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

July 17, 2026

[redacted], ADMINISTRATOR
ST JOHN LUTHERAN CARE CENTER
500 WITTENBERG WAY
P.O. BOX 928
MARS, PA, 16046

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2026, 05/06/2026 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 LUTHERAN CARE CENTER* **License #**: *44833* **License Expiration**: *05/25/2027*

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: *500 WITTENBERG WAY, P.O. BOX 928, MARS, PA, 16046*

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**: *75* **Waking Staff**: *56*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *05/06/2026*

Inspection Dates and Department Representative

05/05/2026 - On-Site: [redacted]

05/06/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *46*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *46*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *29* **Have Physical Disability**: *0*

Inspections / Reviews

05/05/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/07/2026*

06/18/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/16/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/25/2026*

Inspections / Reviews *(continued)*

07/16/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/23/2026*

07/17/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/16/2026*

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 5/5/26 at approximately 11 :00 a.m., a resident listing report, with resident names and diet orders, to include resident #1 & resident #2, posted in the 3rd floor dining room, was unlocked, unattended, and accessible.

REPEATED VIOLATION - 5/19/25 et al.

Plan of Correction ***Accept (- 07/16/2026)***

1. The administrator removed the resident listing report with resident names and diet orders from the 3rd floor dining area on 5/5/26.
2. All staff will be educated by the administrator by 6/16/26 on record confidentiality.
3. Starting 5/11/26, the administrator or designee will conduct confidentiality audits weekly for four weeks and then monthly ongoing to ensure no resident information is left unlocked, unattended, and accessible.
4. Results of all audits will be reviewed at the quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan, dated for resident #3, indicated the resident required assistance with transfer and that the resident should ring their call bell for assistance. On 5/6/26, at 5:59 a.m., the resident did not receive this assistance as required. Resident #3 pushed call bell for staff assistance to transfer to the bathroom. The resident waited approximately 25 minutes and when staff did not arrive, the resident took themselves to the bathroom and returned to sit in chair. Not until 6:40 a.m. did staff arrive to provide assistance.

Plan of Correction ***Accept (- 07/16/2026)***

1. The PC supervisor immediately reviewed resident #3's care needs with direct care staff, including the need for timely response times.
2. All direct care staff will be educated by the administrator by 6/16/26 on timely call bell response time expectations.
3. Starting 5/11/26, the administrator or designee will conduct daily audits of the call bell response times for 2 weeks and then monthly ongoing.
4. Results of audits will be reviewed at the quarterly QAPI meetings.

23a Activities of Daily Living Assistance *(continued)*

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

42b - Abuse

3. 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

Resident #4's assessment, dated indicates multiple diagnoses to include The resident's support plan, dated , indicates to meet these needs, staff will monitor for agitation, aggression, anxiety, wandering shouting and personality shifts, and monitor for appetite/weight changes, sleep disturbances, low energy, fatigue, and difficulty concentrating, medications as ordered by (medical doctor) MD, following (by) psych (psychiatry) group. The resident's assessment indicates a moderate problem with irritability. The resident gets upset at other residents and staff very easily. The resident's support plan indicates to meet this need, staff will redirect, reorient, and reapproach, as necessary. The resident's assessment indicates the resident has a moderate problem with judgement and decisions are often harmful to and others. will often yell at other residents (sometimes getting in their faces) for looking at or sitting within eyesight of room. The resident's support plan indicates to meet this need, staff will redirect, reorient, and reapproach, as necessary. The resident's assessment indicates a moderate problem with agitation. Resident #4 is easily upset or unsettled and will often refuse medications and meals, saying that no one likes and should go home. The resident's support plan indicates to meet this need, staff will redirect, reorient, and reapproach, as necessary. The resident's assessment indicates a moderate problem with aggression. The resident sometimes gets verbally violent with staff and residents and physically violent with staff. will sometimes yell at other residents, calling them "spy apples" for looking at will yell at staff and sometimes hit them when they try to redirect offer medication, or when staff check on support plan indicates to meet these needs, staff will redirect, reorient, and reapproach, as necessary.

On at approximately 5:00 p.m., resident #4 became agitated and slapped resident #1 in the face in the dining room while unprovoked.

On at approximately 2:00 p.m., resident #4 became agitated, again unprovoked, and hit resident #2. Then resident #2 hit resident #4 back in the face. Resident #4 was immediately observed with a red mark on the left side of face.

Plan of Correction ***Accept (- 07/16/2026)***

1. Resident #4 was immediately reassessed by the Physician Assistant and administrator following the incidents on and received the appropriate medical evaluation and treatment. Both of these instances were reported to DHS and AAA in a timely manner. Resident #4's RASP was updated by the administrator to include both instances and new interventions on Both residents #1 and #2 were assessed immediately by the RN Supervisor following the incidents. No injuries were noted.
2. The administrator will educate direct care staff on dementia related behaviors, abuse prevention, residents monitoring, and de escalation techniques by 6/16/26.
3. Starting 5/8/26, behavioral incidents will be reviewed in daily clinical meetings by the administrator and Personal Care Supervisor
4. Findings at the daily meeting will be presented at quarterly QAPI meetings to ensure interventions remain

42b Abuse (continued)

effective.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

65f - Training Topics

4. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person B did not receive training in the following topics during training year January 1, 2025 to December 31, 2025:

1. Medication self administration training.

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Plan of Correction ***Accept (- 06/18/2026)***

1. Staff person B completed the required annual training on medication self administration and resident specific care needs on 5/11/26.

