

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

April 19, 2024

[REDACTED]
LUTHERAN COMMUNITY AT TELFORD
[REDACTED]
[REDACTED]

RE: LUTHERAN COMMUNITY AT
TELFORD
235 NORTH WASHINGTON STREET
TELFORD, PA, 18969
LICENSE/COC#: 12672

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2023 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: *LUTHERAN COMMUNITY AT TELFORD* License #: *12672* License Expiration: *08/02/2024*
 Address: *235 NORTH WASHINGTON STREET, TELFORD, PA 18969*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LUTHERAN COMMUNITY AT TELFORD*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/06/2012* Issued By: *Telford Borough*

Staffing Hours

Resident Support Staff: *20* Total Daily Staff: *119* Waking Staff: *89*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *12/21/2023*

Inspection Dates and Department Representative

12/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *125* Residents Served: *77*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Shepherd's Way* Capacity: *26* Residents Served: *22*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *22* Have Physical Disability: *5*

Inspections / Reviews

12/21/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/07/2024*

Inspections / Reviews (*continued*)

01/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/22/2024

03/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/18/2024

04/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. 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], the home admitted staff person A, an agency-contracted CNA, to work in the home for the first time, providing direct care to residents. Staff person A arrived at 3:45pm for a 3-11pm shift and started work without the required fire safety and other orientation trainings. Staff person A used access to resident [REDACTED] room to steal the resident's debit card. Staff person A made an estimated 37 unauthorized purchases with this card between [REDACTED] and 11/20, totaling an estimated [REDACTED].

The home has barred staff person A from returning to work in the home and reported the individual to police.

Plan of Correction

Directed [REDACTED] - 03/04/2024)

The responsible party for the resident made the facility aware of the unauthorized charges on the resident's debit card on [REDACTED]. Immediately, an investigation was started by the Administrator and RCC and the agency aide was quickly identified as a suspect. This incident with all corresponding documentation and investigation information was reported to the Bureau of Human Services Licensing, Bucks County AAA, Telford Police Dept. on [REDACTED]. A call was also made to the agency to ban the CNA from working at LCT.

Proposed Overall Completion Date: 02/29/2024

DIRECTED PLAN OF CORRECTION [REDACTED] 3/4/24):

- In addition to the steps noted the administrator or training director will conduct a training on financial abuse and the consequences to all staff of the home by [REDACTED]. The administrator will review the training sign in sheets to ensure all staff attended the trainings and maintain the training record for the Departments review.
- The administrator will discuss abuse and financial abuse at all monthly staff meetings for the next 6 month, starting 3/15/24. Documentation of the agenda for the meetings and the attendance will be maintained for the Departments review.
- The administrator will review financial abuse with all new staff, including agency staff, upon hire, starting immediately, an annually thereafter.
- The administrator and/or director of nursing will interview at least four (4) residents monthly for the next six months, starting immediately. Interview records will be maintained for the Departments review.

Directed Completion Date: 02/29/2024

Implemented [REDACTED] - 04/19/2024)

62 - Contact List

2. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

62 - Contact List (continued)

Description of Violation

On [REDACTED], the home provided the Department an incomplete staff list. The list included staff directly employed by the home, but lacked the names and contact information of people working in the home under the employment of a staffing agency. One such agency employee was staff person A.

Plan of Correction

Accepted [REDACTED] - 01/17/2024)

A list of names, addresses and telephone numbers for substitute personnel who have worked in PC through any agency has been compiled from 12/1/23 through current date (see attached). This list will be maintained and updated by the Administrator and/or scheduler as needed to ensure continued compliance with this regulation.

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented [REDACTED] - 04/15/2024)

65a - FS Orientation 1st Day

3. Requirements

2600.

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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Directed [REDACTED] - 03/04/2024)

The current procedure is that an agency training binder is kept on each floor, by the Director of nursing, [REDACTED]. It is the responsibility of the off going Nurse to ensure the training binder is reviewed and the agency staff person has had the opportunity to ask questions and sign for understanding the material covered in the training binder, starting [REDACTED]. This did not happen with the agency staff on [REDACTED]. An education will be conducted with the LCT nurses and aides to review the procedure and explain the importance of ensuring the substitute staff have a clear understanding of the orientation topics, by [REDACTED]. A request will also be made to have this information provided to the agencies LCT contracts substitute staffing with to request that this training be reviewed and documented/signed for understanding prior to picking up any shifts at LCT by the administrator or director of nursing, starting [REDACTED].

65a - FS Orientation 1st Day (continued)

Proposed Overall Completion Date: 02/29/2024

Directed Completion Date: 02/29/2024

Implemented [REDACTED] - 04/15/2024)