

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

August 2, 2023

[REDACTED], ADMINISTRATOR
ARTMAN LUTHERAN HOME
250 BETHLEHEM PIKE
AMBLER, PA, 19002

RE: ARTMAN LUTHERAN HOME
250 BETHLEHEM PIKE
AMBLER, PA, 19002
LICENSE/COC#: 12778

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/31/2023, 06/01/2023 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: ARTMAN LUTHERAN HOME **License #:** 12778 **License Expiration:** 02/08/2024
Address: 250 BETHLEHEM PIKE, AMBLER, PA 19002
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ARTMAN LUTHERAN HOME
Address: 250 BETHLEHEM PIKE, AMBLER, PA, 19002
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 04/28/2016 **Issued By:** Borough of Ambler
Type: C 1 **Date:** 02/08/1994 **Issued By:** COPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 186 **Waking Staff:** 140

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 06/01/2023

Inspection Dates and Department Representative

05/31/2023 On Site [REDACTED]
 06/01/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 136 **Residents Served:** 119

Secured Dementia Care Unit

In Home: Yes **Area:** Inspiring Today **Capacity:** 19 **Residents Served:** 18

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 119
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 67 **Have Physical Disability:** 2

Inspections / Reviews

05/31/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/17/2023

Inspections / Reviews (*continued*)

06/21/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/26/2023

06/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/01/2023

08/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 6/1/23, a copy of the 55 Pa.Code § 2600 regulations was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 06/21/2023)

It is the policy of Artman Lutheran Home to post a copy of the 55 PA.Code 2600 regulations in a conspicuous and public place in the home. A copy of the regulations was immediately placed in the binder on the information board at the front entrance by the Administrator on 6/1/23. The Administrator will periodically check the information board to ensure the regulation book remains intact.

Licensee's Proposed Overall Completion Date: 06/20/2023

Implemented () - 08/02/2023)

42b - Abuse

2. 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]/23, at [redacted] pm, staff person A was preparing to administer medication to residents of the home in the doorway of the Inspiring Today nursing station. Resident 1 came and stood behind the wheelchair of another resident. Then Resident 2 came and stood next to Resident 1. As staff person A administered medication to another resident, staff person A heard resident 1 saying, "Get away from me," as they pushed Resident 2. Resident 2 screamed, fell, and struck their head on the nearby dining table, and then fell to the floor, landing face-down. Staff person A promptly assisted resident 2 in standing and accompanied them to the room for further assessment. Resident 2 had two small hematomas on the left side of their forehead with a laceration above the left eye. Resident 2 complained of pain in their left shoulder and arm with limited range of motion. Resident 2 was sent to Abington Memorial Hospital ER at 7:45 pm. Prior to this incident, Resident 1 had a history of aggression towards both residents and staff.

Plan of Correction

Accept () - 06/26/2023)

It is the policy of Artman Lutheran Home that all abuse cases be reported immediately. Resident 1 was removed from the community, alternate placement was secured, and she no longer resides at Artman. DCS will be in-serviced by the PCA on identifying and documenting on residents with aggressive behaviors, increased anxiety and/or agitation by July 30, 2023. A line list of residents identified individuals will be maintained by the Charge Nurse/Unit Managers. Charge Nurse/Unit Managers will contact the physician of residents identified as having aggressive behaviors, increased anxiety or agitation, to obtain a referral for a psychiatry consult. RASP to be updated for interventions to help reduce/redirect behaviors. Unit Manager and/or PCA will audit the behavioral line list weekly for 3 months to ensure that the physician has been contacted, psychiatry referral has been made, and RASP updated. Line list to be maintained for ongoing compliance. Periodical audits will be maintained to for ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented () - 08/02/2023)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person B, whose first day of work was [redacted]/21, did not have a background check completed prior to their first day of work. Background check on file was completed on [redacted]/21.

Repeat Violation Date: 3/24/22 et al.

Plan of Correction

Accepted [redacted] - 06/21/2023)

It is the policy of Artman Lutheran Home to ensure that criminal history checks are completed prior to an employee's first day of work. Human resources staff was in-serviced by the Administrator on the need to follow the policy on criminal background checks on 4/12/22. An audit was completed 4/29/22 of all current employees at that time and submitted to DHS. Staff person B was included on that audit and identified as an individual whose background check was completed after the hire date. Audits were completed by Human Resources for 3 months, of all new hires, with 100% compliance. Random audits continue to be performed monthly by Human resources on newly hired employees for compliance.

