

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate CONCORDIA LUTHERAN MINISTRIES - OERTEL BUILDING

Located at 615 NORTH PIKE ROAD, CABOT, PA 16023

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 70
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 June 22, 2012 until June 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424070

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

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

AUG 06 2012

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

RE: Concordia Lutheran Ministries – Oertel Building
615 North Pike Road
Cabot, Pennsylvania 16023

Dear Ms. Denny:

As a result of the Department of Public Welfare's licensing inspection on June 7, 2012 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 black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 42407 - 06/07/2012 - Whitney, Diane
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
 On 6-7-2012 a used washcloth was on the shower seat in the shared bathroom of room 203.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*WIT + DRAWN
 JW 7/16/12*

Disagree with Violation. Resident is independent with hygiene/ADL's. Resident was in bathroom wetting [redacted] hair down with washcloth and placed washcloth on shower seat. Inspector entered room prior to staff collecting linen. Washcloth was removed while inspector was present. See attached Assessment and Support Plan with regards to resident's independence.

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JUN 19 2012

Western Field Office
 Adult Residential Licensing

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny, Admin.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anne Denny, Administrator	Date 6/28/12
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of _____
 (Date)

The above plan of correction was approved by _____
 (Initials)

Plan of correction implementation status as of _____
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42407 - 06/07/2012 - Whitney, Diane
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The home has magnetic on the exit doors. To unlock the doors, a number code is entered on a keypad or the "panic bar" is pushed. The keypad codes are posted above the keypad.

Inspectors pushed the panic bar on the exit door by bedroom 214 for approximately 35 seconds and the magnetic lock did not open. Residents with mobility needs were interviewed and stated that the keypad is too high to be reached from a wheelchair. One resident stated that instructions for use of the keypad were not reviewed with the resident and another stated that due to a medical condition, the resident was unable to operate the keypad.

Inspectors pushed the panic bar at the main entrance to the home for approximately 40 seconds and the magnetic lock did not open. A resident in the area correctly entered the keypad code three times before the door unlocked, and stated that "sometimes the keypad sticks."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Disagree with Violation. Previous waiver was rescinded on 3/6/12. All required documentation has been submitted and reviewed by Director, Ronald Melusky. (See attached.)

By 8/15/12 - The home will ensure that all locking devices on doors will release when panic bar is pushed and when key code is entered. The administrator will have locking devices on all doors inspected by a qualified outside source not affiliated with the home. Any needed repairs will be completed. The inspection report will be submitted to the Department to the attention of Janine Wenzig.

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2/13/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Anne Denny, Admin.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anne Denny, Administrator	Date 6/28/12
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The above plan of correction is approved as of <u>7/12/12</u> (Date)	Plan of correction implementation status as of <u>7/16/12</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42407 - 06/07/2012 - Whitney, Diane
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 The minimum number of staff on a shift is two. The home did not conduct a fire drill using the minimum number of staff for the fire drills held from June 2011 through May 2012.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Night turn fire drills will be conducted by Fire Drill Coordinator when the minimum number of staff available is present.
 (Next drill due 9/2012)

By 8/31/12 - The home will conduct a night time fire drill with the minimum number of staff of 2 participating. If the evacuation time exceeds the maximum evacuation time as specified in writing by a fire safety expert, the home will conduct an additional drill within 2 weeks.
 The fire drill log will be submitted to the Department to the attention of Janice Wenzig.

JTW

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JUN 29 2012

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 Adult Residential Licensing

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Anne Denny, Administrator

Date 6/28/12

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Violation Report: 42407 - 06/07/2012 - Whilney, Diane
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 12-14-11, indicates that resident is prescribed a mechanical soft diet due to dysphasia. The resident's spouse and physician signed a Release of Liability for the home to provide a regular diet and the home is providing a regular diet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Disagree with Violation. Resident's spouse and physician signed a Release of Liability Waiver for the home to provide a regular diet. (See attached waiver.) Waiver was presented at time of inspection as well.

x [Physician order did not change -- Waiver releases liability.]

* Not acceptable as part of plan of correction.

By 8/15/12 - The administrator or designee will notify resident #1, the resident's designated person and resident's physician that the home must provide the diet as prescribed by the physician.

By 8/15/12 - The home must provide the diet as prescribed by the physician, for resident #1. Any change to resident #1's diet must be provided in writing by resident's physician.

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Immediately - The home will provide all residents the diet as prescribed by physician or other medical professional, such as speech therapist.

Whilney

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Anne Denny, Administrator Date 6/28/12

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Violation Report: 42407 - 06/07/2012 - Whitney, Diane
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #2's medical evaluation, dated 1-14-2012, indicates that resident needs a liquid shield and skin preparation applied to heels and right ear. The assessment, dated 1-20-2012, does not address how this need will be met.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident's assessment was updated on site of inspection. Unit Managers/Geriatric Assessment Team will monitor Medical Evaluation/Assessment/Support Plans monthly to ensure compliance. Implement July 1, 2012. (See attached Assessment/Support Plan.)

By 8/16/12 - The administrator will ensure that all resident conditions are listed on all resident assessments and updated as necessary.

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7/16/12

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Violation Report: 42407 - 06/07/2012 - Whitney, Diane
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

Resident 2's medical evaluation, dated 1-14-2012, indicates that resident needs a liquid shield and skin preparation applied to heels and right ear. The resident's support plan, dated 1-18-2012, does not address how the home will assist the resident in meeting these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident's Support Plan was updated on site of inspection. Unit Managers/Geriatric Assessment Team will monitor Medical Evaluation/Assessment/Support Plans monthly to ensure compliance. Implement July 1, 2012. (See attached.)

By 8/15/12 - The administrator will ensure that all resident service needs and how they will be met are indicated on all resident support plans. Jnd 7/16/12

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The above plan of correction was approved by <u>J</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented