

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 MINISTRIES - OERTEL BUILDING

NAME OF FACILITY OR AGENCY

Located at 615 NORTH PIKE 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 70
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 August 20, 2010 until August 20, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424070

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

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

AUG 23 2010

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

RE: Concordia Lutheran Health and Human Care – Oertel Building
615 North Pike Road
Cabot, Pennsylvania 16023

Dear Mr. Hortert:

As a result of the Department of Public Welfare's licensing inspection on August 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

Western Region

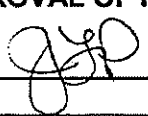
VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

AUG 9 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Ministries – Oertel Building 615 North Pike Road Cabot, PA 16023		Adult Residential Licensing		CURRENT LICENSE NUMBER 424070	
INSPECTION DATE(S) (Include all dates of the inspection) July 19, 2010			REGIONAL REPRESENTATIVE Jason Williams, Kathy Kruppa, Joe Phillips		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;">Anne Denny, Director of Assisted Living</p>					
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Denny (m/c) / A.L. Director</i>		DATE 8-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Peggino (JJP)</i>		DATE 8-11-10

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	The home's current waiver relating to the keypad locks on egress doors is not posted in a conspicuous and public place in the home.	7/19/10	Waiver was inadvertently taken down while updating bulletin boards. Waiver was posted on day of inspection. Nurse Manager will ensure continued compliance by monitoring during weekly compliance walk-arounds. QA Monitor in place to ensure continued compliance.	8-11-10 <i>JJP</i>

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


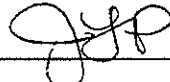
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Denny, CEO / C.S. IAL director</i>	DATE 8-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-11-10

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
headquarters office to revoke the waiver.				

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

Western Region

AUG 3 2010

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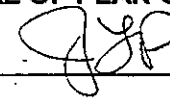
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Rooms 214B and 100A do not have an operable source of bedside lighting. Repeat violation 6/16/2009	7/19/10 9/15/10	Resident in 214B requested relocation on stand to the foot of bed. Resident in 100A had a burned out light bulb. Both areas were corrected at time of survey. QA Monitor will be updated and staff educated on requirement not to move lighting source. Monitor results will be reported to QA Committee. A designated staff person will inspect bedrooms weekly to ensure all residents have an operable source of bedside lighting. 8-11-10 JJP	Steps have been taken to correct violation; full compliance is not verifiable 8-11-10 JJP Date Initials (DPW)

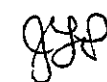
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anne Deming, C.S. / Paul H.L. deuster</i>	DATE 8-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8-11-10

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
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 is not involving all residents in the monthly fire drill. The fire drill record indicates that only a fraction of the total residents in the home are evacuating with the remainder "notified of possible evacuation" Interview with Staff person A indicated that residents in the unaffected area may remain in their rooms.	7/19/10	Residents on floors away from the affected area are already in a fire safe area. Residents are brought to the doorway by their room during fire drills. This practice complies with the guideline to alert residents that are already in the fire safe area that they may need to evacuate. if the fire spreads and to have them outside their bedrooms. Fire drill log will be changed to reflect current practice and demonstrate that residents do not remain in their rooms during drills.	Steps have been taken to correct violation; full compliance is not verifiable 8-11-10 Date <i>[Signature]</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia Lutheran Ministries – Oertel Building 615 North Pike Road Cabot, PA 16023		CURRENT LICENSE NUMBER 424070 <i>Adult Residential Licensing</i>		
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Anna Denny, CA/CS / A.L. Director</i>		DATE 8-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8-11-10

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133a1 <u>If the home serves nine or more residents</u> , signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	The door leading from the "Busy Bee" room to the smoking porch does not have an exit sign posted over it. The smoking porch ramp goes down to a fenced in yard with a functional gate which could be used for evacuation.	8/4/10	Exit sign will be posted. This room currently has three other independent exits out of the room. QA Monitor put in place to ensure continued compliance.	8-11-10 

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

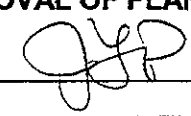
AUG 8 2010


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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Arno Denny, row/c.s. / A.L. duetw</i>		DATE 8-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 8-11-10

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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.	The following oral orders were received with no written follow-up order from the physician within 48 hours: Resident #1 was ordered Nystop powder BID PRN on July 1, 2010. Resident #2 was ordered oxygen d/c on June 22, 2010. Resident #2 was ordered Eucerin cream BID on July 12, 2010.	7/20/10 9/15/10	Verbal order for resident #1 and #2 were followed up by MD and signed Teaching Form in place to educate staff. (See attached.) QA Monitor put in place to ensure compliance. A designated staff person will audit the MAR's at least 2x per month to ensure any verbal order obtained from a physician has been followed up by a written order within 48 hours. 8-11-10 JJP	Steps have been taken to correct violation; full compliance is not verifiable 8-11-10 JJP Date Initials (DPW)

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

Adult Residential Licensing

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #3's medical evaluation indicated a need to elevate the lower extremities and to do a skin assessment weekly. These orders were not on the resident's support plan. Resident #2's medical evaluation indicated a need for nectar thickened liquids. This order was not on the resident's support plan.	7/20/10 9/30/10	Support Plans in question have been updated to reflect current care needs. It should be noted care was being provided in accordance with Medical Evaluations. QA Monitor put in place to ensure continued compliance. (See attached.) The administrator or designated staff person will review all current resident's support plans comparing them to the medical evaluation to ensure all required information has been transferred to the support plan.	Steps have been taken to correct violation; full compliance is not verifiable 8-11-10  Date Initials (DPW)