Licensee's Proposed Overall Completion Date: 06/20/2023

Implemented [redacted] - 08/02/2023)

65g - Annual Training Content

4. Requirements

2600.

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B, Staff person C, Staff person D, Staff person E, Staff person F, and Staff person G did not receive training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2022.

Plan of Correction

Accepted [redacted] - 06/26/2023)

It is the policy of Artman Lutheran Home to provide fire safety training, for all staff, by a fire safety expert or by a staff person trained by a fire safety expert annually. The Director of Facilities will ensure that fire safety training for all staff, including staff persons A, B, C, D, E, F, and G will be completed by a fire safety expert or by a trained staff person by July 30th, 2023. The Director of Facilities will coordinate a training for at least 3 additional department managers to be trained by a fire safety expert by October 1, 2023 to ensure that there are individuals within the

65g - Annual Training Content (continued)

community who meet the requirement to provide the training. The Director of Facilities will schedule an in-person Fire Safety in-service at least every 4 months for the next year and then at least annually for ongoing compliance. The Director of Facilities will ensure that the record of training is submitted after each training to the PCA to ensure compliance. PCA will periodically review record of training for ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/30/2024

Implemented () - 08/02/2023)

66b Training Plan Content**5. Requirements**

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept () - 06/21/2023)

To comply with all training aspects for direct care staff, the training plan will include the names, positions, duties of each direct care staff, the required training courses for each staff person, and the dates, time, and location of the scheduled training for the upcoming year. It will be the responsibility of the Administrator to ensure completion.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented () - 08/02/2023)

82c Locking Poisonous Materials**6. 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

A bar of soap and a tube of DermaRite antifungal cream, with a manufacture's label indicating "In case of accidental ingestion contact a physician or Poison Control Center right away," were unlocked, unattended, and accessible to Resident 3's bathroom cabinet. Not all the residents of the home, including Resident 3, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept () 06/21/2023)

It is the policy of Artman Lutheran Home to keep poisonous materials locked and inaccessible to residents living in the secured dementia unit. The bar of soap and tube of DermaRite were immediately removed from Resident 3's room by the Administrator. Staff will be in-serviced by the Administrator on identifying the manufacturer label for

82c - Locking Poisonous Materials (continued)

poisonous items and how to store such items by July 30, 2023. At least 6 resident rooms will be audited weekly by the Unit Manager, Medication Technician or Administrator for 3 months for compliance. Random room audits will be performed by the Unit Manager, Medication Technician or Administrator for continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (█) - 08/02/2023)

85a - Sanitary Conditions**7. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/1/23, at 9:20am, there were old sticky juice spills present on the bottom and outside door of the Stonebridge dining hall refrigerator.

On 6/1/23, at 9:30am, the icemaker in the Stonebridge kitchen had a white substance present that appeared to be mold.

On 6/1/23 at 10:55am, there were feces around the toilet bowl and pieces of unflushed toilet paper in Resident 4's bathroom.

Plan of Correction

Accept (█) - 06/21/2023)

It is the policy of Artman Lutheran Home to maintain sanitary conditions.

The Stonebridge refrigerator and icemaker were cleaned on 6/1/23 by the dining manager. Dining staff will be instructed on the procedure/policy for cleaning the refrigerator by the Dining Manager(s) by July 30, 2023. Daily audits will be completed by the dining manager(s)/dining coordinator(s) for 3 months to ensure compliance. The Director of Dining will be responsible for submitting the audits to the Administrator for review monthly.

Resident rooms are to be cleaned daily and as needed. The housekeeping supervisors and/or director will perform a quality assurance audit weekly for 3 months to ensure compliance. The Director of Housekeeping will be responsible for submitting audits to the Administrator for review monthly.

Spot checks will be performed by the managers/supervisors to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (█) - 08/02/2023)

85d - Trash Receptacles**8. 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 6/1/23, at 9:30 am, there was a full, uncovered, unattended trash can in the Stonebridge dining hall.

Plan of Correction

Accept (█) - 06/21/2023)

It is the policy of Artman Lutheran Home to cover kitchen trash receptacles. Lids were purchased by the Director of Dining and placed on the household trash cans by 6/7/23. Daily audits will be completed by the dining

85d - Trash Receptacles (continued)

manager(s)/dining coordinator(s) for 3 months to ensure compliance. The Director of Housekeeping will be responsible for submitting audits to the Administrator for review monthly. Spot checks will be performed by the dining managers to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 08/02/2023)

88a - Surfaces**9. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/1/23, at approximately 9:30 am, there was a large, round, yellow water stain was present on the ceiling of Stonebridge hallway.

