

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate CONCORDIA LUTHERAN HEALTH AND HUMAN CARE - LUND BUILDING

NAME OF FACILITY OR AGENCY

Located at 134 MARWOOD ROAD, CABOT, PA 16023

(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 220  
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 October 26, 2010 until October 26, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447620

*Robert E. Robinson*

ISSUING OFFICER

*Kevin 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.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

OCT 28 2010

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

Ms. Anne Denny, Clinical Supervisor  
Concordia Lutheran Health and Human Care  
Concordia Lutheran Health and Human Care – Lund Building  
134 Marwood Road  
Cabot, Pennsylvania 16023

Dear Mr. Hortert:

As a result of the Department of Public Welfare's licensing inspection on July 21, 2010, July 22, 2010, August 3, 2010 and October 14, 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

SEP 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Carlisle, PA 17015		CURRENT LICENSE NUMBER 447620	
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010		REGIONAL REPRESENTATIVE K Kruppa, J Williams K Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)  Anne Denny, Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Denny LPA/C.S.</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/30/10

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's incident policy had no reference to procedures for investigation and management of reportable incidents and conditions.	9/15/10	Incident Policy revised. (See attached policy) QA Committee will monitor reportable incidents to ensure policy is being followed.	<i>[Signature]</i> 9/30/10

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

SEP 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Carlisle, PA 17023		CURRENT LICENSE NUMBER 447620	
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010		REGIONAL REPRESENTATIVE K Kruppa, J Williams K Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Denny</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/30/10

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
19 If there is a waiver granted to the home in accordance with the new regulation, the inspector should review to assess if the waiver is still necessary/applicable, and if so whether all conditions in the waiver continue to be met. If the waiver is no longer necessary/applicable, or if waiver conditions are no longer met, the regional office should notify headquarters office to	Several conditions of the approved 12/ 2008 waiver related to regulation 121B were not sufficiently met, as follows:  Several non-dementia residents (residents #1 #2 and #3) could not follow directions, as required, to utilize the key pads to unlock the doors to exit the home, either because of vision problems or because of the small size of the keys.  Resident #4, admitted 7/20/09, who has a dementia diagnosis	9/24/10	Resident #1 does not go out of the facility on his own due to diagnosis of detached retina and intermittent blurred vision. Resident is escorted by family if he leaves facility.  Residents #2 and #3 are outside frequently on their own and have demonstrated ability to use the key pad with instructor present on 8/3/10. However, new key pads are currently being installed with larger buttons and larger signs are in place on how to operate key pad.  (continued on next page)	<i>[Signature]</i> 9/30/10

# Western Region

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

SEP 27 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot, PA 16023		<b>CURRENT LICENSE NUMBER</b> 447620	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 21-22, 2010 August 3, 2010		<b>REGIONAL REPRESENTATIVE</b> K Kruppa, J Williams K Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Anne Denny, MD/C.S.</i>	<b>DATE</b> 9/24/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 9/30/10

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
revoke the waiver.	and whose first support plan was 8/18/09 had no record of a required quarterly support plan review until 2/15/10.	9/9/10	Care planning team re-educated on residents with dementia diagnosis requiring quarterly support plans on 9/9/10 at DPW training course at Butler County Community College. Monitor in place with unit managers to monitor that support plans for dementia residents are done quarterly. Resident #4 has a support plan in place for August 2010.	

# Western Region

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

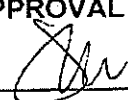
Page 4 of 14


SEP 27 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Carlisle, PA 16801		<b>CURRENT LICENSE NUMBER</b> 447620	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 21-22, 2010 August 3, 2010		<b>REGIONAL REPRESENTATIVE</b> K Kruppa, J Williams K Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Anne Denny M.C.S.</i>	<b>DATE</b> 9/24/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 9/30/10

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 11/14/09, was not signed by the home's representative until 7/21/2010.	7/21/10	Contract signed by home representative at time of inspection on 7/21/10.  Admission staff re-educated on Regulation 25b.  QA monitor in place to ensure compliance and results reported to QA Committee.	<i>[Signature]</i> 9/30/10

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600  
 SEP 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot PA 16023 <small>Adult Residential Licensing</small>		CURRENT LICENSE NUMBER 447620
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010	REGIONAL REPRESENTATIVE K Kruppa, J Williams K Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Aune Denny, MD/PhD</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 9/30/10

