

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

October 2, 2023

[REDACTED], PRES/CEO
ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.
[REDACTED]

RE: SCHREFFLER MANOR
200 RACHEL DRIVE
PLEASANT GAP, PA, 16823
LICENSE/COC#: 25634

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2023 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: SCHREFFLER MANOR License #: 25634 License Expiration: 05/10/2024
 Address: 200 RACHEL DRIVE, PLEASANT GAP, PA 16823
 County: CENTRE Region: NORTHEAST

Administrator

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

Legal Entity

Name: ALLEGHENY LUTHERAN SOCIAL MINISTRIES, INC.
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/09/1994 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 08/15/2023

Inspection Dates and Department Representative

08/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 55 Residents Served: 26

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

08/15/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/04/2023

09/11/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/29/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/15/2023

Inspections / Reviews (*continued*)

09/22/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/29/2023

09/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/29/2023

09/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/29/2023

10/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/29/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/26/23 the home received a report from the family of resident #1 that \$75 was missing from the resident's room. The home did not report the incident to the department's regional office until 4/24/23.

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as reporting incidents allows the Department to respond promptly to serious situations, and offers homes the opportunity to provide information that may reduce the need for the Department to pursue additional information. The home failed to report the missing money the Department's complaint hotline within 24 hours. The report was not made until 4/24/23. The home is to report to the Department incidents or conditions within 24 hours to ensure the appropriate actions are taken by the home. The Administrator/designee is to report to the Department and appropriate agencies within 24 hours of receipt of a concern, complaint, or report of abuse. Training on reportable incidents was provided to employees and will be provided again on 9/19/23. The Administrator/designee will track and monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█ - 10/02/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The gas fired boiler in the hallway did not have a carbon monoxide monitor installed near it to monitor the boiler as required by the Care Facility Carbon Monoxide Monitoring Act.

Also, the batteries installed in the carbon monoxide monitor for the gas fireplace in the common area were last replaced 1/22/22.

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as it ensures compliance with other applicable health, safety, and wellness regulations. A carbon monoxide detector was installed near the boiler room on 8/15/23. Carbon Monoxide detector placement is to be observed on a monthly basis. The Administrator/designee will monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█ - 09/28/2023)

44f - Written Decision

3. Requirements

2600.

44f - Written Decision (continued)

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home’s investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home’s investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

Description of Violation

On 3/26/23 the home was contacted by the family of resident #1 to file a complaint of \$75 missing from the resident’s room. According to the family member, subsequent emails were sent and a meeting was held on 3/27/23 regarding the complaint. The home did not provide the family with a written decision explaining their findings of the complaint within 7 days of submission of the complaint.

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as it ensures that residents and designate persons are informed of the final disposition of complaint investigation. The home failed to provide the family with a written decision explaining the findings of the complaint within 7 days. The Administrator is to respond with a written decision to residents and family within 7 days of the complaint. Documentation of the complaint, finding, and written decision is to be filed in the Resident file.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█ - 10/02/2023)

65f - Training Topics

4. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Description of Violation

Staff person A did not have training in the following required topics for the 2022 training year: Medication self administration, instruction on meeting the needs of the resident using the RASP and DME, and infection control.

65f - Training Topics (continued)

Plan of Correction

Accept (█) - 09/22/2023)

This regulation is important as it ensures employees receive the necessary training to successfully provide essential resident care services. The Administrator schedules mandatory monthly training for employees. Employees who attend are required to sign-in for meetings. Beginning January 2023 the Administrator/designee ensures employees who are not able to attend the meetings receive the meeting minutes and training handouts to review the meeting topics and sign that they received and understand the training. Training for medication self administration will be held on 9-19-23. Training on the instruction of meeting resident needs as described in the preadmission screening form, assessment tool, medical evaluation and support plan was conducted on 4/18/23. Training for Infection control was conducted on 5-16-23. The Administrator/designee maintains documentation of the trainings for each employee to ensure all employees are receiving the yearly mandatory trainings. The Administrator/designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█) - 09/28/2023)

65g - Annual Training Content

5. 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 A did not have training in the following topics for the 2022 training year:

Fire safety training conducted by a fire safety expert, resident rights, and falls and accident prevention.

Staff person B did not have training in any of the required topics for the 2022 training year.

Plan of Correction

Accept (█) - 09/22/2023)

This regulation is important as it ensures employees receive the necessary training to successfully provide essential resident care services. The Administrator schedules mandatory monthly training for employees. Employees who attend are required to sign-in for meetings. Beginning January 2023 the Administrator/designee ensures employees who are not able to attend the meetings receive the meeting minutes and training handouts to review the meeting topics and sign that they received and understand the training. Training for resident rights and OAPSA was held on 3-21-23. Training on fall and accident prevention was held on 7-18-23. Training on new populations groups to be conducted on 9-19-23 and fire safety training by a fire safety expert to be conducted by 12/31/23. The Administrator/designee maintains documentation of the trainings for each employee to ensure all employees are receiving the yearly mandatory trainings. The Administrator/designee will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█) - 09/28/2023)

103e - Left Overs

6. 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

A Styrofoam cup of whipped cream was found in the activities refrigerator with no label to indicate what it was or when it was stored in the refrigerator.

