

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

May 20, 2025

[REDACTED]
LUTHERAN COMMUNITY AT TELFORD
[REDACTED]

RE: LUTHERAN COMMUNITY AT
TELFORD
235 NORTH WASHINGTON STREET
TELFORD, PA, 18969
LICENSE/COC#: 12672

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2025 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: LUTHERAN COMMUNITY AT TELFORD **License #:** 12672 **License Expiration:** 08/02/2025
Address: 235 NORTH WASHINGTON STREET, TELFORD, PA 18969
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: LUTHERAN COMMUNITY AT TELFORD
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 95 **Waking Staff:** 71

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 03/03/2025

Inspection Dates and Department Representative

03/03/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125 **Residents Served:** 75

Secured Dementia Care Unit

In Home: Yes **Area:** Shepherd's Way **Capacity:** 24 **Residents Served:** 18

Hospice

Current Residents: x

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 75
Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 20 **Have Physical Disability:** 9

Inspections / Reviews

03/03/2025 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/11/2025

04/17/2025 POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/19/2025
Reviewer: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 04/22/2025

Inspections / Reviews *(continued)*

05/12/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/17/2025

05/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

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 11:30 AM after the morning activity was finished in the community living room in the home's SDCU, staff A took some residents to their rooms to perform incontinence care, and began gathering residents for lunch. Around 11:50 AM, staff A was returning to the living room and saw resident [REDACTED] shaking resident [REDACTED] like trying to wake [REDACTED] but when the staff got closer, the staff noticed resident [REDACTED] hand in resident [REDACTED] pants under the resident's clothing. Resident [REDACTED] was still asleep when the staff separated them. Resident [REDACTED] judgement is impaired due to cognitive deficit and the resident has exhibited episodes of sexual touching of female residents in the past as indicated in RASP updates/changes dated 09/30/2019 and 10/29/2019, and also in RASP summary dated 11/08/2021 (resurfacing of inappropriate behaviors including touching of another residents and inappropriate sexual comments). Resident [REDACTED] assessment and support plan, dated 11/22/2024, indicates that the resident needs regular supervision while in the home. The plan also indicates that the resident has a moderate problem with judgment, and notes that "Staff will monitor behavior and encourage appropriate interactions with other residents." At the time of the incident, there was no staff present in the common area to supervise resident [REDACTED] or [REDACTED]

Plan of Correction**Directed [REDACTED] 05/12/2025)**

At the time of the incident, the residents were not monitored for a time span of 20 minutes. Resident [REDACTED] and Resident [REDACTED] had a very friendly and cordial relationship and enjoyed each other's company daily and their interactions were appropriate. Resident [REDACTED] had been and continued to be seen by medical professionals that deemed his placement in our secured dementia unit appropriate for [REDACTED]. There had been effective interventions in place since the previous incidents of inappropriate behaviors including touching of another resident and inappropriate sexual comments that took place greater than 4 years ago. Resident [REDACTED] and the other residents in our secured dementia unit require regular supervision in the home for safety due to impaired judgement and cognitive deficit. The facility filed appropriate and timely reports with the required agencies at the time of this incident. The Administrator and Resident Care Coordinator reached out to AAA for guidance to ensure all necessary precautions were in place for Resident [REDACTED] safety. AAA advised against 1:1 24 hour supervision at this time, as it could cause a dignity concern, irritability, and a steep financial burden on the family. The placement of furniture in the activity room was evaluated and changed to allow space between the chairs that Resident [REDACTED] and Resident [REDACTED] frequently chose. Resident [REDACTED]'s RASP was updated at the time of this incident. The staff will observe and document on an audit sheet that the residents in the common area of our secured dementia unit are interacting appropriately every 30 minutes for a period of 30 days. Since the time of this report Resident [REDACTED] has been discharged from our facility. There is an all staff abuse training being conducted by Bucks County AAA on 4/17/25 at our facility. 4/21/25 - See attached monitoring audit sheets and attached training documentation from AAA training on 4/17/25

Proposed Overall Completion Date: 04/21/2025

Directed Plan of Correction:

In addition to the above steps, the administrator or management-level designee shall implement a safety plan for residents that exhibit or develop sexually expressive behaviors to ensure that frequent observation is in place and

42b Abuse (continued)

that any residents engaged in interactions with the resident are able to consent. Immediate action shall be implemented for residents whose behaviors cannot be safely managed by the home for the safety and protection of other residents.

