

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

April 11, 2025

[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 02/20/2025 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:** 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

**Type:** C-1      **Date:** 06/01/1965      **Issued By:** L&I

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 61      **Waking Staff:** 46

## Inspection Information

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Complaint, Incident      **Exit Conference Date:** 02/20/2025

## Inspection Dates and Department Representative

02/20/2025 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 75      **Residents Served:** 54

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** SDCU      **Capacity:** 75      **Residents Served:** 54

## Hospice

**Current Residents:** 4

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 54  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 7      **Have Physical Disability:** 0

## Inspections / Reviews

02/20/2025 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/21/2025

03/31/2025 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/07/2025  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 04/02/2025

Inspections / Reviews *(continued)*

04/11/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2025

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] at approximately 6:00 p.m., staff person A was speed walking while pushing resident [redacted] in [redacted] wheelchair down the hallway from the dining room to [redacted] bedroom. The resident stated that the wheelchair was moving too fast, and [redacted] panicked. Staff person A had not put the footrests on the wheelchair and the resident was able to drop [redacted] feet to the floor, causing [redacted] to tumble forward out of the wheelchair. Resident [redacted] hit [redacted] head on the handrail in the hallway and [redacted] knees on the floor when [redacted] fell. The resident was bleeding profusely from the head and was sent to the hospital, where [redacted] required 19 stitches to the middle of [redacted] forehead and sustained skin tears to both knees.

Plan of Correction

Accept [redacted] - 03/31/2025)

1. The incident that resulted in the resident injury was investigated and reported on 2/10/25 by the associate director and LPN supervisor.
2. The staff member involved was re-educated on resident safety and neglect on 2/11/2025 by the LPN supervisor.
3. On 2/11/2025 staff were educated by the LPN Supervisor on the requirement of leg rests for any resident being pushed in a wheelchair. Ongoing, any staff found to not be using leg rests when pushing a wheelchair will be disciplined following the progressive discipline policy.
4. On 3/13/2025 the residents were educated at resident council by the LPN Supervisor on how staff will not be permitted to push them if they do not have leg rests on their wheelchair.
5. On 3/13/25, all residents with wheelchairs were audited by the LPN supervisor to ensure that they had leg rests for their wheelchairs.
6. All allegations of abuse or neglect are investigated upon identification and reported per regulation. All staff are trained on abuse and neglect upon hire, annually, and as needed by the clinical educator or through Relias.
7. Allegations of abuse or neglect are reviewed by HR and the administrator or designee and reported on in the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented ([redacted] - 04/11/2025)

227g -Support Plan Signatures

2. 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] support plan, dated [redacted], was not signed by the assessor and resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Repeat Violation: [redacted] et al.

Plan of Correction

Accept [redacted] - 03/31/2025)

1. Resident [redacted] signed the support plan on 2/21/25
2. LPN supervisor was educated by the Associate Director on the regulation of having a resident/representative sign the support plan on 2/21/25.

**227g Support Plan Signatures (continued)**

3. Audit of all resident support plans was conducted on 3/13/25 by the LPN Supervisor and Associate Director to ensure signatures were obtained. All support plans found without signatures will be signed by 3/21/25.
4. The administrator or designee will audit all new resident support plans monthly beginning 3/13/25 to ensure signatures are captured.
5. Results of audits will be reviewed by the administrator of designee at the quarterly QAPI meetings beginning 4/16/2025 and ongoing.

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented [REDACTED] - 04/11/2025)