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
81a The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.	There was no policy or procedure to explain to residents who choose to lock their hallway doors as to when the home can override the lock with a master key.	9/10/10	New policy has been written & implemented. Education of staff is done through new-hire orientation checklist.  Copy of policy is attached. Copy of policy was also placed in resident handbook. Copy of policy was also placed in Policy & Procedure Manual.	 9/30/10

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600  
 SEP 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, <del>Concordia, PA 16023</del> <sup>Presidential Licensing</sup>		CURRENT LICENSE NUMBER 447620	
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010		REGIONAL REPRESENTATIVE K Kruppa, J Williams K Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Demuyck</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/30/10

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
82a Poisonous materials shall be stored in their original, labeled containers.	In resident room 2131 the following cleaning solutions were not stored in original containers: Misty Biodet ND32 w/lemon, Misty Glass Cleaner and Fabuloso.	9/20/10	All staff re-educated on storing all chemicals and cleaning solutions in original containers.  Unit Managers will inspect resident rooms weekly to ensure all resident's chemicals & cleaning solutions are in original containers.	<i>[Signature]</i> 9/30/10

VIOLATION REPORT


PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

SEP 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot PA 16023 <small>Adult Residential Licensing</small>		CURRENT LICENSE NUMBER 447620	
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010		REGIONAL REPRESENTATIVE K Kruppa, J Williams K Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Penny White</i>		DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 9/30/10

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	In the first floor kitchenette available for resident use there was an unlocked cabinet with Clorox clean-up with bleach labeled to call poison control if contact with eyes or ingested.  In the men's restroom across from the chapel there were 2 unlocked cans of Lysol Neutra Air labeled with instructions to call poison control if it comes in contact with eyes.  In the unlocked utility room across from room 2113 there	8/23/10	All staff re-educated on poisonous materials being locked and inaccessible to residents.  Unit Managers will inspect units weekly to ensure all chemicals are locked and inaccessible to residents.	<i>[Signature]</i> 9/30/10


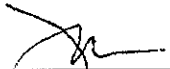
VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600  
 SEP 27 2010


NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot, PA 17315		CURRENT LICENSE NUMBER 447620	
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010		REGIONAL REPRESENTATIVE K Kruppa, J Williams K Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Remy-Lewis</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/30/10

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
	<p>was a container of Lysol disinfectant spray labeled call poison control if contact with eyes.</p> <p>Not all residents in the home have been assessed as being able to safely use or avoid poisonous materials.</p>			

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


SEP 27 2010

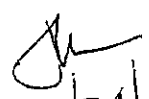
<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot PA 16023 Unit Residential Licensing		<b>CURRENT LICENSE NUMBER</b> 447620	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 21-22, 2010 August 3, 2010		<b>REGIONAL REPRESENTATIVE</b> K Kruppa, J Williams K Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 9/24/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 9/30/10

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The first floor men's and women's rest rooms across from the chapel had trash cans built into the wall that were uncovered.  The employee lounge restrooms on lower level had uncovered trash cans.  Repeat violation 5/22/2009	8/13/10	All trash cans in kitchens and bathrooms are now covered. (See attached photos.)  Unit Managers will monitor compliance during weekly walk-arounds.	 9/30/10

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

SEP 27 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot PA, 16023		<b>CURRENT LICENSE NUMBER</b> 447620	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 21-22, 2010 August 3, 2010		<b>REGIONAL REPRESENTATIVE</b> K Kruppa, J Williams K Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Anne Denny, MD/LS</i>		<b>DATE</b> 9/24/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
			<b>DATE</b> 9/30/10

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131a There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic	The walk-up attic did not contain a fire extinguisher.	7/25/10	A second fire extinguisher was placed in walk-up attic. (See attached photo for proof of compliance.)  Maintenance will monitor to ensure fire extinguishers remain in place and have preventative maintenance performed on them.	 9/30/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot PA 16023		<b>SEP 27 2010</b>	CURRENT LICENSE NUMBER 447620	
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010		REGIONAL REPRESENTATIVE Licensing K Kruppa, J Williams K Kruppa		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Arnie Denny, MD J.C.L.</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>		DATE 9/30/10

