



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: *06/23/1999* 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: *Complaint, Incident* Exit Conference Date: *08/23/2023*

Inspection Dates and Department Representative

08/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *135* Residents Served: *76*

Special Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

08/23/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2023*

10/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2023

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

24 Personal hygiene

1. Requirements

2800.

24. Personal Hygiene - A residence shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

Description of Violation

Based on an interview with Resident #1, it was determined that staff are not providing [redacted] a shower at least 2x weekly as indicated in her ASP.

Plan of Correction

Accept [redacted] - 10/10/2023)

All direct care staff reeducated by ED on importance of following resident ASP and also completing showers as assigned. DON/Designee or ED/Designee will audit shower schedules weekly x 4 and then monthly to assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented ([redacted] - 10/10/2023)

141b1 Annual medical evaluation

2. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

The most recent annual DME for Resident #2 is dated 6/10/22; an annual DME was not completed by 6/25/23.

Plan of Correction

Directed [redacted] - 10/10/2023)

Resident had an appointment with PCP 7/6/23. DME faxed to PCP for completion and signature. DON/Designee or ED/Designee will audit DMEs monthly to assure ongoing compliance.

The administrator will ensure that physicians perform all of the required actions during medical evaluations. The actions will be documented on form DME. Attachments will be added to form DME as needed to ensure that all actions are documented. The administrator or designees shall audit all current DME's to ensure they are accurate and complete. The home shall maintain documentation of the audit and shall be available to the Department upon request.

Directed Completion Date: 11/05/2023

224c8 Preliminary support plan - participants' signatures

3. Requirements

2800.

224.c.8. Individuals who participate in the development of the preliminary support plan shall sign and date the preliminary support plan.

Description of Violation

The last Annual ASP for Resident #2 dated 6/15/22 is not signed by the staff person who completed the assessment.

Plan of Correction

Directed [redacted] 10/10/2023)

Annual ASP was redone by ED and signed. DON/Designee or ED/Designee will audit ASPs completed for month monthly for signatures.

224c8 Preliminary support plan - participants' signatures (continued)

The administrator will ensure that all annual assessments are completed timely. The administrator or designees shall audit all current ASPs to ensure they are accurate and complete. The home shall maintain documentation of the audit and shall be available to the Department upon request.

Directed Completion Date: 11/05/2023

225a1 Assessment – annually

4. 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 last Annual ASP for Resident #2 was completed on 6/15/22. An annual ASP was not completed by 6/30/23.

Plan of Correction

Directed [REDACTED] - 10/10/2023)

ASP for resident #2 was completed 8/24/23 by ED. ASPs will be audited monthly by DON/Designee or ED/Designee to assure continued compliance.

The administrator will ensure that all annual assessments are completed timely. 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. The administrator or designees shall audit all current ASPs to ensure they are accurate and complete. The home shall maintain documentation of the audit and shall be available to the Department upon request.

Directed Completion Date: 11/05/2023

254a Records – discharge/active

5. Requirements

2800.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 8/23/23 at 2:55pm, Department Rep. entered the main office area on the first floor and noted resident records on top of file cabinets. The office was unlocked and unattended allowing access to these records by unauthorized persons.

Plan of Correction

Accept [REDACTED] - 10/10/2023)

Staff reeducated by ED on insuring resident charts/protected health information is maintained in a confidential manner at all times. DON/Designee and ED/Designee will do rounds weekly for 4 weeks then monthly to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/26/2023

Implemented [REDACTED] - 10/10/2023)