

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH

To operate CONCORDIA OF CRANBERRY

Located at 10 ADAMS RIDGE BOULEVARD, MARS, PA 16046

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 84  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from January 14, 2012 until January 14, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442580

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DIRECTOR

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

JAN 17 2012

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

Ms. Robin Crissman, RN, Facility Director  
Concordia Lutheran Ministries of Pittsburgh  
1300 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

RE: Concordia of Cranberry  
10 Adams Ridge Boulevard  
Mars, Pennsylvania 16046

Dear Ms. Crissman:

As a result of the Department of Public Welfare's licensing inspection on November 22, 2011, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia of Cranberry, 10 Adams Ridge Blvd Mars, PA 16046		CURRENT LICENSE NUMBER 442581	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>LISA BROOKS - ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Lisa Brooks</i>	DATE <i>12/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jim B. Lambert (4)</i>	DATE <i>12-19-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A, whose first day of work was 11/11/11, did not complete the following required training until 11/16/11: <ul style="list-style-type: none"> <li>Evacuation procedures</li> <li>Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable</li> <li>The designated meeting place outside the building or within the fire safe area in the event of a fire</li> <li>Smoking safety procedures, the home's smoking policy and the location of smoking areas, if applicable</li> <li>The location of fire extinguishers</li> <li>Smoke detectors and fire alarms</li> <li>Telephone use and notification of emergency services</li> </ul> <p align="center"><b>Western Region</b></p> <p align="center">DEC 18 2011</p>	<i>12/6/11</i>  <i>11/23/11</i>	<ol style="list-style-type: none"> <li>Training of Staff Person A did occur prior to the first day of work according to our time keeping system (See <b>Attachment A</b>—printed timecard), however proper procedure was not followed in completing the paperwork in a timely manner.</li> <li>Re-training of the business office manager regarding 65a (See <b>Attachment B</b>—staff training form) and the proper procedure for completing new hire paperwork was completed.</li> <li>The business office manager will conduct monthly audits of employee files using the new hire checklist (See <b>Attachment C</b>—new hire checklist)</li> </ol>	<i>12-19-11</i> ✓

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

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia of Cranberry, 10 Adams Ridge Blvd Mars, PA 16046		CURRENT LICENSE NUMBER 442581	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Jason Williams	
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 <i>Lisa Brooks</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-19-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Western Region  70-1-1-011		4. The Administrator will conduct quarterly compliance audits of employee files 5. Intercompany audits will be conducted quarterly, which include employee files 6. Results from audits will be reported at quarterly quality assurance meetings	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Concordia of Cranberry, 10 Adams Ridge Blvd Mars, PA 16046		CURRENT LICENSE NUMBER 442581	
INSPECTION DATES (Include all dates of the inspection) 11/22/2011		REGIONAL REPRESENTATIVE Brenda McAfee, Jason Williams	
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 <i>Risa Brooks</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-19-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 11/19/11 at 4:30 p.m., resident #1 was administered Novolin R 100 units. The resident's glucometer reading and the administration site were not documented on the medication administration record.  <p style="text-align: center; font-size: 1.2em;">Western Region</p>	11/22/11  11/23/11  11/23/11	<ol style="list-style-type: none"> <li>1. The medication certified staff member was interviewed on the day of the survey and he stated the glucometer reading was taken but he failed to document the reading and the administration site.</li> <li>2. Individual coaching and re-training was completed immediately.</li> <li>3. Training was conducted for all medication staff (See Attachment D—staff training form)</li> <li>4. The Resident Care Coordinator will conduct monthly audits of the medication administration records (See Attachment E—audit tool)</li> <li>5. The Administrator will conduct quarterly audits of the medication administration records using the tool noted above.</li> <li>6. Results from audits will be reported at quarterly quality assurance meetings</li> </ol>	12-19-11 <i>g</i>