2. On 5/11/26 the Executive Director educated the PC Supervisor and PC Administrator on annual training requirements.

3. Starting 5/11/26, the administrator or designee will audit training records monthly to ensure compliance with annual training requirements.

Licensee's Proposed Overall Completion Date: *06/16/2026*

Implemented (- 07/17/2026)

65g - Annual Training Content

5. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff person B did not receive training in the following topic during training year January 1, 2025 to December 31, 2025:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Plan of Correction ***Accept (- 06/18/2026)***

1. Staff person B is scheduled to receive fire safety training by a staff member who was trained by a fire safety

65g - Annual Training Content (continued)

expert on 6/11/26.

2. On 5/11/26, the Administrator and PC Supervisor were educated by the executive director on the requirements of annual fire training.

3. The administrator or designee will conduct monthly audits of staff annual training starting 5/11/26 to ensure all staff members receive the required education.

4. Results of the audits will be presented at the quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: *06/11/2026*

Implemented ([redacted] - 07/17/2026)

91 - Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers on or by the telephone in the 3rd floor dining room.

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

1. The administrator posted the emergency telephone numbers by the phone in the 3rd floor dining room on 5/6/26.

2. The administrator will educate staff on the regulation for emergency numbers being posted by 6/16/26.

3. The administrator completed a whole house audit on 5/8/26 to ensure all telephones with an outside line had numbers posted.

4. Starting 5/11/26, the administrator or designee will audit phones weekly for 4 weeks and then monthly ongoing.

5. Results of the audits will be reviewed at the quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented ([redacted] - 07/17/2026)

103e - Left Overs

7. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated bowl of rice and meat in the refrigerator of the 3rd floor sitting area.

Plan of Correction ***Accept ([redacted] - 07/16/2026)***

1. The PC Supervisor discarded the unlabeled and undated food from the refrigerator on 5/5/26.

2. Staff will be educated by 6/16/26 on food labeling, dating, and storage requirements by the administrator.

3. Starting 5/11/26, the administrator or designee will conduct audits of all kitchen and nourishment areas weekly for 4 weeks and then monthly ongoing for compliance.

4. Results of the audits will be reviewed at the quarterly QAPI meetings.

103e - Left Overs *(continued)*

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

141b2 - Medical Evaluation Changes

8. Requirements

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

On , resident #3 had a fall resulting in ; however, a new medical evaluation was not completed for this significant change.

Plan of Correction ***Accept (- 07/16/2026)***

1. Resident #3's medical evaluation was updated on 5/8/26 by the PC Supervisor.
2. The administrator will educate staff on the requirement for obtaining updated medical evaluations after significant changes by 6/16/26.
3. Starting 5/8/26, the administrator and personal care supervisor will review all resident changes at the daily clinical meeting to identify residents who trigger for a significant change assessment.
4. Findings at the daily meeting will be presented at quarterly QAPI meetings to ensure interventions remain effective.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

183d - Prescription Current

9. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/6/26, Donepezil 5mg, prescribed for resident #4, was in the home's medication cart; however, this medication was discontinued on 10/22/25.

Plan of Correction ***Accept (- 07/16/2026)***

1. The discontinued Donepezil for Resident #4 was removed from the medication cart and disposed of on 5/6/26 by the PC Supervisor.
2. The administrator will educate staff on proper medication storage by 6/16/26.
3. The personal care supervisor conducted an initial medication cart audit on 5/8/26 to ensure all medication is current in the carts.
4. Starting 5/11/26, the administrator or designee will conduct weekly cart audits for 4 weeks and then monthly ongoing.
5. Results of audits will be reviewed at the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: *06/19/2026*

183d - Prescription Current *(continued)*

Implemented (- 07/17/2026)

184a - Resident's Meds Labeled

10. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #4 was prescribed Zyprexa 5mg, take 1.5 tablets once daily; however, the pharmacy label indicated 5mg, take 1 tablet once daily.

Plan of Correction ***Accept (- 07/16/2026)***

1. The PC Supervisor placed a change of direction sticker on Resident #4's Zyprexa order to reflect physicians orders on 5/6/26.
2. Staff will be educated by 6/16/26 on verifying medication labels against current physician orders by the administrator.
3. An initial medication label audit was conducted on 5/8/26 by the personal care supervisor ensuring all labels match physician orders.
4. Starting 5/11/26, the administrator or designee will conduct weekly audits of medication labels for 4 weeks and then monthly ongoing.
5. Results of audits will be reviewed at the quarterly QAPI meetings.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

186a - Authorized Prescriber

12. Requirements

2600.
186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

On 5/6/26, Warfarin 1mg, belonging to resident #2, was in the home's medication cart; however, the home does not have a current prescriber's order for this medication.

