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

July 17, 2026

[redacted]
ST JOHN LUTHERAN CARE CENTER
[redacted]

RE: ST.JOHN LUTHERAN 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 06/12/2026 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: [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**: *79* **Waking Staff**: *59*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/12/2026*

Inspection Dates and Department Representative

06/12/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* **Residents Served**: *50*

Secured Dementia 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**: *50*

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

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

Inspections / Reviews

06/12/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/16/2026*

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*

Inspections / Reviews *(continued)*

07/17/2026 Document Submission

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

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

Resident [redacted]s assessment, dated [redacted], indicates a diagnosis of dementia and the resident requires extensive supervision. Resident [redacted] support plan, dated [redacted] indicates staff will provide verbal cues, the resident's room has been identified by placing [redacted] name on the door to assist [redacted] in finding [redacted] room, and the resident will be shown to [redacted] room when needed. Resident [redacted]s "Assessment and Support Plan Updates and Changes" form documents a physical altercation with another resident on [redacted]. To meet this need, the resident will see psych at [redacted] next visit and staff will attempt to keep both residents away from each other.

Resident [redacted]s assessment, dated [redacted], indicates a diagnosis of dementia and the resident requires no supervision when in familiar surroundings. Resident [redacted]s support plan, dated [redacted], indicates staff will provide supervision, as necessary.

On [redacted] at approximately 2:30 a.m., resident [redacted] went into resident [redacted]s bedroom, sat down, and attempted to take resident [redacted]s greeting cards which were on a nightstand. Resident [redacted] stood up and grabbed resident [redacted]s arms. Resident [redacted] then bit resident [redacted] on the right forearm, cutting through the skin and leaving a deep impression of the upper and lower teeth. After struggling back and forth, both residents ended up on the bedroom floor and resident [redacted] sustained a humerus fracture of the left arm.

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

Resident [redacted] was discharged from the facility on [redacted].
Immediately following the incident on 6/7/26, the RN supervisor came to assess both residents and provide the appropriate medical evaluation and treatment.
On 6/7/26, the administrator reported the incident to DHS and AAA.
On 6/7/26, the administrator updated both resident [redacted] and [redacted]s RASPs to include the incident.
The administrator or designee will educate direct care staff by 7/15/26 on dementia related behaviors and abuse prevention.
The administrator and LPN supervisor will continue to review behavioral incidents and interventions at the daily clinical meeting.
Findings at the daily meeting will be presented at quarterly QAPI to ensure interventions remain effective.

Licensee's Proposed Overall Completion Date: *07/15/2026*

42b Abuse *(continued)*

Implemented [redacted] 07/17/2026)