

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

August 7, 2024

[REDACTED] ADMINISTRATOR  
LUTHERCARE INC  
[REDACTED]

RE: ST. JOHN'S HERR ESTATE  
200 LUTHER LANE  
COLUMBIA, PA, 17512  
LICENSE/COC#: 32187

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/16/2024 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'S HERR ESTATE* License #: *32187* License Expiration: *05/18/2025*  
 Address: *200 LUTHER LANE, COLUMBIA, PA 17512*  
 County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *LUTHERCARE INC*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *05/15/1991* Issued By: *L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *39* Waking Staff: *29*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*  
 Reason: *Renewal* Exit Conference Date: *07/16/2024*

**Inspection Dates and Department Representative**

07/16/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *46* Residents Served: *39*

**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: *39*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/16/2024 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/01/2024*

**07/30/2024 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *08/06/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/06/2024*

Inspections / Reviews *(continued)*

08/06/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/13/2024

08/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103g - Storing Food

1. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 7/16/24, packages of frozen hamburger patties, sweet potatoes fries and a large pizza were observed to be opened and unsealed in the white freezer chest in the kitchen.

Plan of Correction

Accept (█) - 08/06/2024)

The open bag was inspected for cross-contamination and closed immediately on 7/16/24 by dining manager while inspector was on site.

Dining Staff in-serviced on proper freezer storage 7/25/24 by dining manager designee. (see attached)

Dining manager or designee will conduct an audit to ensure proper frozen food storage at the following frequency: Weekly x 4 and then monthly to ensure ongoing compliance.

--Weekly Audits x4 starting 07/25/24-performed by -Dining Manager or designee (see attached for first 2 weeks)  
Monthly audit to begin 09/2024 by Dining Manager or Designee

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented (█) - 08/07/2024)

181c - Self-administration Assessment

2. Requirements

2600.  
181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 2 self-administers medications to include Tums smoothies, nasal moisturizer spray and hibiclens antiseptic/antimicrobial skin cleanser; however, Resident 2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept (█) - 08/06/2024)

Medication was immediately removed from the room while inspector was on site by the PCHA. Education provided to the resident with the Inspector and PCHA on the regulations surrounding OTC meds and the requirements on 07/16/24. Resident to inform us if any medications are needed, and we are to get an order.

Direct care staff educated on 07/18/2024 by PCHA on the regulatory requirements and to check rooms daily as we are in the rooms for meds out in the open that we are not aware of and any medications not locked. (See attached) If meds are found on a resident in which they were not assessed to self-administer, staff is to remove the medication and give it to the nursing supervisor on that shift or the PCHA

PCHA conducted room audits on all PC rooms on 7/23/2024, ensuring there were no other medications found that we were not aware of. (See Attached)

A letter went out to all the PC residents and the Responsible Parties on 07/23/2024 reminding them of

181c - Self-administration Assessment (continued)

requirements surrounding medications. (See attached)

PCHA will continue conducting monthly room audits to ensure all regulatory conditions are being met with regards to medications beginning 08/05/2024

Proposed Overall Completion Date: 08/01/2024

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented (█) - 08/07/2024

183d - Prescription Current

3. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/16/24, a package of Enema ready (PRN), prescribed for Resident 2, was in the home's medication cart; however, this medication was discontinued on 7/12/24.

Plan of Correction

Accept (█) - 08/06/2024

The medication was removed by the PCHA while the inspector was on site.

Staff was educated on 7/18/24 by PCHA on the process of removing medications upon receiving an order to discontinue the medication.

Audit conducted on 7/23/24 by PCHA on all medications to ensure no other discontinued medications were present in the home (see attached)

--PCHA will conduct monthly medication audits--beginning on 08/05/2024 on all the residents to ensure ongoing compliance with all regulatory requirements related to medication storage.

Proposed Overall Completion Date: 08/01/2024

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented (█) - 08/07/2024

185a - Implement Storage Procedures

4. 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

On 7/7/24 at 9pm, a blood sugar reading of 269 was observed in Resident 1's glucometer. However, the resident's medication administration record (MAR) had a blood sugar reading of 262.

Plan of Correction

Accept (█) - 08/06/2024

Staff educated on 7/18/24 by the PCHA on the importance of careful documentation in the electronic health record

**185a - Implement Storage Procedures (continued)**

and the glucometer policy and procedure was reviewed. (See Attached)

There is only 1 current glucometer in PC so no further audit can be conducted on other residents at this time, but ongoing, the PCHA-PCHA will begin weekly audits x4 on 7/23/24 (see attached first 2 weeks), and then monthly audits thereafter beginning on 09/02/2024 to ensure no further transcription errors occur. At the moment this resident has orders for Prn glucometer readings and has not had a blood sugar check since 7/10.

Proposed Overall Completion Date: 08/01/2024

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented ( [REDACTED] ) - 08/07/2024)