Plan of Correction

Accept [REDACTED] - 06/21/2023)

It is the policy of Artman Lutheran Home to maintain the ceilings in good condition. The stained ceiling tiles were replaced by maintenance on 6/6/23. Environmental Rounds will be completed by the Household Coordinator and/or Maintenance monthly for 3 months to ensure compliance. Maintenance work orders will be submitted promptly for any items requiring repair. The Director of Facilities will ensure all work orders are completed. The Director of Facilities will be responsible for submitting audits to the Administrator for review monthly. Spot checks will be performed by maintenance to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 08/02/2023)

89b - Hot Water Temperature**10. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/1/23, at 10:32 am, the hot water temperature in room 170 measured 124.5 degrees Fahrenheit.

On 6/1/23, at 10:36 am, the hot water temperature in room 157 measured 125.2 degrees Fahrenheit.

On 6/1/23, at 10:41 am, the hot water temperature in room 167 measured 122.5 degrees Fahrenheit.

On 6/1/23, at 10:48 am, the hot water temperature in room 164 measured 123.3 degrees Fahrenheit.

On 6/1/23, at 10:52 am, the hot water temperature in room 160 measured 124 degrees Fahrenheit.

On 6/1/23, at 10:56 am, the hot water temperature in room 159 measured 125.4 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

On 6/1/23, at 11:20 am, the hot water temperature in room 155 measured 125.2 degrees Fahrenheit.

On 6/1/23, at 11:25 am, the hot water temperature in room 153 measured 125.8 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] 06/21/2023)

t is the policy of Artman Lutheran Home that the hot water temperature accessible to the residents do not exceed 120 degrees Fahrenheit. On 6/1/23 the water heaters were adjusted, all room temperatures were remeasured and under the 120 degree threshold. Temperature audits will be completed on at least 10 rooms by the Maintenance department weekly for 3 months to ensure compliance. The Director of Facilities will be responsible for submitting audits to the Administrator for review monthly. Spot checks will be performed by maintenance to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 08/02/2023)

101j7 - Lighting/Operable Lamp**11. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 5 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 06/21/2023)

t is the policy of Artman Lutheran Home that each resident to have an operable light source that can be turned on at bedside. The lightbulb was replaced to bedside lamp for Resident 5 by maintenance. Room Audits will be completed on at least 6 rooms by direct care staff and/or Unit Manager monthly x3 to ensure compliance. The Unit Manager will be responsible for submitting audits to the Administrator to review monthly. Spot checks will be performed by the Unit Manager to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 08/02/2023)

103e - Left Overs**12. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 6/1/23, at 9:20 am, there was an unlabeled, undated glass food container in the Stonebridge dining hall refrigerator.

On 6/1/23, at 9:20 am, there were four unlabeled, undated juice jars in the Stonebridge dining hall refrigerator.

Plan of Correction

Accept [REDACTED] - 06/21/2023)

t is the policy of Artman Lutheran Home to label and date all leftover food. All leftover items were labeled

103e - Left Overs (continued)

immediately by the dining manager on 6/1/23. Dining staff will be in-serviced on the policy for labeling and dating eftovers by the Dining Manager(s) by July 30, 2023. Daily audits will be completed by the dining manager(s)/dining coordinator(s) for 3 months to ensure compliance. The Director of Dining will be responsible for submitting the audits to the Administrator for review monthly. Spot checks will be performed by the dining manager to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

██████████ - 08/02/2023)

103f Refrigerator/Freezer Temps**13. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/1/23, at approximately 9:30 am, there was no thermometer in the Stonebridge dining hall refrigerator.

Plan of Correction

Accept ██████████ 06/21/2023)

It is the policy of Artman Lutheran Home to have thermometers in the refrigerator and freezers. The thermometer was replaced in the Stonebridge dining hall refrigerator by the dining manager on 6/1/23. Daily audits will be completed by the dining manager(s)/dining coordinator(s) for 3 months to ensure compliance. The Director of Dining will be responsible for submitting the audits to the Administrator for review monthly. Spot checks will be performed by the dining manager to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (██████████) - 08/02/2023)

103i - Outdated Food**14. Requirements**

2600.

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

Description of Violation

On 6/1/23, at 10:13 am, there were two dented cans of peach fruit filling in the daily food storage.

