

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

February 18, 2023

[REDACTED]
LUTHERAN HOME AT KANE
100 HIGH POINT DRIVE
KANE, PA, 16735

RE: LUTHERAN HOME AT
KANE/RESIDENTIAL CARE CENTER
100 HIGH POINT DRIVE
KANE, PA, 16735
LICENSE/COC#: 42645

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2022, 09/28/2022 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

Facility Information

Name: LUTHERAN HOME AT KANE/RESIDENTIAL CARE CENTER **License #:** 42645 **License Expiration:** 11/10/2023
Address: 100 HIGH POINT DRIVE, KANE, PA 16735
County: MCKEAN **Region:** WESTERN

Administrator

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

Legal Entity

Name: LUTHERAN HOME AT KANE
Address: 100 HIGH POINT DRIVE, KANE, PA, 16735
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 11/10/2010 **Issued By:** Kane Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 21 **Waking Staff:** 16

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 09/28/2022

Inspection Dates and Department Representative

09/27/2022 On Site [REDACTED]
09/28/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 33 **Residents Served:** 21

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 20
Diagnosed with Mental Illness: 11 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

09/27/2022 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/28/2022

Inspections / Reviews (*continued*)

12/16/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/09/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/23/2022

02/04/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/09/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 02/11/2023

02/18/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 02/09/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired on [REDACTED] 20, did not complete orientation in any topics required in 2600.65(a)(1-7) until [REDACTED]/20.

Plan of Correction

Accepted [REDACTED] - 02/04/2023)

The employee in question was an ancillary employee employed by and working at [REDACTED]. On [REDACTED]/2022 both PCHA began collecting all documents that PCHA or designee provides to all new employees specific to PCHA hiring to educate them in order to maintain 2600 regulatory compliance upon hire. HR Director, Assistant or Designee are responsible for orienting new hires to facility procedures and policies for the entire facility and direct department supervisors add orientation and educations specific to their department and job descriptions hired for. Upon hiring as of 10/28/2022 all new staff regardless of their department, are now spoken to, given education and handouts by HR Director, Assistant or Designee that includes education to maintain 2600 compliance such as the use of telephones, notification of emergency services, evacuation procedure, duties and responsibilities of staff during fire drills, emergency evacuation, transportation, designated meeting place, smoking policy, location and use of fire extinguishers, smoke detectors, emergency medical procedure, information on mandatory reporting of abuse and neglect under Older Adult Protective Service Act and the reporting phone number, and a listing of what is considered other reportable incidents and conditions. All Staff have always received a copy of the facility floor plan which included the location of pull stations and fire extinguishers but as of 10/24/22 was updated by the PCHA to also include the location of smoke detectors and is still contained in the new hire materials. After all the above mentioned information and education is presented and reviewed with the HR Director, Assistant or Designee meeting with them every new employee must sign an acknowledgment that they have received the employee handbook and education prior to their hire and first day on the job. All new hired employees facility wide have always signed an acknowledgment however the additional list of information and educations provided to the HR department by the PCHA on 10/28/22 to include for all during the hiring process is contained on the document being signed as well. The first employee hired following the updates in the hiring process and education met with the HR assistant on 1/22/22 and signed acknowledgement with physical first day of employment of 11/28/22. The Human Resource department has a checklist that they use as a monitoring tool to assure that everything necessary for the hiring process is complete, this tool does not change and continues to be done with every individual regardless of department or job title.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] 02/18/2023)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 - 2. Emergency medical plan.
 - 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
 - 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, hired on [REDACTED] 20, did not complete orientation in the home's emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Service Act, or reporting of reportable incidents and conditions until [REDACTED]/20.

Plan of Correction

Accept [REDACTED] - 02/04/2023)

The employee in question was an ancillary employee employed by and working at the LTC facility. On 10/3/2022 both PCHA began collecting all documents that PCHA or designee provides to all new employees specific to PCH hiring to educate them in order to maintain 2600 regulatory compliance upon hire. HR Director, Assistant or Designee are responsible for orienting new hires to facility procedures and policies for the entire facility and direct department supervisors add orientation and educations specific to their department and job descriptions hired for. Upon hiring as of 10/28/2022 all new staff regardless of their department, are now spoken to, given education and handouts by HR Director, Assistant or Designee that includes education to maintain 2600 compliance such as the use of telephones, notification of emergency services, evacuation procedure, duties and responsibilities of staff during fire drills, emergency evacuation, transportation, designated meeting place, smoking policy, location and use of fire extinguishers, smoke detectors, emergency medical procedure, information on mandatory reporting of abuse and neglect under Older Adult Protective Service Act and the reporting phone number, and a listing of what is considered other reportable incidents and conditions. All Staff have always received a copy of the facility floor plan which included the location of pull stations and fire extinguishers but as of 10/24/22 was updated by the PCHA to also include the location of smoke detectors and is still contained in the new hire materials. After all the above mentioned information and education is presented and reviewed with the HR Director, Assistant or Designee meeting with them every new employee must sign an acknowledgment that they have received the employee handbook and education prior to their hire and first day on the job. All new hired employees facility wide have always signed an acknowledgment however the additional list of information and educations provided to the HR department by the PCHA on 10/28/22 to include for all during the hiring process is contained on the document being signed as well. The first employee hired following the updates in the hiring process and education met with the HR assistant on 11/22/22 and signed acknowledgement with physical first day of employment of 11/28/22. The Human Resource department has a checklist that they use as a monitoring tool to assure that everything necessary for the hiring process is complete, this tool does not change and continues to be done with every individual regardless of department or job title.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] - 02/18/2023)

66a - Staff Training Plan

3. Requirements

2600.

