the final fall the resident was observed at 9pm and assisted to [REDACTED] room. At 9:15pm [REDACTED] was found on the floor and emergency services were immediately contacted. On 6/28/22 the home implemented new policies for resident safety checks and training was provided on 6/28/22. The Resident Care Manager/designee is to be responsible assessing resident's safety and level of care functioning. Each resident who requires additional safety check will have personalized sheets that document the specific times and locations of the residents. The Resident Care Manager will monitor this weekly to ensure compliance. When a change in the resident's status becomes unsafe the home shall have a plan in place and documented on the resident's support plan. When a determination is

42b - Abuse (continued)

made for a higher level of care the Administrator is to issue a written 30 day notice immediately. The Administrator/designee will monitor for continued compliance

Completion Date: 10/06/2022

Update: 10/13/2022

Please send proof of staff training.

142a - Secure Medical Care

1. Requirements

2600.

142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

When Resident #1 was discharged from the hospital, post fall on [REDACTED] Resident #1 had physician orders for Physical Therapy. Resident #1 was certified for therapy services from 1/11/22 to 4/6/22. On 2/17/22, physical therapy notes indicate resident was discharged due to resident requested another physical therapy agency. Home could not provide any documents to verify that resident was in physical therapy with another provider and as ordered by their physician.

Plan of Correction

Do Not Accept

The home has contacted the therapy services for documentation. The home currently requires weekly documentation from all therapy sources for each resident receiving therapy services. Administrator/designee will monitor for continued compliance.

Completion Date: 09/23/2022

Update: 10/02/2022

Who is responsible for fixing the problem and what did they do to fix it?

What action that person will take, and when that action will happen - (date).

Who will monitor ongoing compliance?

Plan of Correction

Accept

The home has contacted the therapy services for documentation. The Resident Care Manager/designee is to be responsible for acquiring weekly documentation from all therapy sources for each resident who receives services. On 8/24/22 the Resident Care Manager contacted all therapy providers to request weekly therapy documentation on residents participating in therapy services. From this date therapy documentation is to be provided to the home by the therapy provided and made part of the resident's chart and plan of care. The Administrator/designee will monitor for continued compliance.

Completion Date: 10/06/2022

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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

On [REDACTED], an addendum to Resident #1's assessment and support plan was completed. The addendum stated that 1 hour checks 24 hours a day would be utilized for Resident #1 due to a significant fall history. Documentation indicates that for the months of March through June hourly checks were complete sporadically or not at all.

Plan of Correction

Do Not Accept

The home implemented new policies for documentation of resident safety checks. Each resident who requires safety check will have personalized sheets that document the specific times and locations of the residents. These records are to become part of the resident's chart. The Administrator/designee will monitor for continued compliance.

Completion Date: 09/23/2022

Update: 10/02/2022

Was staff training provided?

Plan of Correction

Accept

The home implemented new policies for documentation of resident safety checks. Training was provided on 6/28/22. Each resident who requires safety check will have personalized sheets that document the specific times the checks were complete. These records are to become part of the resident's chart. The Administrator/designee will monitor for continued compliance.

Completion Date: 10/06/2022

Update: 10/13/2022

Please send proof of staff training.