

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN HEALTH & HUMAN CARE

LEGAL ENTITY

To operate CONCORDIA AT THE ORCHARD

NAME OF FACILITY OR AGENCY

Located at 1312 NORTH MAIN STREET EXT, BUTLER, PA 16001

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 60
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 9, 2010 until February 9, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 425060

Robert E. Robinson

ISSUING OFFICER

Kurt V. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 09 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Mr. Brian K. Hortert, Vice President of Assisted Living
Concordia Lutheran Health and Human Care
615 North Pike Road
Cabot, Pennsylvania 16023

RE: Concordia at the Orchard
1312 North Main Street Extension
Butler, Pennsylvania 16001

Dear Mr. Hortert

As a result of the Department of Public Welfare's licensing inspection on December 19, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Concordia at the Orchard, 1312 North Main Street EXT, Butler, Pennsylvania 16001		CURRENT LICENSE NUMBER Adult Resid 425060 Licensing	
INSPECTION DATE(S) (Include all dates of the inspection) December 19, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Ann O' Haire	
SIGNATURE OF LEGAL ENTITY <i>D. J. Cressman</i>	DATE 1-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J.P. Paul (JPL)</i>	DATE 1-23-10

CONCORDIA AT ORCHARD

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.	Staff person A (hired 9/5/00) did not receive training regarding emergency preparedness procedures during the 2008 training year.	12-19-09	<ul style="list-style-type: none"> The disaster planning & emergency preparedness policy & procedure was reviewed with employee (A) (see attached copy of test to verify knowledge of training materials) monitors will be done monthly to verify that all staff attends required training (see Attachment A) staff that miss a required training will be given the self study packet or video to watch + testing materials Problems & corrective actions will be reviewed at quarterly QA meetings 	1-23-10 <i>JPL</i>

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME Concordia at the Orchard, 1312 North Main Street EXT, Butler, Pennsylvania 16001		Adult Resident	CURRENT LICENSE NUMBER 425060
INSPECTION DATE(S) (Include all dates of the inspection) December 19, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Ann O' Haire	
SIGNATURE OF LEGAL ENTITY <i>Robin L. Crissman</i>	DATE 1-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-27-10

CONCORDIA AT ORCHARD

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85a Sanitary conditions shall be maintained.	Two large green trash bags filled with trash were located next to the exterior door of the west wing. They were not in trash containers.	12-19-09 12-22-09 - ordered	Trash bags were immediately removed & placed in the outside dumpster. New trash cart with lid that holds up to 8 30 gal garbage bags was purchased. Trash will be stored in the cart or the trash can with lid until end of each shift & then emptied in to the dumpster. - daily monitors will be completed to verify trash was removed (see attachment B)	1-27-10 <i>gll</i>

(Cart and lid were on back order & did not arrive until 1-8-10 and 1-11-10) (see invoices)

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SIGNATURE OF LEGAL ENTITY <i>Robin L. Crissman</i>	DATE 1-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 1-29-10

CONCORDIA AT ORCHARD

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The ceiling above the second floor center window in the sitting area had brown water damage on the left side of the window.	12-20-09	- Ceiling and wallpaper were repaired (picture) - Ongoing monitor will be completed during monthly walk arounds (See general safety section of attachment C) - Areas found to be deficient will be corrected immediately and reported on a quarterly QA meeting.	1-29-10

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INSPECTION DATE(S) (Include all dates of the inspection) December 19, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Ann O' Haire
SIGNATURE OF LEGAL ENTITY <i>Robert A. Crossman</i>	DATE 1-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 1-29-10

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The bedside phone in room # 204 did not have the phone numbers listed for the nearest hospital, police and fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline located on or near the phone.	12-19-09	Emergency phone numbers were posted immediately. This particular resident does not like items on walls or dressers so kept throwing them away. We attached it to the phone cord with a zip tie to assure it would remain there & explained to again that this was a rule we had to follow. duty resters already in place to verify continued compliance (see attachment D)	1-29-10 <i>[Signature]</i>

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SIGNATURE OF LEGAL ENTITY <i>Robert L. Criseman</i>	DATE 1-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>MLC</i> 1-23-10

