

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Lutheran Home at Topton, The		STREET ADDRESS, CITY, STATE, ZIP CODE One South Home Avenue Topton, PA 19562	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure physicians' orders were implemented for two of 21 sampled residents. (Residents 8, 10) Findings include: Clinical record review revealed that Resident 8 had diagnoses that included congestive heart failure and hypertension (high blood pressure). On November 21, 2024, a physician ordered that staff weigh the resident daily because of her congestive heart failure. There was no documented evidence that staff weighed the resident on August 12 and 20, and September 2, 4, 12, 14, and 16, 2025. Clinical record review revealed that Resident 10 had diagnoses that included heart failure and atrial fibrillation (irregular heart rhythm). On May 22, 2025, the physician ordered that staff administer a blood pressure medicine (metoprolol succinate) once a day. Staff was not to administer the medication if the resident's heart rate was less than 55 beats per minute. Review of the Medication Administration Record for August and September 2025, revealed that staff administered the medication when the resident's heart rate was less than 55 beats per minute on August 25, and September 7, and 8, 2025. In an interview conducted on September 18, 2025, at 10:30 a.m., the Director of Nursing confirmed that the physician's orders were not followed for Residents 8 and 10. CFR 483.25 Quality of Care Previously cited 10/24/24.28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on a review of employee personnel files and staff interviews, it was determined that the facility failed to follow Centers for Disease Control and Prevention (CDC) recommendations for baseline tuberculosis (TB) screening and testing for three of five newly hired employees. (Employee 2, 3, and 5) Findings include: According to the CDC's recommendations entitled, Baseline Tuberculosis Screening and Testing for Health Care Personnel, last updated December 19, 2023, all United States health care personnel should be screened for TB upon hire. This process includes a risk assessment, symptom evaluation, and TB blood test or TB skin test. If the tuberculin skin test is used to test health care personnel upon hire, the two-step testing should be used. A review of Employee 2's personnel file revealed a facility used a tuberculin skin test to screen for tuberculosis on August 18, 2025, and the result was read on August 22, 2025. There was no documented evidence that a second PPD test (step 2) was done. A review of Employee 3's personnel file revealed a facility used a tuberculin skin test to screen for tuberculosis on August 18, 2025, and the result was read on August 20, 2025. There was no documented evidence that a second PPD test (step 2) was done. A review of Employee 5's personnel file revealed a facility used a tuberculin skin test to screen for tuberculosis on May 5, 2025, and the result was read on May 5, 2025. There was no documented evidence that a second PPD test (step 2) was done. In an interview on September 18, 2025, at 1:35 p.m., the Director of Nursing confirmed that a second PPD test was not performed on E2, E3, and E5. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) Management.</p>		