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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 most recent letter from a fire safety expert dated 5/10/2010 specified an approved evacuation time of 7 minutes 0 seconds. The following evacuation times were noted on the fire drill record: 6/29/10: 7 minutes 20 seconds; 5/10/10: 6 minutes 55 seconds; 4/27/10: 6 minutes 30 seconds; 3/21/10: 6 minutes 52 seconds; 2/23/10: 6 minutes 03 seconds; 1/28/10: 7 minutes 0 seconds.	8/27/10	In addition to training new staff at time of hire on evacuation procedures and fire panel, it has been our practice to use our fire drills as another level of training, and have our newest staff go to fire panel to review procedures. By doing this, we have inadvertently increased the times by delaying the announcement of location of fire.  This practice has been changed and during timed fire drills, we will only have floor nurse respond to panel & immediately announce location of potential fire. All future fire drills will be within the time frame listed on fire letter. Admin. will	<i>[Signature]</i> 9/30/10

monitor for compliance & report to QA Committee.

VIOLATION REPORT  
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600  
 SEP 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Abington, PA 19001		CURRENT LICENSE NUMBER 447620	
INSPECTION DATE(S) (Include all dates of the inspection) July 21-22, 2010 August 3, 2010		REGIONAL REPRESENTATIVE K Kruppa, J Williams K Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Denny, M.C.S.</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9/30/10

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141a-2 The medical evaluation shall include the following:  (10) Mobility assessment, updated annually or at the Department's request.	The following residents are at risk if in bed during an emergency evacuation because they require hands on staff assistance with a mechanical assistive device in order to transfer out of bed. However, they were not classified by the resident's physician as having mobility needs: Residents #8, #9, #10, #11, #12, #13, #14, #15, #16 and #17.	9/24/10	Residents #8, #9, #13 & #14 do not require a mechanical assistive device to transfer out of bed. We utilize Spryte Aide for these residents to allow more independence with less injury to staff.  During emergency, they are able to be assisted by staff with use of devices. Resident #10 has been transferred to long term care facility. New <del>MSA</del> <sup>mobility assessment</sup> will be obtained on all Residents #8 through #17 with exception of Resident #10 who is no longer here.	Steps have been taken to correct violation; full compliance is not verifiable 9/30/10 Date Initials (DPW)

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

SEP 27 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot PA 16023 Adult Residential License #47620		<b>CURRENT LICENSE NUMBER</b> 47620	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 21-22, 2010 August 3, 2010		<b>REGIONAL REPRESENTATIVE</b> K Kruppa, J Williams K Kruppa	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Anne Denny, CW/C.S.</i>	<b>DATE</b> 9/24/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 9/30/10

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
186c Changes in a medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.	Verbal orders received from the physician of resident #3, on 6/28/10 for Coumadin 2.5 mg daily by mouth, and on 6/30/10 for Calmoseptize Ointment were not followed by a written physician's order within 48 hours.	7/26/10	Physicians have been re-educated on requirement that all verbal orders are signed within 48 hours. All verbal orders will be signed personally or a faxed, signed order will be obtained.  Physician orders will be monitored by Unit Managers to assure compliance and results of monitor will be reported to QA Committee.	9/30/10

VIOLATION REPORT

PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

SEP 27 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Health and Human Care – Lund Building, 134 Marwood Road, Cabot PA, 16023		CURRENT LICENSE NUMBER 447620	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Denny, MD/C.S.</i>	DATE 9/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/30/10

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
226b If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.	The following residents are unable to independently transfer out of bed and need hands on staff assistance with a mechanical device. However, they were not classified on their assessments as immobile or having mobility needs: Residents #8, #9, #10, #11, #12, #13, #14, #15, #16 and #17	9/24/10	Residents #8, #9, #13 & #14 do not require a mechanical assistive device to transfer out of bed. We utilize Spryte Aide for these residents to allow more independence with less injury to staff.  During emergency, they are able to be assisted by staff with use of devices. Resident #10 has been transferred to long term care facility. All Assessments & Support Plans have been updated on all Residents #8 through #17 with exception of Resident #10 who is no longer here.	Steps have been taken to correct violation; full compliance is not verifiable. <i>9/30/10 JRM</i> Date Initials (DPW)

11/30/10

All resident assessments will be reviewed to ensure accurate assessment of residents mobility needs.  
Residents who need physical assistance in getting to their feet or into a wheelchair, walker or prosthetic device are not considered a mobile resident.  
JRM 9/30/10