

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

November 7, 2024

[REDACTED]
ST JOHN LUTHERAN CARE CENTER
[REDACTED]

P.O. BOX 928
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2024 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 SPECIALTY CARE CENTER* License #: *44833* License Expiration: *05/25/2025*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *08/29/2024*

Inspection Dates and Department Representative

08/29/2024 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: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *23* Have Physical Disability: *0*

Inspections / Reviews

08/29/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/15/2024*

09/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/18/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/26/2024*

Inspections / Reviews *(continued)*

09/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/16/2024

11/07/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/18/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident/home contract for resident [redacted] dated [redacted], is not signed by the resident.

Plan of Correction

Accept [redacted] - 09/24/2024)

Resident [redacted] signed the resident contract on [redacted].

Admissions staff was educated by the administrator on 9/12/2024 about the regulation for resident signatures on resident contracts.

An audit of all resident contracts was conducted no 9/13/2024 by the admissions coordinator and all contracts identified as unsigned will be signed by 9/20/2024.

The administrator or designee will audit all new resident contracts beginning 9/13/2024 to ensure that resident signatures are captured.

Results of these audits will be reviewed by the administrator or designee in the quarterly QAPI meetings beginning 10/16/2024 and ongoing.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [redacted] - 11/07/2024)

42b - Abuse

2. 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] at approximately 7:00 a.m., direct care staff A was providing continence care to resident [redacted] in their bed. According to multiple resident and staff interviews, direct care staff A roughly changed the resident's clothes, causing the resident pain and discomfort. The resident cried out "Ow! My hip! Stop it!" multiple times. Additionally, while attempting to put the resident's pants on, the resident told the staff to stop, to which direct care staff A replied "If your [redacted] feet worked, this wouldn't be a problem!" and "[redacted]".

Plan of Correction

Accept [redacted] - 09/19/2024)

The allegation of abuse was investigated and reported on 8/14/2024 by the administrator and associate director.

The perpetrator was suspended by HR pending the investigation and subsequently terminated on [redacted]

Staff were educated by LPN supervisor on abuse and neglect on or prior to 8/20/2024.

All allegations of abuse are investigated upon identification and reported per regulation. All new staff have a background check and reference checks completed prior to hire by the HR department and abuse education completed by the clinical educator or designee prior to working with residents. Staff are educated annually through Relias and as needed by the clinical educator or designee.

Allegations of abuse are reviewed by HR and the administrator or designee in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [redacted] - 11/07/2024)

225c - Additional Assessment

3. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] medical evaluation, dated [redacted] indicates a diagnosis of [redacted] and [redacted]. However, the resident's assessment and support plan, dated 4/23/24 and 5/1/24, was not updated to address these significant changes.

Repeat Violation: 4/24/24

Plan of Correction

Accepted [redacted] - 09/24/2024)

The RASP for resident [redacted] was updated to address the new diagnosis on [redacted] by the LPN supervisor.

An audit of RASPs will be completed by the administrator or designee by 9/27/2024 to ensure diagnosis are current and accurate.

Education was provided to the LPN supervisor by the administrator on 9/12/24 on updated RASPs to reflect clinical changes.

Audits will be reviewed by the administrator or designee in the quarterly QAPI meetings beginning 10/16/2024 and ongoing.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [redacted] - 11/07/2024)

227g -Support Plan Signatures

4. Requirements

2600.

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

Description of Violation

Resident [redacted] initial assessment and support plan, dated [redacted] and [redacted], was not signed by the resident.

Repeat Violation: 4/24/24

Plan of Correction

Accepted [redacted] - 09/24/2024)

The RASP for resident [redacted] was updated to address the new diagnosis on [redacted] by the LPN supervisor. The resident's signature was obtained at this time.

An audit of RASPs will be completed by the administrator or designee by 9/27/2024 to ensure that they are signed timely

Education was provided to the LPN supervisor by the administrator on 9/12/24 on timeliness of resident signature on RASPs.

Audits will be reviewed by the administrator or designee in the quarterly QAPI meetings beginning 10/16/2024 and ongoing.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [redacted] 11/07/2024)