

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

March 3, 2025

[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 01/22/2025 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:** 07/03/2025
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:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 73 **Waking Staff:** 55

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 01/22/2025

Inspection Dates and Department Representative

01/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 135 **Residents Served:** 61

Special Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 59
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 12 **Have Physical Disability:** 0

Inspections / Reviews

01/22/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/21/2025

02/24/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/28/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/03/2025

Inspections / Reviews *(continued)*

02/26/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/05/2025

03/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b Abuse/Neglect**1. Requirements**

2800.

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

Resident [REDACTED] has a significant fall history. From [REDACTED] to [REDACTED], the resident sustained 8 falls. Of those falls the resident sustained closed head injuries on [REDACTED]. On [REDACTED] resident suffered a right hip fracture from another fall. No additional safeguards were put in place as a result of these falls and the home was not providing 24-hour direct supervision as indicated as needed in the assessment and support plan dated [REDACTED].

Plan of Correction**Accept [REDACTED] 02/26/2025)**

Resident [REDACTED] was discharged from facility on [REDACTED]. Residence does not provide one on one 24-hour direct supervision as indicated in the assessment. However, Staff have since been educated by Director of Nursing and Executive Director on the importance of charting and how to chart/assess accordingly on 2/17/2025. Staff also educated on slips, trips and falls by the director of nursing on 2/17/2025. All training will continue on a quarterly basis and will be done by the director of nursing and executive director.

Licensee's Proposed Overall Completion Date: 02/25/2025

Implemented [REDACTED] - 03/03/2025)