



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 24 2017

Ms. Kelly Vaccaro,  
PCHA  
Concordia Lutheran Ministries of Pittsburgh  
1300 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

RE: Concordia of South Hills  
License #: 441450

Dear Ms. Vaccaro:

As a result of the Department of Human Services' annual licensing inspections on September 12, 2016 and September 13, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                      |                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| PCH Name: CONCORDIA OF THE SOUTH HILLS                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                      | License Number: 44145                                                                          |
| Address: 1300 BOWER HILL ROAD, MT LEBANON, PA 15243                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      | County: Allegheny                                                                              |
| Administrator: Kelly Vaccaro                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                      | Region: WEST                                                                                   |
| Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |                                                                                                |
| Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                |
| Certificate(s) of Occupancy<br>C-2 LP<br>08/19/2002<br>Pa. Dept. of L & I                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                      | <b>RECEIVED</b><br><br>DEC 16 2016<br><br>WEST REGION FIELD OFFICE<br>Human Services Licensing |
| Staffing Hours                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |                                                                                                |
| Resident Support: 0                                                                                                                                                                                                                                                                                                                                   | Total Daily Staff: 77                                                                                                                                                                                                                | Waking Staff: 58                                                                               |
| Type of Inspection: Full                                                                                                                                                                                                                                                                                                                              | BHA Docket Number:                                                                                                                                                                                                                   | Notice: Unannounced                                                                            |
| Reason(s) for Inspection(s)<br>Renewal, Complaint, Incident                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      |                                                                                                |
| On-Site Inspections Dates and Department Representatives On-Site<br>09/12/2016: Daerr, Alicia; Wenzig, Janine; Mulick, Cindy<br>09/13/2016: Daerr, Alicia; Culter, Jan; Mulick, Cindy                                                                                                                                                                 |                                                                                                                                                                                                                                      |                                                                                                |
| Off-Site Inspection Dates and Inspectors, if Applicable                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                      |                                                                                                |
| Other Details                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                      |                                                                                                |
| Partial or Full Triggers:                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                      | Random Indicators:                                                                             |
| Resident Demographic Data as of Inspection Dates                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                |
| Licensed Capacity: 70<br>Number of Residents Served: 55<br>Secured Dementia Care Unit In Home: Yes<br>Area: First Floor<br>Secured Dementia Unit Capacity, if Applicable: 12<br>Number of Residents Served in Secured Dementia Care Unit, if applicable: 12<br>Number of Current Hospice Residents: 5<br>Number of Hospice Residents in past year: 15 | Number of Residents who:<br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 55<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 22<br>Have a Physical Disability: 0 |                                                                                                |

DEC 16 2016

Violation Report: 44145 - 09/12/2016 - Daerr, Alicia  
 PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

On 9/12/2016, the resident privacy coding documents were still attached to the violation reports, dated 5/7/2015 and 9/21/2015, and were hanging on the bulletin board in the hallway unattended and accessible.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator removed the documents on 9/12/2016 which contained resident information from the bulletin board in the hallway where they were found to be unattended and accessible. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/12/2016 to assure that there were no other places where resident information could be accessed by unauthorized parties. The staff has been educated with emphasis on continued compliance with keeping all resident records confidential. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of keeping resident records confidential. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Vaccaro*

|                                                                                                             |                         |
|-------------------------------------------------------------------------------------------------------------|-------------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Kelly Vaccaro PCHA</i> | Date<br><i>12-16-16</i> |
|-------------------------------------------------------------------------------------------------------------|-------------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/22/16  
 (Date)

The above plan of correction was approved by *JN.*  
 (Initials)

Plan of correction implementation status as of 12/22/16  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JN.*
- Partially Implemented - Inadequate Progress
- Not Implemented

