

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 HEALTH AND HUMAN CARE - LUND BUILDING

Located at 134 MARWOOD ROAD, CABOT, PA 16023

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 220
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 October 27, 2012 until October 27, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 447620

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.



NOV 19 2012

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

Dear Ms. Denny:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 27, 2012 and August 28, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

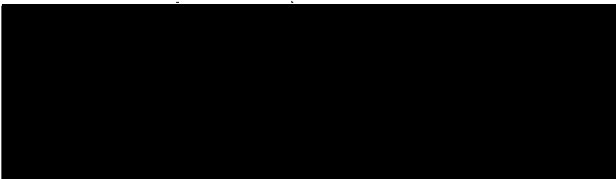
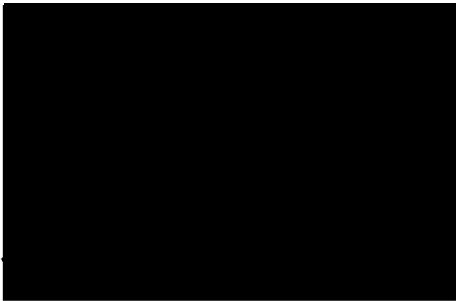
A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

RECEIVED

PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE, LUND BUILDING		License Number: 447620
Address: 134 MARWOOD ROAD, CABOT, PA 16023		County: Allegheny
Administrator: Ann Denny		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE Western Field Office Adult Residential Licensing		
Legal Entity Address: 134 MARWOOD ROAD, CABOT, PA 16023		
Certificate(s) of Occupancy		
C-1 11/25/1998 Department of Health		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 220	Working Staff: 165
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/27/2012: Glidden, Michelle; Goedert, Caroline; Mandock, Nancy 08/28/2012: Glidden, Michelle; Goedert, Caroline		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 220 Number of Residents Served: 199 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 	Number of Residents who: 	

Violation Report: 44762 - 09/27/2012 - Glidden, Michelle
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
Act 56 of 2007 requires that "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization, or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The sign in front of the home indicates the personal care home on the campus, the Lund Building, is "Assisted Living".

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.

A new sign is on order to replace the sign in front of the home. The term "Assisted Living" has been covered on the current sign. 10/15/12

See attachment -- sample of new sign on order. Administrator and Director will monitor Concordia signs to ensure compliance.

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

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 10/24/12

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

The above plan of correction is approved as of 10/31/12 (Date)

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

Plan of correction implementation status as of 10/31/12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 44762 - 08/27/2012 - Glidden, Michelle
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1: REGULATION 55 Pa.Code §2600 Western Field Office
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F.
Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 8/27/12, at 10:00am, there was no thermometer in the refrigerator or the freezer in the Lund activity room.

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.

A new thermometer was placed in refrigerator located in Lund Activity Room. 10/15/12.

Activity staff will monitor temps daily to ensure compliance.

See attached "Teaching Form".

By 11/30/12 - Staff will monitor the temperature in the refrigerator daily to ensure it is 40° or below.

10/31/12

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/29/2011

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 10/24/12

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The above plan of correction is approved as of 10/31/12 (Date)

Plan of correction implementation status as of 10/31/12 (Date)

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

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44762 - 08/27/2012 - Glidden, Michelle

PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Residents stay in their rooms when fire drills are conducted and are not evacuated to a fire safe area.

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.

Immediately -

All residents are evacuated to a designated meeting place away from building or within a fire safe area during each fire drill monthly

Administrator or designee will conduct monthly fire drills and document number of residents evacuated as well as number of residents evacuated out of rooms to a fire safe area ready to move to next step, if necessary. All staff was re-trained on Fire Drill Evacuation Procedures. 10/15/12

See attached "Fire Drill Evacuation Procedures".

Repeat Violation: No

Date(s) of Previous Violation(s):

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 10/24/12

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

The above plan of correction is approved as of 10/31/12
(Date)

Plan of correction implementation status as of 10/31/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Violation Report: 44762 - 08/27/2012 - Glidden, Michelle
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
There is no preadmission screening form for resident #1, admitted 6/5/12.
There is no preadmission screening form for resident #2, admitted 7/23/12.

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.

Pre-screen audits will be done by Administrator or designee within (prior to) 24 hrs. of all new admissions to ensure compliance that residents' needs can be met by services provided by the home and documented on the department pre-admission screening form. 10/15/12

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

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 10/24/12

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

The above plan of correction is approved as of 10/31/12
(Date)

Plan of correction implementation status as of 10/31/12
(Date)

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

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