Directed Completion Date: 05/16/2025

Implemented [REDACTED] - 05/20/2025)

42x - Safeguard**2. Requirements**

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

The home's contract page 11 (XIV Personal and other Property A. Responsibility for Maintenance of Loss) reads "The facility shall provide residents with reasonable access to the safe located in the administrative office in which residents can keep their cash or other personal valuables."

On [REDACTED], resident [REDACTED] reported missing cash and personal belongings. Of five residents interviewed, none expressed knowledge of the home's system of safeguarding residents' property, money, or valuables.

Plan of Correction

Directed [REDACTED] - 05/12/2025)

At the Resident Council Meeting held on 3/25/25. The residents were reminded of the availability of securing their valuables in the business office safe. The residents were also informed that the facility is in the process of purchasing and will be installing lockboxes in each apartment. The minutes from the Resident Council meeting have been posted. On 4/8/25 a letter was provided to all residents and responsible persons informing them of the purchase and installation of the lockboxes and the key process for the lockboxes. The resident's handbook has been updated to include the lockbox information. The contract has also been updated to include the lockbox availability under the basic services provided by the facility. The lockbox installation for all apartments will be completed by 5/31/25. 4/21/25 proposed date has been updated to 5/10/25 to demonstrate significant compliance with the plan of correction.

4/21/25 See attached purchase receipt and documentation of receipt of lockboxes. See attached picture of installed securely mounted lockbox in a PC apartment. See attached update to the resident handbook. See attached update to the resident contract. See attached letter sent to residents and responsible parties.

Proposed Overall Completion Date: 05/31/2025

Proposed Overall Completion Date: 05/10/2025

Directed Plan of Corrections:

In addition to the above, the administrator or designee shall remind residents of the availability of lock boxes for the next two consecutive resident council meetings and semiannually thereafter.

Directed Completion Date: 05/16/2025

Implemented [REDACTED] - 05/20/2025)

234d - Support Plan Revision

3. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

On [REDACTED] at 03:11 PM, resident [REDACTED] was able to leave the home's secured dementia care unit (SDCU) unaccompanied and was guided back to the unit by a staff member. However, the resident's support plan, dated [REDACTED] has not been updated to reflect the new behavior of wandering/exit seeking.

Plan of Correction

Directed [REDACTED] - 05/12/2025)

Resident [REDACTED] does not have a new behavior of wandering/exit seeking. Resident [REDACTED] was left out of the secured dementia unit by a family member of another resident. Resident [REDACTED] has exited out of this door with supervision to attend activities in our auditorium and chapel previously. On 4/09/25 an addendum has been added to Resident [REDACTED] RASP to reflect that the staff should redirect Resident [REDACTED] if found to be lingering at an exit door with no purpose due to an elopement on 12/7/24. The staff has been instructed to review Resident [REDACTED] addendum to the 7/12/24 RASP and document the review.

4/21/25 - See attached addendum to Resident [REDACTED] RASP and the signature sheet showing the addendum has been reviewed by the staff.

Proposed Overall Completion Date: 04/21/2025

Directed Plan of Correction:

In addition to the above, within 10 days of the receipt of the acceptable plan of correction, the administrator or designee shall audit the RASPs of all residents in the SDCU to ensure they are updated with wandering or exit-seeking behaviors.

Beginning 10 days from the date of the acceptable plan of correction, the administrator or designee shall update the RASPs of residents who exhibit a change in behaviors within

Directed Completion Date: 05/16/2025

Implemented [REDACTED] - 05/20/2025)