

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

January 25, 2024

[REDACTED]
LUTHER RIDGE FACILITY OPERATIONS LLC
[REDACTED]

RE: LUTHER RIDGE AT SEIDERS HILL
160 RED HORSE ROAD
POTTSVILLE, PA, 17901
LICENSE/COC#: 22466

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/28/2023, 12/04/2023 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: LUTHER RIDGE AT SEIDERS HILL License #: 22466 License Expiration: 04/17/2024
 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: [REDACTED]
 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: 2 Total Daily Staff: 92 Waking Staff: 69

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 12/04/2023

Inspection Dates and Department Representative

11/28/2023 - On-Site: [REDACTED] hin
 12/04/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 135 Residents Served: 75

Special Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

11/28/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/15/2023

12/18/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/19/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/22/2023

Inspections / Reviews (*continued*)

01/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/19/2024

01/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department’s assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], Resident [REDACTED] walked out of the Residence’s front entrance without anyone noticing and was found at the end of the driveway by a staff person leaving their shift. The incident was not reported to the Department until 11/6/23.

REPEATED VIOLATION: 3/9/23, 8/23/23.

Plan of Correction

Accepted [REDACTED] - 12/18/2023)

Quality review of 24 hour reports for last 2 weeks to ensure residents with reportable events were completed within 24 hours. Education with DON and ED reporting all reportable events within the requisite 24 hour time frame. Quality monitoring weekly x4 and x6 to ensure reportable events completed per regulation quality management review monthly for follow up and/or recommendations. A list of reportable incidents and conditions has been placed on each unit along with DON contact numbers for staff to ensure compliance with reporting.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 01/25/2024)

225a2 Assessment – significant change

2. Requirements

2800.

225.a.2. 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: If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

On [REDACTED], Resident [REDACTED] walked out of the residence without staff noticing and was found at the end of the driveway by a staff person leaving their shift. The Assessment and Support Plan for Resident [REDACTED] dated [REDACTED], has not been updated to indicate that [REDACTED] is exit seeking, requires increased supervision with a wander guard and has a moderate to severe problem with judgement and agitation.

REPEATED VIOLATION: 7/20/23

Plan of Correction

Accepted [REDACTED] - 12/18/2023)

Quality review of residents is 24 hours report since [REDACTED] to ensure ASP updated accordingly. Re-education completed with licensed staff and medication tech by DON. Quality monitoring weekly to ensure that ASP updated new or revised plan of care. Results of Quality review at monthly quality management meeting for recommendations and follow up. A significant change ASP was completed for resident [REDACTED]. The ASP was signed and reviewed with residents' spouse [REDACTED] a conversation was held with spouse regarding the need for secure dementia care unit for resident [REDACTED]. The ASP was signed and reviewed with residents' spouse Evaluation for same by facility staff [REDACTED] was referred to held 12/14/23.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [REDACTED] - 01/25/2024)

227g Support plan - signatures

3. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Assessment and Support Plan for Resident # [redacted] dated [redacted] has not been signed by the assessor, the resident or the resident's designated person.

REPEATED VIOLATION: 3/9/23.

Plan of Correction

Accepted [redacted] - 12/18/2023)

Quality review of resident ASPs to ensure Signatures of all staff that participated in evaluation are present licensed staff reeducated on updating ASP and signing ASP. Quality monitoring weekly to ensure that ASP updated with new or revised plan of care. Results of quality review at monthly quality management meetings for recommendations and follow-up. Current ASP's have been reviewed by assessor, residents, designers and reflect the same.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [redacted] - 01/25/2024)