

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

March 9, 2023

[REDACTED]  
LUTHER RIDGE FACILITY OPERATIONS LLC  
[REDACTED]

RE: LUTHER RIDGE AT SEIDERS HILL  
160 RED HORSE ROAD  
POTTSVILLE, PA, 17901  
LICENSE/COC#: 22466

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2023 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: *LUTHER RIDGE AT SEIDERS HILL* License #: *22466* License Expiration: *03/12/2023*  
 Address: *160 RED HORSE ROAD, POTTSVILLE, PA 17901*  
 County: *SCHUYLKILL* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *LUTHER RIDGE FACILITY OPERATIONS LLC*  
 Address: *160 RED HORSE ROAD, POTTSVILLE, PA, 17901*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/03/1999* Issued By: *PALI*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *97* Waking Staff: *73*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *01/11/2023*

**Inspection Dates and Department Representative**

*01/11/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *135* Residents Served: *74*

**Special Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *9*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *23* Have Physical Disability: *0*

**Inspections / Reviews**

**01/11/2023 - Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2023*

**02/07/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *02/22/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/14/2023*

Inspections / Reviews *(continued)*

02/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/22/2023

03/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a ADL assistance

**1. Requirements**

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

*Resident 1, Resident 2, and Resident 3 stated that they have had to wait for over an hour for staff to respond to their call bells. This has caused incontinence for Resident 1 and 3 on at least 1 occasion.*

**Plan of Correction****Accept (MM - 02/07/2023)**

*Violation discussed with staff at Executive Directors " Around the Clock Meeting" on 1/12/23. Executive Director informed and educated direct staff of importance of answering call bells in a timely manner of 10 minutes or less and that slow call bell response times by staff are resulting in residents having incontinent episodes.*

*Executive Director personally interviewed Resident 1, Resident 2 and Resident 3 on 1/31/23 about call bell response times by staff. All three residents state that they have no complaints about call bells during the day as all three residents can independently take themselves to the bathroom and the longer wait times occur after they are in bed for the evening and during the night shift hours. Executive Director informed all three residents that they are not on any routine incontinence checks done by staff in the later evening hours. Offered each resident a scheduled routine toileting check for staff to provide to them after getting into bed for the night. Resident 1 states that [REDACTED] would like to be checked on around 4 AM to see if [REDACTED] requires bathroom assistance. Resident 2 and 3 who are also roommates state that they would like to have a routine toilet check done twice a night. Executive Director added Resident 1,2,3 to the routine toileting check list reflecting residents requests for staff to follow.*

*Executive Director also posted on On-Shift which is a communication tool for facility to notify staff that call bells need to be answered in a timely manner of 10 minutes or less and also floor 2 toileting schedules have been updated for residents on the 2nd floor and to please review prior to the start of their shift for the new changes.*

*Executive Director followed up with Resident 1,2 and 3 on 2/1/ 23 and they were all satisfied with the toileting/brief checks provided by staff the previous evening/night shift hours. Informed all residents that their toileting schedule can be changed at any time to accommodate their incontinence needs during the evening and night shift hours . All 3 residents verbalized understanding.*

*Executive Director also implemented a call bell audit for each shift to start 2-3-23 to measure per floor and per shift call bell response times and overall shift and floor response times. Audit currently being conducted by administration ,maintenance and shift supervisors and will run each shift x 7 days at random times on each shift then each shift once weekly x 2 weeks and then one random time on each shift for each floor monthly as an ongoing measuring tool that will be reviewed in QM monthly meeting. Maintenance department staff or designee will continue with the monthly call bell response time audits and current running audit will be reviewed at the facilities next Quality Management Meeting scheduled for February 16th 2023 and then monthly thereafter on an ongoing basis.*

*Attached:*

*Around the Clock Meeting /Sign in Form*

*New Toileting Checks notification on On-Shift to staff for Residents 1,2,3*

*Onshift notification to staff about Call Bell response times.*

*Notification to 2nd floor workers making aware of changes to toileting checks prior to start of shift.*

*In process audit of call bell response times per shift per floor.*

23a ADL assistance (*continued*)

Licensee's Proposed Overall Completion Date: 02/28/2023

*Implemented (MM - 03/09/2023)*

## 60a Staffing/support plan needs

**2. Requirements**

2800.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

**Description of Violation**

*On 12/23, 12/24, and 12/25/2022 the home had a census of 72 residents. 23 residents had mobility needs including a resident that requires a 2 staff person assist. The home has 3 floors and the residents with mobility needs are spread among the 3 separate floors. From 11pm until 7am on each of these days there were only 3 staff members scheduled to be working in the home. Review of the fire drill logs show that the last fire drill completed between 11pm and 7:00am occurred on 5/31/2022 with 7 staff members participating. The evacuation time for this drill was 8 minutes and 38 seconds. The home has a maximum evacuation time of 9:00 minutes. There was no other fire drill completed within the last 12 months with less than 7 staff members participating.*

**Plan of Correction***Accept (MM - 02/15/2023)*

*Education provided to Director of Wellness on importance of staffing an additional staff member on 11-7 shift due to evacuation purposes.*

*Executive Director and Director of Wellness also re-evaluated facility immobility list with residents PCP and facility currently has 22 immobile residents.*

*At time of facility inspection we currently had three staff persons on 11-7 shift. Facility was in the process of hiring additional staff for the 11-7 shift. Since inspection facility has been able to hire 2 full time employees and 1 part time employee to accommodate mobility needs for evacuation purposes on 11-7 shift. Facility conducted a fire drill on 1/19/23 at 12:30 AM with 3 co-workers on shift. Facility failed the fire drill on 1/19/23 with a evacuation time of 9 minutes 26 seconds. Facility conducted an additional fire drill on 2/2/23 at 2:15 AM with now 4 staff members present on duty since new hires on 11-7 shift and facility passed the fire drill with an evacuation time of 8 minutes and 44 seconds. Director of Wellness has added additional staff to the 11-7 schedule to accommodate mobility needs on nightshift effective 2/2/23. Ongoing compliance will be monitored Executive Director.*

*Attached:*

*Fire drill record from last two fire drills.*

Licensee's Proposed Overall Completion Date: 02/16/2023

*Implemented (MM - 03/09/2023)*

## 132a Monthly fire drill

**3. Requirements**

2800.

132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

*The home has no documentation that a fire drill was completed in 12/2022.*

132a Monthly fire drill (continued)

**Plan of Correction**

**Accept (MM - 02/15/2023)**

*Executive Director verbally educated Maintenance assistant on importance of conducting a fire drill each month. Executive Director and Maintenance assistant also reviewed 2800.132a regulation on Fire Drills and both signed the regulation and additional corrective action form documentation was given to maintenance staff member acknowledging failure to complete fire drill in December 2022.*

*A new calendar was created for the monthly Fire Drills by the Executive Director and Maintenance assistant with planned dates for each month of the year. Dates will be random and will include a night time fire drill scheduled every 6 months.*

*Maintenance Director will ensure fire drills are completed monthly and Executive Director will ensure that ongoing compliance and will be reviewed at monthly Quality Management Meeting.*

*Attached:*

*Signed and reviewed fire drill regulation by ED and Maintenance Assistant.*

*Corrective Action form.*

*New created calendar for Maintenance department to follow for the upcoming year fire drills that only the Executive Director and Maintenance Department are aware of for 2023.*

*Fire drill results will be reviewed at next Quality Management Meeting scheduled for February 16th and monthly thereafter.*

**Licensee's Proposed Overall Completion Date: 02/16/2023**

**Implemented (MM - 03/09/2023)**

132e Fire drill - sleeping hours

**4. Requirements**

2800.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

*A fire drill was not completed during nighttime hours from 6/2022 through 12/2022.*

**Plan of Correction**

**Accept (MM - 02/15/2023)**

*Executive Director verbally educated Maintenance assistant on importance of conducting a fire drill each month. Executive Director and Maintenance assistant also reviewed 2800.132a regulation on Fire Drills and both signed the regulation and additional corrective action form documentation was given to maintenance staff member acknowledging failure to complete fire drill during sleeping hours every 6 months.*

*A new calendar was created for the monthly Fire Drills by the Executive Director and Maintenance assistant with planned dates for each month of the year. Dates will be random and will include a night time fire drill scheduled every 6 months. Maintenance Director will ensure fire drills are completed during sleeping hours every 6 months and Executive Director will ensure that ongoing compliance and will be reviewed at monthly Quality Management Meeting.*

*Attached:*

*Signed and reviewed regulation by ED and Maintenance Assistant.*

*Corrective Action form.*

*New created calendar for Maintenance department to follow for the upcoming year fire drills that only the Executive Director and Maintenance Department are only aware of and night shift drill added to calendar.*

**Licensee's Proposed Overall Completion Date: 02/16/2023**

132e Fire drill - sleeping hours (continued)

Implemented (MM - 03/09/2023)

132g Fire drills – days/times

5. Requirements

2800.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Fire drills completed from 5/2022 through 11/2022 were held on the last day of the month 4 times and within the last week of the month 2 other times.

Plan of Correction

Accept (MM - 02/15/2023)

Executive Director verbally educated Maintenance assistant on importance of conducting a fire drill each month. Executive Director and Maintenance assistant also reviewed 2800.132a regulation on Fire Drills and both signed the regulation and additional corrective action form documentation was given to maintenance staff member acknowledging failure to complete fire drill in December 2022.

A new calendar was created for the monthly Fire Drills by the Executive Director and Maintenance assistant with planned dates for each month of the year. Dates will be random and will include a night time fire drill scheduled every 6 months and random times and dates added. Maintenance Director will ensure fire drills are completed monthly and Executive Director will ensure that ongoing compliance and will be reviewed for compliance at monthly Quality Management Meeting.

Attached:

Signed and reviewed regulation by ED and Maintenance Assistant.

Corrective Action form.

New created calendar for Maintenance department to follow for the upcoming year fire drills that only the Executive Director and Maintenance Department are aware of.

Licensee's Proposed Overall Completion Date: 02/16/2023

Implemented (MM - 03/09/2023)

132h Designated meeting place

6. Requirements

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The fire drill records indicate that 74 residents were in the facility on 10/3/2022 and 73 were evacuated. On 3/29/2022 there were 72 residents in the home and the only 68 were evacuated. No reason was given for not evacuating all the residents on these days.

Plan of Correction

Accept (MM - 02/15/2023)

Executive Director verbally educated Maintenance Assistant about specifying on fire drill documentation that if number of residents in the home at time of fire drill does not reflect number of residents evacuated he must provide supportive documentation. Provided examples to maintenance assistant such as resident refusal, resident LOA, Covid + or exempt from fire drill due to a resident actively dying at time of fire drill. Fire drill log revised to specify area

**132h Designated meeting place (continued)**

*of notation of why numbers do not match. Maintenance Director will ensure fire drills are completed monthly and any exclusions to fire drill are documented on the revised fire drill log. Executive Director will ensure that ongoing compliance and will be reviewed for compliance at monthly Quality Management Meeting.*

*Attached:*

*Revised fire drill log for 2023 to include in column for notation by person conducting fire drill to document reasoning should the number of residents being served in the home do not match number of residents evacuated.*

**Licensee's Proposed Overall Completion Date: 02/16/2023**

**Implemented (MM - 03/09/2023)**

**187a Medication record****7. Requirements**

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

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

**Description of Violation**

*The MAR for Resident 4 was not initialed on 12/5/2022 to show that they received their prescribed 40mg of Simvastatin.*

**Plan of Correction**

**Accept (MM - 02/07/2023)**

*Executive Director and Director of Wellness immediately initiated education to licensed nurses and med techs on medication administration and documentation in residents EMAR and also made aware that monthly ED Around the Clock meeting held on 1/12/23.*

*Director of Nursing to utilize MAR documentation audit tool weekly x 4 weeks, biweekly x 8 weeks, then monthly x 3 months to ensure completion of documentation of Med Administration .*

*DOW will complete random PCC audits of residents med admin /documentation weekly x4 weeks ,then biweekly x 8 weeks, then monthly x 3 months .*

*Audits will done by med-techs and and turned into DOW and be reviewed by DOW and brought to Quality Management monthly meeting.*

**Licensee's Proposed Overall Completion Date: 04/12/2023**

**Implemented (MM - 03/09/2023)**