Plan of Correction ***Accept (- 07/16/2026)***

1. A direction change sticker was placed on the Warfarin 1mg by the PC Supervisor to reflect the physicians order for warfarin 2mg. (Give 2 tabs (2mg) by mouth once daily.)
2. Staff will be educated by 6/16/26 on the importance of ensuring all physician orders match medication labels by the administrator.
3. On 5/8/26 the PC Supervisor conducted an initial audit to ensure all medication labels matched current orders.
4. Starting 5/11/26, the administrator or designee will audit the medication carts once weekly for 4 weeks and then monthly ongoing to ensure that all medication labels match current prescriber orders.
5. Results of the audits will be reviewed at the quarterly QAPI meetings.

186a - Authorized Prescriber *(continued)*

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

225c - Additional Assessment

14. 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

On resident #3 had a fall resulting in ; however, the resident's assessment, dated was not updated for this significant change.

Plan of Correction ***Accept (- 07/16/2026)***

1. Resident #1's RASP was updated on 5/8/26 by the PC Supervisor.
2. Staff will be educated by 6/16/26 regarding the regulation for updating resident assessments after a significant change by the administrator.
3. Starting 5/8/26, the administrator and personal care supervisor will review all resident changes at the daily clinical meeting to identify residents who trigger for a significant change assessment.
4. Findings at the daily meeting will be presented at quarterly QAPI meetings to ensure interventions remain effective.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

227c - Support Plan Revision

15. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

On resident #3 had a fall resulting in ; however, the resident's support plan, dated , was not updated for this significant change.

Plan of Correction ***Accept (- 07/16/2026)***

1. Resident #1's RASP was updated on 5/8/26 by the PC Supervisor.
2. Staff will be educated by 6/16/26 regarding the regulation for updating resident assessments after a significant change by the administrator.
3. Starting 5/8/26, the administrator and personal care supervisor will review all resident changes at the daily clinical meeting to identify residents who trigger for a significant change assessment.
4. Findings at the daily meeting will be presented at quarterly QAPI meetings to ensure interventions remain effective.

227c Support Plan Revision *(continued)*

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)

227d - Support Plan Medical/Dental

16. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4's assessment, dated , indicates multiple diagnoses to include . The resident's support plan, dated indicates to meet these needs, staff will monitor for agitation, aggression, anxiety, wandering shouting and personality shifts, and monitor for appetite/weight changes, sleep disturbances, low energy, fatigue, and difficulty concentrating, medications as ordered by (medical doctor) MD, following (by) psych (psychiatry) group. The resident's assessment indicates a moderate problem with irritability. The resident gets upset at other residents and staff very easily. The resident's support plan indicates to meet this need, staff will redirect, reorient, and reapproach, as necessary. The resident's assessment indicates the resident has a moderate problem with judgement and decisions are often harmful to and others. will often yell at other residents (sometimes getting in their faces) for looking at or sitting within eyesight of room. The resident's support plan indicates to meet this need, staff will redirect, reorient, and reapproach, as necessary. The resident's assessment indicates a moderate problem with agitation. Resident #4 is easily upset or unsettled and will often refuse medications and meals, saying that no one likes and should go home. The resident's support plan indicates to meet this need, staff will redirect, reorient, and reapproach, as necessary. The resident's assessment indicates a moderate problem with aggression. The resident sometimes gets verbally violent with staff and residents and physically violent with staff. will sometimes yell at other residents, calling them "spy apples" for looking at will yell at staff and sometimes hit them when they try to redirect offer medication, or when staff check on support plan indicates to meet these needs, staff will redirect, reorient, and reapproach, as necessary.

On at approximately 5:00 p.m., resident #4 became agitated and slapped resident #1 in the face in the dining room while unprovoked.

On at approximately 2:00 p.m., resident #4 became agitated, again unprovoked, and hit resident #2. Then resident #2 hit resident #4 back in the face. Resident #4 was immediately observed with a red mark on the left side of face.

Resident #4's support plan does not document how the home will meet the resident's needs by preventing harm to the resident and others

Plan of Correction ***Accept (- 07/16/2026)***

1. Resident #4's support plan was updated on to reflect interventions implemented after each incident by the administrator.

227d Support Plan Medical/Dental (continued)

2. The administrator updated resident #4's support plan on 6/1/26 to reflect additional redirection techniques
3. The administrator will educate direct care staff on dementia related behaviors, abuse prevention, resident monitoring, and de escalation techniques by 6/16/26.
4. Starting 5/8/26, behavioral incidents will be reviewed in daily clinical meetings by the administrator and Personal Care Supervisor.
5. Findings at the daily meeting will be presented at quarterly QAPI meetings to ensure interventions remain effective.

Licensee's Proposed Overall Completion Date: *06/19/2026*

Implemented (- 07/17/2026)