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

January 19, 2024

[redacted], EXECUTIVE DIRECTOR, NHA PCHA
ST JOHN LUTHERAN CARE CENTER
[redacted]

RE: ST. JOHN SPECIALTY CARE CENTER
500 WITTENBERG WAY, P.O.BOX 928
MARS, PA, 16046
LICENSE/COC#: 44833

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2023 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: *ST. JOHN SPECIALTY CARE CENTER* **License #**: *44833* **License Expiration**: *05/25/2024*

Address: *500 WITTENBERG WAY, P.O.BOX 928, MARS, PA 16046*

County: *BUTLER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ST JOHN LUTHERAN CARE CENTER*

Address: *500 WITTENBERG WAY, P.O. BOX 928, MARS, PA, 16046*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *06/01/1965* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *62* **Waking Staff**: *47*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident, Monitoring* **Exit Conference Date**: *10/16/2023*

Inspection Dates and Department Representative

09/22/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *53*

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**: *53*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *9* **Have Physical Disability**: *0*

Inspections / Reviews

09/22/2023 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/10/2023*

11/14/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/17/2023*

Inspections / Reviews *(continued)*

11/22/2023 POC Submission

Submitted By: [redacted] **Date Submitted:** *12/14/2023*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *12/13/2023*

01/19/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *12/14/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar on the right side of resident #1's bed moves toward the bed approximately 3 inches from center and away from the bed approximately 3 inches from center.

Plan of Correction ***Accept [redacted] - 11/14/2023)***

Immediate Action - Resident's enabler bar was replaced with a new enabler bar on 9/22/2023 by Maintenance.
The administrator will audit all enabler bars weekly for 4 weeks, then monthly starting on 11/13/2023.
Results of the audit will be discussed at the next QAPI meeting in January 2024, then quarterly afterward.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented [redacted] - 01/19/2024)

85a - Sanitary Conditions

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #2 is prescribed [redacted] four times daily. The resident's September 2023, medication administration record indicates blood glucose readings on the following dates and times [redacted].

Plan of Correction ***Accept [redacted] - 11/14/2023)***

Immediate Action - Both resident's were ordered & given new glucometers on 9/22/2023 by the Administrator.

Staff will be educated on sanitary conditions related to glucometers by the administrator by 11/16/2023
The administrator will audit all glucometers for accuracy & ensure the glucometer is formatted properly with the date/time. This will be done weekly for 4 weeks, Bi weekly for 4 weeks then monthly after. This started on 10/2/2023.

Results of the audit will be discussed at the next QAPI meeting in January 2024, then quarterly afterward.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented [redacted] - 01/19/2024)

85d - Trash Receptacles

3. Requirements

2600.

85d - Trash Receptacles *(continued)*

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

At 11:54 a.m., the gray plastic garbage can in the 3rd floor kitchen approximately 4 feet from the food serving area had a bifold lid cover. The right side of the bifold lid cover was broken. The garbage can was uncovered, unattended, and approximately 1/2 full of refuse.

Plan of Correction ***Accept (- 11/14/2023)***

Immediate Action - Garbage can was removed from the kitchen & replaced with a working one on 9/22/2023.
Dietary Director or designee will educate Food Service Employees on when to empty the trash receptacles to prevent the lids from getting stuck in the open positions by 11/10/2023.
Dietary Director or designee will audit trash cans and lids twice weekly beginning 11/13/2023.
Results of the audit will be discussed at the next QAPI meeting January 2024.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented - 01/19/2024)

182c - Medication Administration

4. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On resident #4 was administered 4 prescribed medications in the morning hours to include

However, staff member A left the medication unattended on the resident's bedside desk and failed to observe the resident take the medication.

Plan of Correction ***Accept (- 11/22/2023)***

Immediate Action - Staff A was informed about the proper process for administering medications on 9/22/2023 by the administrator.

All Staff will be educated on medication administration by 12/14/2023 by the administrator
Administrator will audit 1 medication pass weekly for 2 weeks, bi weekly for 2 weeks then monthly after starting on 11/15/2023.