- 66.a. A staff training plan shall be developed annually.

Description of Violation

On 9/27/22, the home did not have an annual staff training plan for training year 8/1/22 to 7/31/23.

66a - Staff Training Plan (continued)

Plan of Correction

Accept [REDACTED] 02/04/2023)

PCHA planned and updated annual training plan for 2022/2023 training year. Training plan was updated 10/26/22. PCHA aide set a reminder in the outlook calendar on 10/26/22 reminder is set for 7/3/23.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] 02/18/2023)

81b - Resident Personal Equipment

4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 9/27/22, the buckles securing the pouch that covers the enabler bar attached to resident #1's bed were not secure, exposing an area approximately 8" high between the mattress and top rail support and approximately 10" wide between the two side rail supports, posing a potential entrapment hazard.

Plan of Correction

Accept [REDACTED] - 02/04/2023)

Enabler cover was immediately secured properly upon discovery by PCHA on 9/27/22. PCHA provided education with affected resident on 9/28/22. Resident council meeting held on 9/29/22 PCHA reminded all residents in attendance of the purpose of the safety device and enabler covers. During admission process resident signed and was educated on risks and benefits of an enabler as well as the use of and purpose of enabler cover and signed acknowledgement on 3/31/22. PCHA provided reeducation on 10/21/22 and resident signed another acknowledgement on 10/21/22. Residential aids, starting 10/24/22, will monitor and sign two times daily on the QMAR (morning and evening) for all bed enablers within the facility to assure that the covers are in place, intact, buckled and in good repair. Both PCHA educated the residential aids related the September 2022 inspection and violations, education provided 1:1 and in small group beginning 10/26/22 as the residential aids were scheduled to work. Resident aids on duty to take immediate corrective action if non-compliance is discovered, correct the cover, provide education to resident and document in the QMAR starting 10/24/22. Discussion and education will be ongoing by the PCHA or designee to discuss importance of complying with correct position of cover during monthly resident council meetings.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] 02/18/2023)

85d Trash Receptacles

5. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/27/22 at 11:15a.m., there were 10" holes in the center of the lids covering two 1/4 full 55 gallon trash cans in the main kitchen.

Plan of Correction

Accept [REDACTED] 02/04/2023)

On 9/27/22 maintenance supervisor constructed a lid that fits over the hole in the trash receptacle. Lid can easily

85d - Trash Receptacles (continued)

be lifted off when in use and are utilized when cans are not in active use. Dishwasher or designee to monitor for one month starting 12/21/22. Dishwasher or designee to document 2 times daily for 30 days that receptacle lid is in place when trash can is not being utilized and that lid is returned to receptacle after use. After 30 days PCHA or designee to monitor weekly for 3 months PCHA to add reminder to calendar to check for lid utilization then monthly for 6 months.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] - 02/18/2023)

103i - Outdated Food**6. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/27/22 at 12:15 p.m., a 5 pound bag of frozen cinnamon buns and a 10 pound bag of cookies were open and undated in the freezer section of the kitchenette refrigerator/freezer.

Plan of Correction

Accept [REDACTED] - 02/04/2023)

The undated food was removed from freezer and disposed of upon discovery on 9/27/22. In addition to the procedure already in place to check for opened or undated foods while documenting temperatures twice daily a separate check with required documentation of findings has been implemented daily in the evening. PCHA or designee to perform weekly checks at different times starting 11/1/22 for 8 weeks thereafter monitor 2 times monthly on going.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] - 02/18/2023)

132b - Safety Inspection/Fire Drill**7. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 9/1/22; however, the previous fire safety inspection and fire drill conducted by a fire safety expert was completed on 8/16/21.

Plan of Correction

Accept [REDACTED] - 02/04/2023)

On 10/26/2022 PCHA placed a call to the Kane Fire Chief and scheduled a tentative date for 11 months from last drill and added reminders to appointment calendar in June 2023 and July 2023 to assure that plans are made and confirmed to have the fire department at the facility for the annually required drill and inspection before September 1 2023 to maintain regulatory compliance. The reminders are set to repeat each year.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [REDACTED] 02/18/2023)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2’s initial medical evaluation, dated [REDACTED] 22, does not indicate [REDACTED] cognitive functioning. This section of the form is blank.