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as it provides information regarding the identity of food items and the length of time food has been stored, preventing cross-contamination of food and the use of expired items. The cup of whipped cream was removed from the activities refrigerator on 8/15/23. This refrigerator is checked daily for non-labeled items and they are disposed of. The Administrator/designee will monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█ - 09/28/2023)

103f - Refrigerator/Freezer Temps

7. 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

The activity refrigerator did not have a thermometer in it.

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as it ensures foods are stored at safe temperatures. A thermometer was placed in the activity refrigerator on 8/15/23. The temperature is monitored daily by the Adminsitrator/desginee to ensure appropriate temperature.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█ - 09/28/2023)

103g - Storing Food

8. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

While completing the kitchen inspection of freezer number 1 a package of hamburger patties was found in an open, clear, unsealed plastic bag in a cardboard box.

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as it ensures food is stored safely and protected from spoilage or infestation by insects and rodents. The package of hamburgers were stored in its original cardboard box in the unsealed plastic bag. The plastic bag was sealed on 8/15/23. employees were educated on 8/16/23 to seal the plastic bags within the original container once the boxes are opened. Administrator/designee will monitor weekly for continued compliance.

103g - Storing Food (continued)

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█) - 09/28/2023

105g - Lint Removal and Duct Cleaning

9. 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

During the initial walk through, the large dryer number 2 in the laundry room had a buildup of lint in the lower compartment of the dryer.

Plan of Correction

Accept (█) - 09/11/2023

This regulation is important as it greatly reduces the chance of fire in the home. The lint compartment of dryer 2 was cleaned on 8/16/23. Lint compartments are to be monitored daily by employees and weekly inspections made by the Administrator/designee.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█) - 09/28/2023

132a - Monthly Fire Drill

10. Requirements

2600.

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

Description of Violation

The home did not conduct a timed fire drill during the month of December 2022. The home had a fire alarm incident on 12/25/22 but the evacuation was not timed. The home did not conduct any other fire drill during the month of December 2022.

Plan of Correction

Accept (█) - 09/11/2023

This regulation is important as unannounced drills ensure that staff and residents will be prepared to evacuate without hesitation in the event of a real fire. The home educated maintenance staff, who conduct the drills, on the procedures for monthly fire drills. The Administrator will monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented (█) - 09/28/2023

132e - Fire Drill Sleeping Hours

11. Requirements

2600.

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

Description of Violation

The home's last overnight sleeping hour drill was conducted on 10/26/22, more than six months ago.

132e - Fire Drill Sleeping Hours (continued)

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as it is a critical to practice response and evacuation while residents are asleep, since an individual's response time and actions when waking from sleep are reduced, and because most fire deaths occur during sleeping hours. Maintenance employees were education on the fire-drill procedure and the importance of conducting drills during sleeping hours. A sleeping hour drill was conducted in August 2023 and is to be conducted at least every 6 months. The Administrator/designee will monitor for continued compliance.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█ - 09/28/2023)

183e - Storing Medications

12. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The Novolog flexpen belonging to resident #2 was found in the medication cart stored in the prescription labeled plastic bag belonging to resident #3. Resident #3's insulin pen was found in resident #2's prescription labeled plastic bag. The pens also had the wrong caps on them.

Plan of Correction

Accept (█ - 09/11/2023)

This regulation is important as it ensures that medications will be stored in a manner that prevents damage or loss. On 8/31/23 employees who administer medications were educated on the proper storage of medications. The Administrator/designee will complete weekly cart audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ - 09/28/2023)

185a - Implement Storage Procedures

13. Requirements

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 requires blood glucose readings 3 times daily. On the following dates and times, the blood glucose readings were documented incorrectly on the Medication Administration Record (MAR):

8/3/23: Blood glucose reading in the glucometer was 112 at lunchtime and recorded as 122.

8/5/23: Blood glucose reading in the glucometer was 241 at bedtime and recorded as 214.

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept (█ - 09/11/2023)**

This regulation is important as it reduces the risk that medications and medical equipment will be misplaced, lost, or misused. Resident #2 takes █ own glucometer reading and verbally reported the reading to staff. All residents with self-administer BSBS orders will be required to take BSBS in front of staff or show staff their glucometer to assure the correct BSBS is documented. The Administrator/designee will conduct weekly glucometer audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ - 09/28/2023)

187d - Follow Prescriber's Orders

14. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 requires insulin administered on a sliding scale three times daily. On the following dates and times the incorrect number of insulin units were administered:

8/5/23: The lunch time glucose reading was 275 requiring 9 units of insulin; 8 units of insulin were administered.

8/5/23: The dinner time glucose reading was 215 requiring 8 units of insulin; 7 units of insulin were administered.

Plan of Correction**Accept (█ - 09/11/2023)**

This regulation is important as it ensures that residents receive medications and treatments as ordered by a physician. Staff who administer medications were educated on 8/31/23 on following prescribers orders specifically, when using sliding scales the order, insulin pen and glucometer must be triple checked before administering to the resident. This will ensure the proper dosage be given. The Administrator/designee will conduct weekly MAR audits to ensure compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ - 09/28/2023)