

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

December 20, 2022

[REDACTED], ADMINISTRATOR
WEAVERLAND MENNONITE HOMES
1307 APPLE STREET
EPHRATA, PA, 17522

RE: LINCOLN CHRISTIAN HOME
1307 APPLE STREET
EPHRATA, PA, 17522
LICENSE/COC#: 32938

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2022, 11/03/2022 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: LINCOLN CHRISTIAN HOME **License #:** 32938 **License Expiration:** 03/13/2023
Address: 1307 APPLE STREET, EPHRATA, PA 17522
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: WEAVERLAND MENNONITE HOMES
Address: 1307 APPLE STREET, EPHRATA, PA, 17522
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 09/06/2014 **Issued By:** The Borough of Ephrata
Type: I-2 **Date:** 07/06/2020 **Issued By:** The Borough of Ephrata
Type: Other **Date:** 07/06/2020 **Issued By:** The Borough of Ephrata

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Waking Staff:** 50

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/03/2022

Inspection Dates and Department Representative

11/02/2022 - On-Site: [REDACTED]
11/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 93 **Residents Served:** 44
Secured Dementia Care Unit
In Home: Yes **Area:** Memory Care **Capacity:** 22 **Residents Served:** 16
Hospice
Current Residents: 4
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 60
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 22 **Have Physical Disability:** 0

Inspections / Reviews

11/02/2022 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/19/2022

11/14/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/21/2022

11/23/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2022

12/19/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c - Locking Poisonous Materials

1. 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

In the Personal Care Unit, the closet located across from resident room #215, was found unlocked, unattended, and accessible to residents. There were five bottles of [REDACTED] and one bottle of [REDACTED] with a manufacture's label indicating "in case of accidental ingestion contact a physician or poison control center right away."

Resident 1's medical evaluation (DME) dated [REDACTED] and [REDACTED] and resident assessment and support plan (RASP) dated [REDACTED] each identify the resident as not being able to safely use or avoid poisons.

Resident 2's DME's dated [REDACTED] and [REDACTED] identify resident as not being able to safely use and avoid poisons.

In the secure dementia care unit (SDCU), the activities closets located near resident room #4, was found unlocked, unattended, and accessible to residents. There were two 12oz bottles of [REDACTED] in the closet with a manufacture's label indicating "if swallowed get medical help or contact a poison control center right away."

Resident 3's DME dated [REDACTED] indicates that the resident is not able to safely use or avoid poisons.

Plan of Correction

Accept ([REDACTED] - 11/15/2022)

The closet in Personal Care located across from resident room #215 was secured by Maintenance Technician installing a lock on doors on 11/02/2022.

[REDACTED] was removed from activities closet in the secure dementia unit (SDCU) on 11/02/2022 by the Administrator and Resident Care Manager.

Activities closet in SDCU does have doorknobs with working locking mechanism. The activities closet in SDCU is now locked at all times beginning 11/07/2022. The Administrator provided Written and Verbal training to staff and volunteers who use the closet on 11/07/2022 for closet to remain locked at all times and then the administrator placed the hand sanitizer back into closet.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented ([REDACTED] - 12/19/2022)

181f - Record of Medication

2. Requirements

2600.

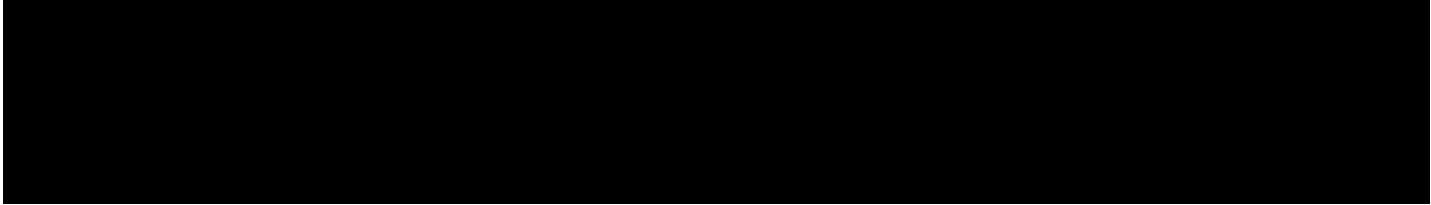
181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On [REDACTED] Resident 4's medication administration record (MAR) was reviewed and included the following

181f - Record of Medication (continued)

medications which were not found in residents' room or otherwise in the home:



In addition, a 90-tablet bottle of [redacted] with [redacted] found in resident 4's room but was not listed on the residents MAR.

