

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 FOX CHAPEL

Located at 931 ROUTE 910, CHESWICK, PA 15024

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 61
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 61

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 July 14, 2012 until July 14, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 442470

Robert E. Robinson

ISSUING OFFICER

R. C. King

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

AUG 06 2012

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

Ms. Bonnie Stapchuck, Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Fox Chapel
931 Route 910
Cheswick, Pennsylvania 15024

Dear Ms. Stapchuck:

As a result of the Department of Public Welfare's licensing inspection on June 22, 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 'R. Melusky', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44247 - 06/22/2012 - Miller-Linhart, Alden
 PCH Name: CONCORDIA OF FOX CHAPEL

JUL 18 2012

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

On 6/5/12 from 7:30 p.m. to 11:20 p.m. there were 51 residents present in the home. During this time only 1 staff person was present in the home that was certified in First aid and CPR.

On 6/16/12 from 7:20 p.m. to 11:20 p.m. there were 51 residents present in the home. During this time only 1 staff person was present in the home that was certified in First aid and CPR.

On 6/18/12 from 3:00 p.m. to 11:20 p.m. there were 51 residents present in the home. During this time only 1 staff person was present in the home that was certified in First aid and CPR.

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.

Effective immediately all medication technicians and LPN's must have CPR and First Aid certification. This will ensure sufficient staffing as there is a nurse and a medication technician on day and evening shifts. Effective immediately will ensure that all 11pm to 7am nursing assistants are CPR/First Aid certified to ensure compliance. See Attachment C of most recent class.

8-18-12 - The administrator or designated staff person will review all staffing schedules to ensure at least one staff person per every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. 7-18-12

| | |
|----------------------|-----------------------------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): |
|----------------------|-----------------------------------|

Signature of Legal Entity Representative (Required on EVERY Page) *Bonnie Stepchuck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *BONNIE Stepchuck* Date *7-17-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

| | |
|--|--|
| The above plan of correction is approved as of <u>7-18-12</u> (Date) | Plan of correction implementation status as of <u>7-18-12</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 <i>7-18-12</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 44247 - 06/22/2012 - Miller-Linhart, Alden
 PCH Name: CONCORDIA OF FOX CHAPEL

JUL 18 2012

1. REGULATION 55 Pa.Code §2600

2600.101(j)(5) - Each resident shall have the following in the bedroom: A bedside table or a shelf.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

There is no bedside table or shelf beside the bed in room B2.

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.

Reviewed the regulatory compliance guide regarding the need for a bedside lamp and table. Upon DPW's inspection on June 22, 2012 the resident in B2 did not have bedside lamp and table placed back beside bed at approximately 10am. fall matts were propped against the wall between bed, the lamp and bedside table. I reviewed the regulation and heightened the awareness of the importance of these items being placed back beside the bedside with all staff. Effective immediately the Maintenance Coordinator, Michael Pavlovic will be responsible for making rounds each day ensuring this regulation is met. In his absence a member of the housekeeping department will assume this responsibility.

See Attachment B

8-10-12 The Administrator will conduct a weekly check of resident bedrooms to ensure each resident has a bedside table or shelf. 7-18-12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Bonnie Stapchuck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Stapchuck* Date *7-17-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-12 (Date)

Plan of correction implementation status as of 7-18-12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-18-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

RECEIVED

Violation Report: 44247 - 06/22/2012 - Miller-Linhart, Aiden
PCH Name: CONCORDIA OF FOX CHAPEL

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.
JUL 18 2012
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
There is no bedside lamp or source of light that can be turned on at bedside for the bed in room B2.

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.

Reviewed the regulatory compliance guide regarding the need for a bedside lamp and table. Upon DPW 's inspection on June 22, 2012 the resident in B2 did not have bedside lamp and table placed back beside bed at approximately 10am. fall mats were propped against the wall between bed, the lamp and bedside table. I reviewed the regulation and heightened the awareness of the importance of these items being placed back beside the bedside with all staff. Effective immediately the Maintenance Coordinator, Michael Pavlovic will be responsible for making rounds each day ensuring this regulation is met. In his absence a member of the housekeeping department will assume this responsibility. See Attachment B

8-10-12 - The Admin's team will check resident bedrooms weekly to ensure each resident has a bedside lamp or source of light that can be turned on/off at bedside. 7-18-12 g

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Bonnie Stepchuck*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *BONNIE Stepchuck* Date *7-17-12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *[Signature]*
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of *7/18/12*
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

** - melusky for job Embedded*

Violation Report: 44247 - 06/22/2012 - Miller-Linhart, Alden
 PCH Name: CONCORDIA OF FOX CHAPEL

Western Field Office
 Adult Residential Licensing

1. REGULATION 65 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Cerefolin. The medication label does not indicate the dose of the medication.

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.

Spoke to Providence Pharmacy manager regarding the dosage of cerefolin. In the future, the pharmacy will list the dosages of the three ingredients of this medication on the label and the medication administration record. The pharmacy will come to do a complete chart to cart audit in August of 2012 to identify and correct any other potential violations. In addition, I have reviewed the regulation with the medication care managers and advised them to report any issues to me regarding the prescribed dosage and instructions for administration.

| | | | |
|-----------------------|-----------------------------------|------------|--|
| Repeat Violation: Yes | Date(s) of Previous Violation(s): | 01/06/2012 | |
|-----------------------|-----------------------------------|------------|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Bonnie Stapchuck*

| | |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Stapchuck Admin.</i> | Date <i>7-18-12</i> |
|--|---------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-19-12
 (Date)

Plan of correction implementation status as of 7-19-12
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *7-19-12*
- Partially Implemented - Inadequate Progress
- Not Implemented

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