



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCTOBER 17, 2023

[REDACTED]
Luther Ridge Facility Operations LLC
160 Red Horse Road
Pottsville, Pennsylvania 17901

RE: Luther Ridge at Seiders Hill
License: 224661

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 9, 2023, March 10, 2023, March 16, 2023, July 20, 2023, August 23, 2023, and September 14, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), the Department hereby REVOKES your certificate of compliance (license number 224660) dated March 12, 2023, to March 12, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 12, 2023, to March 12, 2024, is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to <62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from October 17, 2023 to April 17, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing Room
631, Health and Welfare Building 625 Forster
Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary>

cc: [REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *LUTHER RIDGE AT SEIDERS HILL* License #: 22466 License Expiration: 03/12/2024
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: *PA L&I*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 93 Waking Staff: 70

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: 07/20/2023

Inspection Dates and Department Representative

07/20/2023 - 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: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 74
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

07/20/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 08/05/2023

08/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/18/2023

10/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

65a Fire Safety-1st day

1. Requirements

2800.

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:

Description of Violation

Staff person A (hired [REDACTED]/23) did not receive orientation on any of the topics required by this regulation.

Plan of Correction**Accept [REDACTED] - 10/10/2023)**

Staff person A is no longer an employee. ED/Designee and new BOM will together audit all employee files by 10/6/23 to assure all employee training has been completed. ED/Designee will review all new hire files at the completion of each new hires onboarding to assure complete and no training was negated to be completed. The administrator will develop and implement a system to ensure that all newly hired staff persons receive the training required by this regulation on or before the first workday. The administrator will conduct an audit of all staff personnel files in the home to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/29/2023

65e Rights/Abuse 40 Hours

2. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A [REDACTED] (6/20/23) did not receive orientation on any of the topics required by this regulation by the end of their 1st 40 hours of work.

Plan of Correction**Accept [REDACTED] - 10/10/2023)**

Staff person A is no longer an employee. ED/Designee and new BOM will together audit all employee files by 10/6/23 to assure all employee training has been completed. ED/Designee will review all new hire files at the completion of each new hires onboarding to assure complete and no training was negated to be completed.

Licensee's Proposed Overall Completion Date: 10/29/2023

65h 16 hrs annual training

3. Requirements

2800.

65.h. Direct care staff persons shall have at least 16 hours of annual training relating to their job duties. The training required in § 2800.69 (relating to additional dementia-specific training) shall be in addition to the 16 hour annual training.

Description of Violation

The home was not able to verify that staff person B received any of the 16 hours of annual training relating to their job duties during the 2022 training year.

Plan of Correction**Directed [REDACTED] - 10/10/2023)**

Staff person B completed most of the training 5/31. The required training will be reviewed by BOM/Designee and ED/Designee to assure completion by 9/29. ED has new form to track annual training. ED/Designee will review all training requirements at the end of each year to assure all staff maintain compliance.

65h 16 hrs annual training (continued)

Administrator will audit all employee files by 11/5/2023 to assure all employee training has been completed.

Directed Completion Date: 11/05/2023

65i Training topics

4. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

The home was not able to verify that Direct Care staff person C received any annual training in 2022 for the following topics: (1) Medication self-administration training;(2) Instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation, and support plan; or (5) Assisted Living service needs of the resident.

The home was not able to verify that Direct Care staff person B received annual training in any of the topics required by this regulation in training year 2022.

Plan of Correction

Directed [REDACTED] - 10/10/2023)

ED/designee and BOM/Designee will verify training completed by all staff for 2022 by 9/29. ED/designee will review training monthly to assure all staff in compliance with training requirements moving forward.

Administrator will audit all employee files by 11/5/2023 to assure all employee training has been completed.

Directed Completion Date: 11/05/2023

65j Annual training content

5. Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

The home was not able to verify that Direct Care staff person B received annual training in 2022 for the following topics: Fire safety completed by a fire safety expert or by staff person trained by a fire safety expert or (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).

The home was not able to verify that Direct Care staff person C received annual training in any topics required by this regulation in training year 2022.

Plan of Correction

Directed [REDACTED] 10/10/2023)

ED/ Designee will review 2022 training for staff member c and assure anything missing is completed by 9/27/23. ED/Designee will review training progress monthly to assure in compliance moving forward.

65j Annual training content (continued)

Administrator will audit all employee files by 11/5/2023 to assure all employee training is completed for 2022 training year.

Directed Completion Date: 11/05/2023

181d Self-administer Storing medication

6. Requirements

2800.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's living unit for self-administration. Medications stored in the resident's living unit shall be kept locked in a safe and secure location to protect against contamination, spillage and theft. The residence shall provide a lockable storage unit for this purpose.

Description of Violation

The medication lock box with the medications of Resident #1 was found unlocked and unattended in the resident's room at the time of the inspection.

Plan of Correction

Accept (█) - 08/14/2023

Resident did not keep █ medications in a lock box as █ had a private room. Resident was reminded of the need to keep █ door locked when not in █ room. It was added to EMAR to check █ room was locked every shift. Resident has discharged to another community to be closer to family. An audit will be completed monthly by ED to assure residents who self administer medications keep in lock box or door locked if in private room.

Licensee's Proposed Overall Completion Date: 08/06/2023

Not Implemented (█) - 8/14/2023

190b Insulin injections

7. Requirements

2800.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Direct Care staff persons D and E have expired insulin administration training that expired on 2/7/23.

Plan of Correction

Accept (█) - 08/14/2023

Staff persons D and E are scheduled for diabetic training on August 15th. DON or designee will audit certifications monthly to assure in compliance moving forward.

Licensee's Proposed Overall Completion Date: 08/15/2023

Not Implemented (█) - 08/14/2023

225a1 Assessment – annually

8. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

The most recent assessment for Resident #2 was completed 6/12/2022.

225a1 Assessment – annually (continued)

The most recent assessment for #3 was completed 6/5/2022.

Plan of Correction**Accept** [REDACTED] - 08/14/2023)

Assessments for resident #2 and #3 were completed. ED will audit assessments to assure in compliance. Assessments will be audited monthly by DON/Designee to assure compliance moving forward.

Licensee's Proposed Overall Completion Date: 08/06/2023

Implemented [REDACTED] - 08/14/2023)