Plan of Correction

Accept [redacted] - 11/15/2022)

Resident Care Manager completed Medication Administration Record (MAR) audit on resident 4 on 11/03/2022 and received updated and current signed orders from facility's medical provider on 11/03/2022. Resident's MAR is now current.

The Administrator has developed a Medication Self-Administration Assessment form which now includes a MAR audit check on 11/11/2022.

The Resident Care Manager will complete the Medication Self-Administration Assessment including MAR audit on all residents that self-administer medications by November 18, 2022 except resident 4 whose assessment is already completed.

The Resident Care Manager will conduct the Medication Self-Administration Assessment including the MAR audit on all Residents who self-administer their medications semi-annually in the months of April and October every year beginning in 2023.

Licensee's Proposed Overall Completion Date: 11/14/2022

Implemented [redacted] - 12/19/2022)

227d - Support Plan Medical/Dental

3. 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.

Description of Violation

Resident 2's resident assessment and support plan (RASP) dated [redacted] identifies the resident under the Behavioral or Cognitive Need and Degree Code A "No Problem" regarding Ability to use and avoid poisonous materials. However, the resident's medical evaluations (DME) dated [redacted] and [redacted] identify the resident as not being able to safely use and avoid poisonous material.

Plan of Correction

Directed [redacted] - 11/18/2022)

Resident Care Manager updated resident 2's resident assessment and support plan (RASP) to reflect documentation on resident's medical evaluations (DME) on 11/02/22.

Administrator audited blank DME forms in facility and found two different versions that have different wordings in

227d - Support Plan Medical/Dental (continued)

the section regarding the ability to use and avoid poisonous material on 11/8/2022. The Administrator placed the newest version of the DME form in our files for medical providers to use on 11/8/2022. Facility only has one version of DME form in house at this time.

(Directed)

Resident Care Manager updated resident 2's resident assessment and support plan (RASP) to reflect documentation on resident's medical evaluations (DME) on 11/02/22.

Administrator audited blank DME forms in facility and found two different versions that have different wordings in the section regarding the ability to use and avoid poisonous material on 11/8/2022.

The Administrator placed the newest version of the DME form in our files for medical providers to use on 11/8/2022. Facility only has one version of DME form in house at this time.

The Administrator will audit all resident's RASP's by 12/5/22 to ensure their ability to use and avoid poisonous materials are accurately reflected when compared to the DME. The Administrator will create an auditing tool to document the findings.

Directed Completion Date: 11/14/2022

Implemented [redacted] - 12/14/2022)

231c - Preadmission Screening

4. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident 5 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's written cognitive preadmission screening was not completed.

Plan of Correction

Directed [redacted] - 11/18/2022)

The Administrator, as part of the geriatric assessment team, completed the written cognitive section on resident 5 preadmission screening form on [redacted]

The Administrator will complete the written cognitive section on all residents being admitted to the secure dementia care unit effective immediately [redacted] 2.

(Directed)

The Administrator, as part of the geriatric assessment team, completed the written cognitive section on resident 5 preadmission screening form on [redacted]

The Administrator will complete the written cognitive section on all residents being admitted to the secure dementia care unit effective immediately [redacted].

The administrator will audit the existing SDCU resident's preadmission screening forms by 12/5/22 to ensure the written cognitive section is completed on each form. The Administrator will create an auditing tool to document the findings.

Directed Completion Date: 11/14/2022

Implemented [redacted] - 12/14/2022)

234b - Support Plan Needs Elements

5. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [REDACTED] for resident 5 does not address the resident's physical, medical, social, cognitive and safety needs requiring placement in the secure dementia care unit (SDCU).

Plan of Correction**Directed ([REDACTED] - 11/18/2022)**

The Resident Care Manager has addressed resident 5's physical, medical, social, cognitive and safety needs requiring placement in the secured dementia care unit (SDCU) in the resident's support plan on [REDACTED].

The Resident Care Manager will complete this section on the support plan for all residents admitted to the SDCU effective immediately 11/04/2022.

(Directed)

The Resident Care Manager has addressed resident 5's physical, medical, social, cognitive and safety needs requiring placement in the secured dementia care unit (SDCU) in the resident's support plan on 11/04/2022.

The Resident Care Manager will complete this section on the support plan for all residents admitted to the SDCU effective immediately 11/04/2022. The administrator will audit the existing SDCU resident's support plans by 12/5/22 to ensure that each resident's physical, medical, social, cognitive and safety needs requiring placement in the secure dementia care unit (SDCU) is addressed on each support plan. The Administrator will create an auditing tool to document the findings.

Directed Completion Date: 11/14/2022**Implemented ([REDACTED] - 12/14/2022)**