

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

August 14, 2025

[REDACTED], CEO
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 07/09/2025 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'S HERR ESTATE* License #: *32187* License Expiration: *05/18/2026*
 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: *Labor and Industry*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/09/2025*

Inspection Dates and Department Representative

07/09/2025 - 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: *1*

Inspections / Reviews

07/09/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2025*

07/23/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/06/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/04/2025*

Inspections / Reviews *(continued)*

08/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 7/9/25 at 9:15 AM, a black binder labeled "lab book" was unlocked, unattended, and accessible at the front desk. The book contained resident names and lab tests orders including for resident 1, CBC, w/diff, CMP, TSH, lipid profile; and for resident 2, TSH reflex FT4.

Plan of Correction

Accept (█) - 07/23/2025

Immediate remediation on 7/9/25 Binder was locked away by the PCHA and inaccessible to the public. PCHA will be conducting weekly audits x4 beginning 7/21 to ensure no HIPPA sensitive items are not found in view of residents. PCHA to conduct an immediate education on the importance of confidentiality to the UPMC Lab Personnel on their next visit date 7/23/2025 PCHA will conduct a mandatory all staff meeting on 7/25/25 for all staff to be reeducated on confidentiality reg.

Licensee's Proposed Overall Completion Date: 08/17/2025

Implemented (█) - 08/14/2025

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/9/25 at 9:50 AM, there were two uncovered, unattended trash cans in the kitchen.

Plan of Correction

Accept (█) - 07/23/2025

Immediate remediation the trash receptacle without a lid was immediately replaced with a lidded container on 07/09/2025 by the Dining Services Director The Dining Services Director is responsible for ensuring that all trash receptacles in food service areas remain compliant with sanitation standards. Completion Date: 07/09/2025 — Corrective action completed. Ongoing monitoring initiated immediately by the Dining Services Director Systemic Measures to Ensure Ongoing Compliance: A facility-wide audit of all Dining Services trash receptacles was completed to ensure all are equipped with proper lids by the Dining Services Director. All Dining Services team members were re-educated on regulatory sanitation requirements, including the necessity of covered waste containers, during an in-service held on 7/17/2025 by the Dining Services Director The daily opening and closing sanitation checklist has been updated to include a visual check of all trash cans to

85d - Trash Receptacles (continued)

ensure lids are present and in good condition. Ongoing Monitoring & Quality Assurance:
The Dining Services Director or designee will conduct weekly inspections of all kitchen and service areas to verify continued compliance.

Any deficiencies will be corrected immediately and addressed with retraining as appropriate.

The Dining Services Director or designee will conduct a mandatory staff education on 7/17/25

Licensee's Proposed Overall Completion Date: 07/17/2025

Implemented () - 08/14/2025)

102i - Soap Dispenser

3. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the spa room.

Plan of Correction

Accept () - 07/23/2025)

Immediate remediation on 7/9/2025 the PCHA discarded the bar of soap.

PCHA to conduct a mandatory all staff meeting on 7/25/25 regarding the use and policy on soap.

PCHA will be conducting audits weekly x4 beginning 7/21/25 and then monthly to ensure compliance

Licensee's Proposed Overall Completion Date: 08/17/2025

Implemented () - 08/14/2025)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The current medical evaluation for resident 3, dated () does not include a general physical examination including blood pressure and temperature.

Plan of Correction

Accept () - 07/23/2025)

Immediate remediation on 7/9/25, PCHA removed the DME from the chart to have the PA complete the remaining

141a 1-10 Medical Evaluation Information (continued)

boxes that were incomplete.

ALL charts will be audited to ensure all DMEs have required information by 8/1/2025

PCHA will conduct a mandatory staff education on 7/25/25 regarding the DME forms and the process.

PCHA will educate the staff on 7/25/25 on making sure all DME's are given to PCHA prior to being on a chart and will be reviewed by the ED prior to being put on the chart

PCHA will be auditing each DME prior to placing in the chart. and will do biweekly audits x4 beginning 7/21/25 and monthly thereafter

Licensee's Proposed Overall Completion Date: 09/01/2025

Implemented (█) - 08/14/2025)

185a - Implement Storage Procedures

5. 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

Resident 4 is prescribed blood sugar checks every morning and evening. There were multiple discrepancies between blood sugar readings stored on the resident's meter versus what was recorded on the medication administration records (MARs). These discrepancies included:

- A reading of 176 was stored in the meter for 7/9 at 9:44 PM, however, was recorded on the MAR for 7/8
- A reading of 164 was stored in the meter for 7/7 at 9:35 PM, however, was recorded on the MAR for 7/6
- A reading of 98 was stored in the meter for 7/7 at 6:29 AM, however, was recorded on the MAR for 7/7
- A reading of 226 was stored in the meter for 7/6 at 9:35 PM, however, was recorded on the MAR for 7/5
- A reading of 113 was stored in the meter for 7/1 at 9:20 PM, however, was not recorded on the MAR
- A reading of 136 was documented on the MAR for the morning of 7/5, however, was not stored in the meter
- A reading of 133 was documented on the MAR for the morning of 7/4, however, was not stored in the meter
- A reading of 147 was documented on the MAR for the morning of 7/1, however, was not stored in the meter

Repeated Violation - 7/16/24

Plan of Correction

Accept (█) - 07/23/2025)

Immediate remediation on 7/9/25, Family was informed of the difficulty in accessing the meter readings with that specific glucometer and they will be bringing the resident a new one.

PCHA to conduct a mandatory staff education and training 7/25/25 on the storage, accessibility, security and distribution and use of medications and equipment/devices

PCHA will conduct weekly audits on all glucometers x4 beginning 7/21/25 and then monthly to ensure proper documentation moving forward.

Licensee's Proposed Overall Completion Date: 08/17/2025

Implemented (█) - 08/14/2025)