Results of the audit will be discussed at the next QAPI meeting January 2024.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented - 01/19/2024)

185a - Implement Storage Procedures

5. 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 #3 is prescribed capillary blood sugar four times daily. The resident's medication administration record indicates blood glucose levels of [redacted]

Resident #5 is prescribed [redacted] *. as needed two times daily. However, the medication was not available in the home.*

Resident #5 is prescribed [redacted] *as needed every four hours. However, on 9/22/23, the medication was not available in the home.*

Resident #s 6 and 7 had multiple medications on the table in the common area of their multiple resident room. Resident #6 had a partially filled bottle of [redacted] *take one tablet at bedtime, and a partially filled bottle of* [redacted] *. Generic for* [redacted] *. Resident #7 had two partially filled bottles of* [redacted] *.*

Plan of Correction ***Accept*** [redacted] ***- 11/22/2023)***

Immediate Action - Resident 3 was given a new glucometer by the administrator on 9/22/2023. Resident#5's aluminum & proventil was ordered by a medtech on 9/22/2023. The medications in resident 6 & 7's room was removed by the administrator on 9/22/2023. The administrator spoke with resident's 6 & 7 about having medication in their room, they will have it delivered to the nurses station from now on.

All Staff will be educated on checking resident's room for medication by 12/14/2023 by the administrator.
The administrator will audit all glucometers for accuracy & ensure the glucometer is formatted properly with the date/time. This will be done weekly for 4 weeks, Bi weekly for 4 weeks then monthly after. This started on 10/2/2023.

Administrator or designee will audit the med cart for expired/missing medications weekly for 2 weeks then bi weekly after, starting 11/14/2023.

Results of the audits will be discussed at the next QAPI meeting January 2024.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented [redacted] ***- 01/19/2024)***

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record *(continued)*

Description of Violation

Resident #8 had a [redacted] in [redacted] room. However, the resident's September 2023, medication administration record does not indicate this medication.

Plan of Correction ***Accept [redacted] - 11/22/2023)***

Immediate Action - Administrator removed the albuterol inhaler on 9/22/2023.

All Staff will be educated on checking resident's room for medication by 12/14/2023 by the administrator. Resident's family was informed about the procedures of the facility & informed they need to bring any medication to the nurses station when it comes in. This was done on 9/25/2023 by the administrator.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented ([redacted] - 01/19/2024)

187c - Refusal of Medication

7. Requirements

2600.
187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #3 is prescribed [redacted]. Intranasal both nostrils every one day. The resident refused the administration of this medication on 9/5/23, at 6:00 a.m. However, the resident's prescribing physician was not notified of the resident's refusal.

Resident #8 prescribed [redacted]. The resident refused the medication on multiple dates to include 9/2/23, morning, 9/2/23, evening, 9/3/2023 morning, and 9/3/23, evening. However, the prescribing physician was not notified of the resident's refusal.

Plan of Correction ***Accept [redacted] - 11/22/2023)***

Immediate Action - Resident 3 & 8's physician group was notified of the refusal of medication via on call service by a med tech.

Administrator made a refusal sign off sheet to put in the physician book on 9/24/2023. Staff now have to sign a paper stating that the physician was notified and what medication was refused.

Administrator will audit the refusal sheet weekly for the first 2 weeks, bi weekly for 2 weeks, then monthly after. This audit started on 10/2/2023

Results of the audits will be discussed at the next QAPI meeting January 2024.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented ([redacted] - 01/19/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] daily for seven days starting 9/15/23. However, the resident was not administered the medication on [redacted] The medication was not available in the home.

Resident is #2 is prescribed [redacted]. Give one tablet by mouth at 8:00 p.m., every night. However, this medication was not administered to the resident on multiple dates to include [redacted] through [redacted] at [redacted]. The medication was not available in the home.

Resident #3 is prescribed [redacted]

On [redacted], at [redacted] the resident's blood glucometer indicated a blood glucose reading of [redacted] calling for 0 units of insulin to be administered. However, on [redacted] at [redacted] a.m., the resident's medication administration record indicated a blood glucose reading of [redacted], with 6 units of insulin being administered.
On, [redacted], at [redacted]., a blood glucose reading on the resident's glucometer indicated a blood glucose reading of [redacted] calling for 0 units of insulin to be administered. However, on [redacted], at [redacted] the corresponding field in the resident's medication administration record indicated a blood glucose reading of [redacted] with 2 units of insulin administered.
On [redacted], at [redacted] the resident's blood glucometer indicated a blood glucose level of [redacted], calling for 0 units of insulin. However, on [redacted], at [redacted] the residence medication administration record indicated a blood glucose reading of [redacted] and was administered to [redacted] units of insulin.

Plan of Correction ***Accept ([redacted] - 11/22/2023)***

Immediate Action - The MedTech ordered resident 2's [redacted] on 9/22/2023. Resident 3 was given a new glucometer on 9/22/2023

All Staff will be educated on medication ordering & when to follow up if the medication is not available by 12/14/2023 by the administrator.

Administrator or designee will audit the med cart for expired/missing medications weekly for 2 weeks then bi weekly after, starting 11/14/2023.

Results of the audits will be discussed at the next QAPI meeting January 2024.

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented [redacted] - 01/19/2024)