DEC 15 2016

Violation Report: 44145 - 09/12/2016 - Daerr, Alicia  
 PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 9/12/16, there was no lid on the garbage can in the common bathroom at the entrance to the secure dementia care unit. The garbage can was 1/8 full of discarded paper towels.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator provided a lid for the garbage can in the common bathroom at the entrance to the secure dementia care unit on 9/12/2016. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/12/2016 to assure that there were no other places where trash in kitchens and bathrooms was not kept in covered receptacles and the staff was educated with emphasis on continued compliance with keeping all trash receptacles covered. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all kitchen and bathroom trash receptacles. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kelly Vaccaro*

|                                                                                                             |                      |
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|                                                                             |                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The above plan of correction is approved as of <u>12/22/16</u><br>(Date)    | Plan of correction implementation status as of <u>12/22/16</u><br>(Date)                                                                                                                                                                                  |
| The above plan of correction was approved by <u><i>JK</i></u><br>(Initials) | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JK</i><br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 44145 - 09/12/2016 - Daerr, Alicia  
 PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 On 9/12/2016, one side of the small orange dumpster was open. The dumpster was 1/4 full of trash.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator closed the cited orange dumpster on 9/12/2016. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the trash receptacles found outside of the rest of the facility was completed on 9/12/2016 to assure that there were no other places where trash outside the facility was not being kept in covered receptacles and the staff was educated with emphasis on continued compliance with keeping all outside trash receptacles covered. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all trash receptacles outside the facility. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

|                      |                                   |  |  |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Kelly Vaccaro PCHA

Date 12-16-16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/22/16  
 (Date)

Plan of correction implementation status as of 12/22/16  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JL*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by JL  
 (Initials)

DEC 15 2016

Violation Report: 44145 - 09/12/2016 - Daerr, Alicia  
PCH Name: CONCORDIA OF THE SOUTH HILLS

NORTH REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 9/12/2016, there were 5 cardboard boxes stored beside the hot water tank in the first floor mechanical room.

On 9/12/2016, there were styrofoam plates sitting on top of a burner of the stove in the kitchen of the secure dementia care unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator removed 5 cardboard boxes that were being stored beside the hot water tank in the first floor mechanical room and the Styrofoam plates sitting on top of a burner of the stove in the kitchen of the secure dementia care unit on 9/12/2016. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the facility was completed on 9/12/2016 to assure that there were no other places where combustible and flammable materials were located near heat sources or hot water heaters and the staff was educated with emphasis on continued adhering to this regulation. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of the proximity of combustible and flammable materials to heat sources and hot water heaters throughout the facility. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

*Documentation of the weekly checks shall be kept. per 12/22/16*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kelly Vaccaro PCHA*      Date *12-16-16*

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(Date)

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(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *PH*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *PH*  
(Initials)

Violation Report: 44145 - 09/12/2016 - Daerr, Alicia  
PCH Name: CONCORDIA OF THE SOUTH HILLS

NORTH REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 9/12/2016, there were 8 pills of an unidentified medication in a plastic container in an unlocked drawer to the left of the stove in the secure dementia care unit which was unattended and accessible to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator disposed of 8 pills of unidentified medication in a plastic container on 9/12/2016. To enhance currently compliant operations and under the direction of the Personal Care Administrator, staff was educated with emphasis on continued adherence to the regulation that prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of adherence to regulations for safe keeping of prescription medications, OTC medications, CAM and syringes in a locked area or locked container. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

*Documentation of the weekly checks shall be kept. JW. 12/22/16*

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|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): |  |  |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kelly Varraro*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kelly Varraro PCHA* Date *12-16-16*

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(Date)

Plan of correction implementation status as of 12/22/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JW.*  
(Initials)

RECEIVED

DEC 16 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44145 - 09/12/2016 - Daerr, Alicia  
PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
On 9/13/2016 at 10:00 am, direct care staff person A documented the administration of #1's prescribed Clonazepam 0.5 mg in the resident's September medication administration record (MAR) prior to giving the medication to the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator educated staff person A on 9/12/2016 in regard to following appropriate documentation of medication administration. To enhance currently compliant operations and under the direction of the Personal Care Administrator, staff was educated in correct documentation of administration of patient medication after giving medication to the patient and not before giving the medication. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of adherence to medication administration documentation. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kelly Vaccaro PCHA*      Date *12-16-16*

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The above plan of correction is approved as of 12/22/16  
(Date)

Plan of correction implementation status as of 12/22/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *PH*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *JW*  
(Initials)