

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 WEXFORD

Located at 125 BROWN ROAD, WEXFORD, PA 15090

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

The total number of persons which may be cared for at one time may not exceed 56
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 August 27, 2012 until August 27, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443620

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



AUG 27 2012

Mr. Brian K. Hortert, CEO
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Wexford
125 Brown Road
Wexford, Pennsylvania 15090

Dear Mr. Hortert:

As a result of the Department of Public Welfare's licensing inspection on July 16, 2012, 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".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 44382 - 07/16/2012 - Orme, Melinda
 PCH Name: CONCORDIA OF WEXFORD

AUG 15 2012

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The 6/21/12 assessment for resident #1, admitted 6/14/12, does not address the following diagnoses from the 6/13/12 medical evaluation: HTN, BPH, Anemia, GERD, Osteoarthritis, Atherosclerosis, Depression.

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.

- ① Initial Assessment for resident #1 was updated on 7-16-12 with above mentioned diagnosis that were on the medical evaluation dated 6-13-12
- ② All residents will be placed on the tracking calendar (attachment A) to assure that they are implemented and completed within the DPW required timeframes required. The Resident Care Coordinator or designee will monitor this to assure all diagnosis are carried over onto the assessment and it addressed how those will be monitored.
- ③ Ongoing Quality assurance will be done by the Resident Care Coordinator or designee and the Administrator, through Weekly Chart audit schedules and periodic mock surveys.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Dylan Crissman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dylan Crissman</i>	Date <i>8-13-12</i>
---	---------------------

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

The above plan of correction is approved as of 8/14/12
 (Date)

Plan of correction implementation status as of 8/16/12
 (Date)

The above plan of correction was approved by *Oh*
 (Initials)

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

Violation Report: 44362 - 07/16/2012 - Orme, Melinda
PCH Name: CONCORDIA OF WEXFORD

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.

5 2012

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, dated 6/21/12, does not address the physician's order of 6/27/12 for Prosource Protein Powder Supplement, 2 tbsp to 4 ounces of liquid 2 times per day. The dietary needs section indicates "none".

Resident #2's assessment, dated 12/15/11, does not address resident's physician's orders for wound care from 3/20/11 through 7/13/12.

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.

- ① Resident #1 and resident #2's assessments were updated with the above mentioned information on 7-16-12 (see attached)
- ② The staff were doing the wound care and giving the prosource as per order because they were both on each individuals MAR and being signed for.
- ③ The RCE or designee will review new Dr orders from the "Dr list" weekly and add items that are appropriate to the resident's RASP. If an order is a significant change, a new OME and RASP will be initiated
- ④ Ongoing monitoring will be done during the chart audits and the next survey as mentioned on page 2.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Robin Crissman*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Robin Crissman*

Date *8/13/12*

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

The above plan of correction is approved as of 8/16/12
(Date)

Plan of correction implementation status as of 8/16/12
(Date)

The above plan of correction was approved by *JC*
(Initials)

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

Violation Report: 44362 - 07/16/2012 - Orme, Melinda

PCH Name: CONCORDIA OF WEXFORD

1. REGULATION 55 Pa.Code §2600

Western Field Office

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

The medical evaluation for resident #1, dated 6-13-12, indicates diagnoses of HTN, BPH, Anemia, GERD, Osteoarthritis, Atherosclerosis and Depression. The support plan for the resident #1, dated 6/21/12, does not address how these medical needs will be met.

Resident #2 had physician orders for wound care on 3/20/11, 5/30/12, 6/11/12, 6/19/12, 7/5/12, 7/8/12, 7/12/12, and 7/13/12. The support plan for the resident, dated 12/15/11, does not address how the home will meet the wound care needs of the resident.

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.

① The medical evaluation for resident #1 and resident #2 were updated to show how the medical needs will be met. (see attached)

② ~~Refer to plan on page 3 of 4 for how these will be addressed on an ongoing basis.~~ *initiate*

③ The staff were doing the wound care and giving the presence as per order because they were both on each individual MAR and being signed for.

④ The RCE or designee will review new Dr orders from the "Dr list" weekly and add items that are appropriate to the resident's RASP. If an order is a significant change, a new OMC and RASP will be initiated

⑤ Ongoing monitoring will be done during the chart audits and the next survey as mentioned on page 2.

Plan 8/16/12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Robin Crossman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Robin Crossman

Date *8-13-12*

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

The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

[Signature]
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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