Plan of Correction

Accept ([REDACTED] 02/04/2023)

Nurse contacted provider’s office on 9/29/2022 and filled in cognitive function on the medical evaluation for resident #2. Beginning 9/29/29 upon completion and return of every medical evaluations two staff members (the nurse and a second staff member, either an RA or one of the PCHA) will review for blanks and initial on the bottom corner of the page that all pertinent information is filled in and no blanks are present.

Licensee’s Proposed Overall Completion Date: 12/22/2022

Implemented ([REDACTED] 02/18/2023)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3’s most recent medical evaluation was completed on [REDACTED] /22; however, [REDACTED] previous medical evaluation was completed on [REDACTED] 21.

Plan of Correction

Accept ([REDACTED] 02/04/2023)

The resident’s PCP cancelled 3 scheduled DME appointments prior to seeing [REDACTED] on [REDACTED] /2022 due to be out of country, out of the state, refusing to do video appointments with patients and eventually retiring. In the event of a provider’s office cancelling a DME appointment, the RA working that day responsible for appointments will accept the first available rescheduled appointment. The home has 2 primary residential aids that track DME dates and scheduling for new admissions, significant changes and yearly updates and it is overseen by both PCHA. The RA that received any cancellation of a medical evaluation appointment will notify the 2 RAs that a DME appointment was changed by leaving a note, a copy of note will also be left for the PCHAs for their information and ability to follow up. If the PCH would ever encounter a situation such as this again with repeated cancellations and risk of 2600 noncompliance the RA will seek approval from the resident and family to be seen by another provider asap to

141b1 - Annual Medical Evaluation (continued)

provide a medical evaluation and maintain regulatory compliance as suggested. The existing revolving monitoring tool to track the medical evaluation dates year round did not fail and will not change, our process to deal with provider cancellations will. The RA and PCHA response will be prompt in seeking an alternative provider to evaluate and maintain 2600 compliance.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [redacted] - 02/18/2023)

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #4 is prescribed [redacted] by mouth once daily as needed [redacted]; however, the pharmacy label indicates 1 teaspoon to 1 tablespoon by mouth at bedtime.

Plan of Correction

Accepted [redacted] - 02/04/2023)

Resident had rectal surgery [redacted] and received a temporary order change from the surgeon [redacted] routinely taking milk of magnesia 1 teaspoon to 1 tablespoon daily at bedtime rather than [redacted] current standing order of 30ml daily as needed. With the new order came a new bottle from the pharmacy with a label stating the post-operative instructions. Upon the completion of the post-operative order [redacted]/2022 and return to the original standing order usage [redacted] 2022 and instructions of 30ml daily staff did not put a "note instruction change" sticker on the bottle to acknowledge the difference between the QMAR and the pharmacy label. Both PCHA educated the residential aids related the September 2022 inspection and violations, education was provided 1:1 and in small group beginning 10/26/22 as the residential aids were scheduled to work. Staff was educated and reminded that in receiving all new or changed orders that a comparison must be made between the doctor's order, pharmacy label and the QMAR. All 3 must match. Discrepancies must be immediately addressed and clarification sought. Stickers are to be used when there is a known difference between a medication label and its current directions or dose. This is used to bring attention to and help to prevent potential errors from occurring. Every new order and medication is to be checked in by the residential aid receiving it, all "rights" must be present and correct, the label is to be compared to the QMAR and order prior to medication being put away. If all correct, the RA will initial the order and the next RA working will provide a double check of all the same information and initial on the order also and then file that. If any information is found to be incorrect or inconsistent, the RA is responsible to fix it or to notify whoever is necessary to remedy it whether it be the pharmacy, the medical provider or PCHA/designee for assistance.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented [redacted] 02/18/2023)

187b - Date/Time of Medication Admin.

11. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

[REDACTED]

Description of Violation

Resident #1 is prescribed [REDACTED] - Take 2 tablets by mouth every 8 hours [REDACTED] not to exceed 3gm in 24 hours. However, Resident #1's [REDACTED] medication administration record does not include the initials of the staff person who administered this medication on [REDACTED]/22 at [REDACTED] p.m.

Plan of Correction

Accept [REDACTED] - 02/04/2023)

Both PCHA educated the residential aids related the September 2022 inspection and violations, education was provided 1:1 and in small group beginning 10/26/22 as each of the residential aids were scheduled to work. Education included leaving no blanks in the QMAR as there must always be an entry whether it be an administration, refusal, LOA or any other reason a medication was not given. Something must be in every box. A daily report is being run by PCHA or designee for the next 30 days effective 10/24/2022 for missing documentation. 1:1 follow-up will be done by the PCH with staff member found to have any omitted entries as soon as possible schedule depending for staff members. Reports will then return back to monthly and will be run by the residential aid working evening shift on the last day of the month after completing the last medication administration. If any omissions are present, the report will be turned in to the QMAR administrators to be investigated as to the cause/reason for the omitted documentation. The result of the investigation will be given to the PCHA for 1 1 follow up with staff member responsible for omitted information on next available work shift. Investigation and follow up with staff member should be complete by the 12th of the month.

Lice [REDACTED] [REDACTED]

[REDACTED] [REDACTED]