

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
LEGAL ENTITY

To operate CONCORDIA OF THE SOUTH HILLS  
NAME OF FACILITY OR AGENCY

Located at 1300 BOWER HILL ROAD, MT. LEBANON, PA 15243  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 70  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 12

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 April 13, 2010 until April 13, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441450

Robert E. Robinson  
ISSUING OFFICER

Kurt T. 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.



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

ADULT RESIDENTIAL LICENSING

APR 14 2010

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

Mr. Keith E. Frndak, President/CEO  
Concordia Lutheran Ministries of Pittsburgh  
Concordia of the South Hills  
1300 Bower Hill Road  
Mt. Lebanon, Pennsylvania 15243

Dear Mr. Frndak:

As a result of the Department of Public Welfare's licensing inspection on February 5, 2010 and April 5, 2010 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**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Concordia of The South Hills 1300 Bower Hill Road Mt. Lebanon, PA 15243		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 441451	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 5, 2010		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Michelle Glidden, Mike Marini	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Concordia Lutheran Ministries</i>	<b>DATE</b> 3-25-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Joe J. Perzina (JPP)</i>	<b>DATE</b> 4-5-10
<i>Theresa Fennell</i>			

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
22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.  141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form	The medical evaluation for Resident #1 was not dated or signed by the doctor.	2-29-10	MASS Re-submitted to phys. for date and signature. Completed on 2/24/10. JPP 4-1-10  Nurse supervisor will review all MASS for completion. develop an audit system to track MASS and support plans. Checklist on Chart when MASS are completed signed and dated by Nurse Supervisor	4/5/10 Bm 3-1-10 JPP

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 5, 2010		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Michelle Glidden, Mike Marini		
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Theresa Fenell</i> <del>Concordia Lutheran Ministries</del>	<b>DATE</b> 3-25-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>JJP</i>	<b>DATE</b> 4-5-10	
<b>1</b> REGULATION 55 Pa.Code § 2600.	<b>2</b> VIOLATION	<b>3</b> DATE BY WHICH CORRECTION WILL BE COMPLETED	<b>4</b> 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)	<b>5</b> DATE COMPLIANCE VERIFIED BY DPW
specified by the Department, within 60 days prior to admission or within 30 days after admission.				

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Concordia of The South Hills 1300 Bower Hill Road Mt. Lebanon, PA 15243		CURRENT LICENSE NUMBER 441451
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 5, 2010	<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Michelle Glidden, Mike Marini	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Concordia Lutheran Services</i> <i>Theresa Fennell</i>	<b>DATE</b> 3/25/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <div style="text-align: center;"><i>JYP</i></div>
		<b>DATE</b> 4-8-10

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
22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.	The following residents did not have a second support plan completed in 30 days:  Resident #2-DOA 12/21/09 Initial support plan-12/21/09  Resident #3-DOA 12/4/09 Initial support plan-12/4/09	4-1-10  3/25/10  3/25/10	Resident #2's Support plan completed 2-6-10 Resident #3's Support plan completed 2-10-10. 4-1-10 JYP  Develop a audit tracking system that reflects when support plans are due  Checklist on chart when support plan are completed & signed by Nurse supervisor  The administrator or designee will review all resident records to ensure that all residents have had an initial support plan and a second support plan completed within 30 days. 4-1-10 JYP	4/5/10 BMM
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.		5-15-10		


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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 5, 2010		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Michelle Glidden, Mike Marini
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Concordia Lutheran Services</i> <i>Therion Kennell</i>	<b>DATE</b> 3/25/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>JJP</i>
		<b>DATE</b> 4-5-10

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
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract for Resident #4, dated 10/21/09, was not signed by the resident, administrator or designee.  The contract for Resident #5, dated 10/21/09, was not signed by the resident's POA.  <i>due to Family living out of town some part of contract family sign other area did not. Had them sign</i>	3/25/10  3/25/10	<i>List on chart that reflects a Checklist from pre-admission contract, support plan. see signed and dated, Marketing Nurse supervisor and adm. will review these important pieces and sign Marketing Person. Contracts for residents #4 and #5 will have registered</i>	Steps have been taken to correct violation; full compliance is not verifiable 4-5-10 Date Initials (DPW) <i>BJK</i>

