

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395816</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/23/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>LUTHERAN HOME AT KANE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>100 HIGH POINT DRIVE KANE, PA 16735</b>		
STATE LICENSE NUMBER: <b>902802</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
E 0000	INITIAL COMMENT  Based on an Emergency Preparedness Survey completed on December 23, 2024, at Lutheran Home at Kane, it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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**LUTHERAN HOME AT KANE**

**STATE LICENSE NUMBER: 902802**

**SURVEY EXIT DATE: 12/23/2024**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

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NAME OF PROVIDER OR SUPPLIER: <b>LUTHERAN HOME AT KANE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>100 HIGH POINT DRIVE KANE, PA 16735</b>		
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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #902802 Component 01 Main Building</p> <p>Based on a Medicare/Medicaid Recertification Survey completed on December 23, 2024, it was determined that Lutheran Home at Kane was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a one-story, Type III (200), unprotected, ordinary building, that is fully sprinklered.</p>	K 0000		

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NAME OF PROVIDER OR SUPPLIER: <b>LUTHERAN HOME AT KANE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>100 HIGH POINT DRIVE KANE, PA 16735</b>		
STATE LICENSE NUMBER: <b>902802</b>				
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K 0912  SS=C	<p>NFPA 101 Electrical Systems - Receptacles</p> <p>Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0912	<p>The Lutheran Home at Kane will make all corrections to comply with the national fire protection regulations</p> <p>We will install ground fault circuit interrupter protections in the main floor, dining/kitchen ice machine receptacle and the main floor, dining room coffee machine receptacle.</p> <p>The Maintenance Director/designee will inspect the GFIC receptacles weekly for one month, then monthly for three months.</p>	<p>Completion Date: <b>01/24/2025</b> Status: <b>APPROVED</b> Date: <b>01/06/2025</b></p>

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K 0912  SS=C	Continued from page 2  Based on observation and interview, the facility failed to maintain electrical receptacles in two of over twenty-five rooms.  Findings include:  Observation on December 23, 2024, between 11:47 a.m. and 11:49 a.m., revealed the facility failed to ensure ground fault circuit interrupter (GFCI) protection in the following areas: A. (11:47 a.m.) Main floor, dining/kitchen ice machine receptacle; B. (11:49 a.m.) Main floor, dining room coffee machine receptacle.  Interview with the maintenance supervisor on December 23, 2024, at 11:49 p.m., confirmed the electrical outlet deficiencies.	K 0912		



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K 0000	<p>INITIAL COMMENT</p> <p>Facility ID #902802 Component 02 Building 02</p> <p>Based on a Medicare/Medicaid Recertification Survey completed December 23, 2024, it was determined that Lutheran Home at Kane was in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).</p> <p>This is a one-story, Type II (000), unprotected, non-combustible building, that is fully sprinklered.</p>	K 0000		

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