Plan of Correction

Accept ██████████ 06/21/2023)

It is the policy of Artman Lutheran Home to remove dented cans from the storage area to prevent usage. The two dented cans were removed immediately by the dining manager on 6/1/23. Dining staff will be in-serviced by the dining manager on the policy and designated area for placement of dented cans by July 30, 2023. Weekly audits will be completed by the dining managers for 3 months to ensure compliance. The Director of Dining will be responsible for submitting the audits to the Administrator for review monthly. Spot checks will be performed by the dining manager to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (██████████) - 08/02/2023)

105g - Lint Removal and Duct Cleaning

15. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 6/1/23, at 9:28 am, there was an approximate 1 inch accumulation of lint in the lint trap of the Stonebridge laundry dryer. There were no clothes in the dryer at the time.

On 6/1/23, at 10:20 am, there was an approximate 1 inch accumulation of lint in the lint trap of the 1st floor main laundry commercial dryer. There were no clothes in the dryer at the time.

Plan of Correction

Accept (████) - 06/21/2023)

It is the policy of Artman Lutheran Home to remove the lint from the lint trap in dryers after each use. Staff will be n-serviced by the Director of Laundry and Housekeeping on the policy and procedure by July 30, 2023. Housekeeping staff will audit the dryers daily for 3 months to ensure compliance. The Director of Housekeeping will be responsible for submitting the audits to the Administrator monthly for review. Spots checks will be performed by the Director of Housekeeping to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (████) 08/02/2023)

121a - Unobstructed Egress

16. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 6/1/23, at 9:56 am, the exit door on the Forest household Stairway 3 is locked with a magnetic locking device and does not open, preventing immediate egress from the area unless a code is entered at a keypad. This door is not located in a secured memory care area.

Repeat Violation Date: 3/24/22 et al.

Plan of Correction

Accept (████) - 06/21/2023)

It is the policy of Artman Lutheran Home to keep egress routes from the building unlocked and unobstructed. The exit door on Forest Stairway 3 was unlocked by the Director of Facilities on 6/1/23. Staff will be in serviced by the Administrator and/or Director of Facilities on the policy by July 30, 2023. Audits will be completed on the exit doors monthly x3 by maintenance to ensure compliance. The Director of Facilities will be responsible for submitting the audits to the Administrator monthly for review. Spots checks will be performed by the Director of Facilities to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (████) - 08/02/2023)

141a 1-10 Medical Evaluation Information

17. 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 medical evaluation dated [REDACTED], does not include the health status.

Resident 6's medical evaluation dated [REDACTED], does not include the immunization history.

Resident 7's medical evaluation dated [REDACTED], does not include the dietary needs of mechanical soft texture based on prescribed orders.

Plan of Correction

Accept [REDACTED] - 06/21/2023)

It is the policy of Artman Lutheran Home to have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department and updated in a timely fashion. Unit Managers will be in-serviced by the Administrator on the policy by July 30, 2023. An audit of at least 10 resident's medical evaluations will be completed by the Unit Manager/Administrator monthly for 3 months to ensure compliance and documentation will be kept. Spots checks will be performed by the Administrator/Unit Manager to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 08/02/2023)

141b1 - Annual Medical Evaluation

18. Requirements

2600.

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

Description of Violation

On 6/1/23, Resident 6's most recent medical evaluation was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/21/2023)

It is the policy of Artman Lutheran Home to have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department and updated in a timely fashion. Resident 6 was evaluated on [REDACTED] and signed on [REDACTED] by the physician. Unit Managers will be in-serviced by the Administrator on the policy by July 30, 2023. An audit of at least 10 resident's medical evaluations will be completed by the Unit Manager/Administrator monthly for 3 months to ensure compliance and documentation will be kept. Spots checks will be performed by the Administrator/Unit Manager to ensure continued compliance.

141b1 - Annual Medical Evaluation (*continued*)

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (MJ - 08/02/2023)

162c - Menus Posted

19. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 6/1/23, the home posted the menu for the week of 5/29/23 - 6/4/23. However, the menu for the upcoming week was not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 06/21/2023)

It is the policy of Artman Lutheran Home to provide weekly menus for the current week and 1 week in advance. Menus for the following week were posted on all households near the dining areas. The dining managers will be responsible for updating the postings weekly. Every resident also has access to the monthly menu via their provided Alexa devices. Spots checks will be performed by the Director of Dining to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 06/20/2023

Implemented (MJ - 08/02/2023)

184b - Labeling OTC/CAM

20. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 6/1/23, at 11:02 am, a bottle of Debrox earwax removal aid was in the Inspiring Today medication cart and was not labeled with the resident's name.