5-1-10  
 5-15-10  
 The administrator or designee was inspect all residents contracts for completeness and required signatures. 4-1-10 *JJP*

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**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 5, 2010		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Michelle Glidden, Mike Marini
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Concordia Lutheran Services</i> <i>Sheresa Fennell</i>	<b>DATE</b> 3-25-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 4-5-10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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)	DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record does not include the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated or the number of staff participating.	3/25/10  5-1-10	Administrator and Maintenance will review sign and date Fire drill report  The home is using the Department's fire drill log. The administrator will review the fire drill log after every fire drill to ensure all areas are completed including the exit route used, the number of residents in the home at the time of the fire drill, the number of residents evacuated and the number of staff participating.	4/5/10 BMM

4-1-10 JJP

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Concordia Lutheran Services</i> <i>Theresa Fennell</i>	<b>DATE</b> 3-25-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>JYP</i>	<b>DATE</b> 4-5-10

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
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 Desoximetasone 0.05% prescribed for resident #4 was on a bathroom sink. Resident #4 does not self administer medications.	2/5/10 @ 4p	tube of Desox. metasone removed from president room on 2/5/10 @ 4p Family and resident informed that to bring OTC or other meds in room. all meds need a drug order. and the med Tech will put on mar and keep in med case and give. plan → to send a letter of instruction re meds billing to family and resident	4/5/10 <i>EMM</i>

5-1-10  
 A designated staff member was made rounds inspecting resident rooms for any OTC medications. 4-1-10 JYP

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SIGNATURE OF LEGAL ENTITY <i>Concordia Lutheran Services Theresa Fennell</i>	DATE 3-25-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 4-5-10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	There was no diagnosis or purpose for the medication Omeprazole 20 mg listed on the medication administration record for Resident #1.	2/9/10  5-15-10	Diagnosis of resident was written in MAR. Instruction to all Med Techs and Nurse reminding to put diagnosis in MAR also contact Providence Pharmacy. Nurse manager will put on CPI sheet done weekly monitor weekly will report results to QA Committee. Nurse administrator a designee will review all residents medication administration records to ensure a diagnosis or purpose is listed for each medication. 4-10 JJP	4/5/10 Bom

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Concordia Lutheran Services</i> <i>Maura Fennell</i>	<b>DATE</b> 3-25-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>JYP</i>	<b>DATE</b> 4-5-10

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187b The information in subsections 187a 13 and 187 a 14 shall be recorded at the time the medication is administered.	Resident #1 is prescribed Mirtazapine 15 mg. 1 tablet at night; however, staff did not initial the medication administration record to indicate that this medication was administered on 2/3/10 at 9:00 pm.  Resident #6 is prescribed Senna-Time 8.6 mg. twice a day; however, staff did not initial the medication administration record to indicate that this medication was administered on 2/3/10 9:00 am.	3/25/10   3/25/10	Nurse supervisor will ch MAR for initials on a weekly basis. this will be added to our CPE monitor sheet.  Nurse supervisor will ch MAR for initials.  Reviewed Training with med tech and nurses importance of initialing MAR. and documentation will be kept.	4/5/10 BACU

4-1-10 JYP

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<b>INSPECTION DATE(S)</b> (Include all dates of the inspection) February 5, 2010		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Michelle Glidden, Mike Marini	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Concordia Lutheran Services</i>	<b>DATE</b> <i>3/25/10</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>JJP</i>	<b>DATE</b> <i>4-5-10</i>

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252 (3)  Each resident's record shall include the following information:  (3) A photograph of the resident that is no more than 2 years old.	There were no resident photographs in any of the resident records.	<i>2/23/10</i>	<i>all residents pictures were taken and put in MAR.                      on adm - within 5 days will have photographs taken. part of admission Checklist. Signed and Dated by nurse supervisor                      All residents will have current pictures that are dated. 4-1-10</i>	<i>4/5/10 BR</i>

*JJP*