CONCORDIA AT ORCHARD

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Room numbers #113a, #204 and #313 did not have an operable lamp or other source of lighting that can be turned on/off at bedside.	12-19-09	Lamps were moved closer to the bedside of residents in room 113a, 204, and 313. We needed to place a flashlight by the bedside of resident in room 204 due to complaining that the lamp was too bright. Agreed to leave the flashlight there. QA monitors will be done monthly to assure compliance. Resident Care Coordinator uses PCH room checks form (Attachment E)	1-23-10 <i>gfr</i>

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102k Use of a common towel is prohibited.	The shared bathroom for room #113 and #113a had towel racks with towels that were not labeled and identified for use for specific residents.	12-19-09	<p>Labels with each resident's name were placed above their appropriate towel bar.</p> <p>QA monitors will be done monthly by resident care coordinator during her PCH room v's to assure continued compliance (Attachment E)</p> <p>These residents have their own personal towels from home with their names on them so they place on appropriate rack.</p>	1-23-10 <i>gfr</i>

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121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.	The activity room located on the second floor leads outside to an enclosed deck which is the home's designated smoking area. The door leading from the activity room to the deck is not marked with a sign stating, "This is not an exit."	12-19-09	A sign was placed above the door to show this is not an exit. (see picture B)	1-23-10 <i>[Signature]</i>

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home's fire safety letter dated 7/23/09 states, "... the fire safe areas within the facility have been designated based on construction, protection devises, monitoring and staffing..." The determination of fire safe areas is to be based upon the safety features and physical construction of the home, not based on the home's staff.	2-1-10	We have contacted our fire safety expert to request that she revise the wording in her letter to be in compliance with OPUS requirements. We asked that she remove the word "staying" from her conclusion. We will send the corrected report once received.	1-27-10 <i>JA</i>

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133a2 If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.	The door to the left side of the home's dining room leads into the employee locker room. The locker room has a door which exits to the exterior of the home and was not labeled with an EXIT sign.	N/A	This is not a violation. The dining room has 2 clearly marked exits (pictures D and E) out of the area. The locker room/office area is not an exit (picture C) and not an appropriate area for residents. It would be inappropriate to put an exit sign to direct residents into an office area.	1-27-10 <i>SP</i>

An Exit sign has been placed over the Exit door. The Administrator or designated person will ensure sign is in place by check weekly

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183b 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.	A tube of Calmoseptine ointment was located on the dresser of room #113a. The room was unlocked and unoccupied at the time of inspection. Repeated violation- 11/18/08	12-19-09	The ointment was brought into the home by the family the night before from her return to us from short term rehab. The ointment was immediately removed. QA monitors will be done monthly by Resident Care Coordinator to assure continued compliance. (Attachment C + E)	Steps have been taken to correct violation; full compliance is not verifiable 1-27-10 Date <i>JPL</i> Initials (DPW)

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184b if the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	The following over-the-counter medications located in the home's medication room were not labeled with the resident's name: <ul style="list-style-type: none"> - "Spring Valley" brand Folic Acid 800mg prescribed to resident #1 - Bayer Genuine Aspirin 325mg prescribed to resident #2 - "Nature Made" brand chewable vitamin C 500mg prescribed to resident #3 - "Nature Mark" Lutein eye health 20mg prescribed to resident #4 	12-19-09	- meds were immediately marked with appropriate resident names. - training was provided to the staff to assure the mark all bottles of OTC meds @ the time they receive them. - Ongoing QA monitors will be done weekly during the next audits done by the resident care coordinator. (Please attachment F)	Steps have been taken to correct violation; full compliance is not verifiable 1-23-10 Date Initials (DPW) <i>SL</i>

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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home's policy regarding narcotic medication states, "After administering a controlled substance, complete the Individual Narcotic Record or the Controlled Medication Record." Staff person B administered Oxycod 325mg at 12:00pm on 12/19/09 to resident #5. Staff person B did not document on the Individual Narcotic Record the date and time the medication was administered, the staff person's signature, the amount of medication given and the amount remaining.	12-19-09	<ul style="list-style-type: none"> - Staff person B had the policy for Narcotic accountability reviewed with her on that date - the documentation of the Narc. counting was completed immediately upon discovery that day. - Staff person B did appropriately document that the Narc. was given on the PRN sheet. - Ongoing monitors are done daily for accountability of Narcos before and after each shift - QA monitors are done by resident care coordinator monthly to assure continued compliance. (Attachment F + G) 	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>1-23-10</p> <p>Date _____ Initials (DPW) _____</p>

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