On 6/1/23, at 11:36 am, two bottles of Skin-Prep protective spray were in the Mattison medication cart and were not labeled with the resident's name.

Plan of Correction

Accept (█ - 06/21/2023)

It is the policy of Artman Lutheran Home to identify each OTC and CAM medication with the resident's name. Nurses and Medication Technicians will be in-serviced by the Administrator on the policy. All med carts have been checked by the Unit Managers and/or Administrator for 100% compliance. Med carts will be audited by the Unit Managers and/or Administrator monthly x3 for compliance. Spots checks will be performed by the Unit Managers and/or Administrator to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented (█ - 08/02/2023)

185a - Implement Storage Procedures

21. Requirements

185a - Implement Storage Procedures (*continued*)

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 2 is prescribed [REDACTED], 2 tablet by mouth every 4 hours as needed for pain. However, on 6/1/23, the medication was not available on the Inspiring Today medication cart.

Resident 2 is prescribed [REDACTED], 1 tablet sublingually every 5 minutes as needed for chest pain. However, on 6/1/23, the medication was not available on the Inspiring Today medication cart.

Plan of Correction

Accept ([REDACTED] - 06/21/2023)

It is the policy of Artman Lutheran Home to have all ordered medications available for distribution as ordered by a trained staff person. Nurses and Medication Technicians will be in-serviced by the Administrator on the policy. All med carts have been checked by the Unit Managers and/or Administrator for 100% compliance. Med carts will be audited by the Unit Managers and/or Administrator monthly x3 for compliance. Spots checks will be performed by the Unit Managers and/or Administrator to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented ([REDACTED] - 08/02/2023)

221c - Post Activity Calendar

22. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 6/1/23, the home did not have a current weekly activity calendar posted in a public and conspicuous place in the home. The posted activity calendar was dated May 2023.

Plan of Correction

Accept ([REDACTED] - 06/21/2023)

It is the policy of Artman Lutheran Home to post the current weekly activity calendar on the household. June's monthly activity calendar was posted immediately by the community life coordinator upon her arrival to work on 6/1/23. Community Life will ensure the activities calendar is posted for the current month. Every resident also has access to the monthly activity calendar via their provided Alexa devices. Spots checks will be performed by the Director of Dining to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 06/20/2023

Implemented ([REDACTED] - 08/02/2023)

227d - Support Plan Medical/Dental

23. 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**

The medical evaluation for Resident 6, dated [REDACTED], indicates that the resident has a dietary need of no concentrated sweets. However, the resident's support plan, dated [REDACTED] does not document how this need will be met.

The prescriber's order for Resident 7 indicates the resident has a need for a mechanical soft diet. However, the resident's support plan, dated 11/8/22 does not document how this need will be met.

Plan of Correction**Accept [REDACTED] - 06/21/2023)**

It is the policy of Artman Lutheran Home to provide all pertinent information accurately on the resident's support plan. Unit Managers will be in-serviced by the Administrator on the policy by July 30, 2023. An audit of at least 10 resident's support plans will be completed by the Unit Manager/Administrator monthly for 3 months to ensure that the dietary need on the support plan is in compliance with the dietary need noted on the DME and in the physician orders. Documentation will be kept. Spots checks will be performed by the Administrator/Unit Manager to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 08/02/2023)

252 - Record Content

24. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.

252 - Record Content (continued)

22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

The records for multiple residents of the home, including residents 1, 2, 6, 7, and 8, do not include a description of residents color of hair or the color of eyes.

Plan of Correction**Accept** [REDACTED] - 06/21/2023)

It is the policy of Artman Lutheran Home to comply with all necessary items needed in a resident's record as specified in regulation 2600.252. An audit was completed by June 14, 2023 by the Medication Technicians and the Administrator to obtain all current resident's eye and hair color. The collected data was inputted into Point Click Care under miscellaneous by the Administrator. Updated face sheets were printed and placed on all current residents' charts and completed by June 18, 2023 for 100% compliance. Eye and hair color will be obtained for new residents during the admission assessment by the admitting nurse and the data will be placed in Point Click Care. Audits will be completed on new admissions by the Administrator/MedTech monthly for 3 months to ensure compliance. Spots checks will be performed by the Administrator/MedTech to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 08/02/2023)