

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
LEGAL ENTITY

To operate CONCORDIA OF THE SOUTH HILLS
NAME OF FACILITY OR AGENCY

Located at 1300 BOWER HILL ROAD, MT. LEBANON, PA 15243
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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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 70
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 12

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 March 8, 2013 until March 8, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 441450

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 05 2013

Mr. Brian Hortert, CEO
Concordia Lutheran Ministries of Pittsburgh
134 Marwood Road
Cabot, Pennsylvania 16023

RE: Concordia of the South Hills
130 Bower Hill Road
Mt. Lebanon, Pennsylvania 15243

Dear Mr. Hortert:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 29, 2012 and December 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 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,

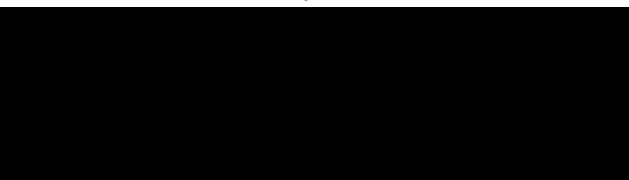

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT RECEIVED
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2690

JAN 3 2013

PCH Name: CONCORDIA OF THE SOUTH HILLS		License Number: 441450
Address: 1300 BOWER HILL ROAD, MT LEBANON, PA 15243		County: Allegheny
Administrator: Bobbi Nice	Western Field Office	Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH Adult Residential Licensing		
Legal Entity Address: 134 MARWOOD ROAD, CABOT, PA 18023		
Certificate(s) of Occupancy C-2 LP 10/08/2002 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 84 Waking Staff: 83		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/29/2012: Goederl, Caroline; Glidden, Michelle 12/07/2012: 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: 70 Number of Residents Served: 58 Secured Dementia Care Unit in Home: Yes Area: Main Floor Secured Dementia Unit Capacity, if Applicable: 12 	Number of Residents who: 	

Violation Report: 44145 - 11/29/2012 - Goedert, Caroline
PCH Name: CONCORDIA OF THE SOUTH HILLS

JAN 3 2013

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drills conducted on 10/30/12, 7/24/12, 6/18/12, 5/8/12, 4/18/12, and 2/23/12 did not indicate that the total number of residents that were in the home were evacuated to a public thoroughfare or 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.

The fire drill record has been revised to "Resident's Evacuated" and "Resident's Participated" in the drill. The fire drill record has been revised to reflect this and a copy of the fire drill record is attached.

2-7-13
The administrator will monitor all fire drills and use the fire drill record to ensure all residents are evacuated to a public thoroughfare or to a fire-safe area and documentation is kept for each fire drill on a record which includes all information required by 2600.132c. JPP 1-7-13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bobbie Nice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bobbie Nice, Administrator* Date *12-28-12*

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

The above plan of correction is approved as of 1-7-13 (Date)

Plan of correction implementation status as of 1-7-13 (Date)

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

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

Violation Report: 44145 - 11/29/2012 - Goedert, Caroline
 PCH Name: CONCORDIA OF THE SOUTH HILLS

JAN 3 2013

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Western Field Office
 Adult Residential Licensing

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The December medication administration record for resident #1 does not include the resident's drug allergies to Naproxen and Nitrofurantoin that were identified on the the resident's medical evaluation dated 9/07/12.

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.

A monthly review will be completed by Administrator and/or her designee of all Medication Administration Records to ensure that allergies are all listed. Training has been provided to the staff to monitor of new allergies and to update record accordingly. A monitor has been put into to place to ensure accuracy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Bobbie Nice

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

Bobbie Nice, Administrator

Date *12-28-12*

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The above plan of correction is approved as of

1/7/13
 (Date)

Plan of correction implementation status as of

1/7/13
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 44145 - 11/29/2012 - Goedert, Caroline
PCH Name: CONCORDIA OF THE SOUTH HILLS

JAN 3 2013

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

A review of the narcotic count record showed that on 12/2/12 and 12/4/12 at 9:00 PM, resident #2 was administered Lorazepam 0.5 mg tablet, take one tablet by mouth every four hours as needed. The staff person has not initialed the resident's medication administration record for the administration 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.

A review of the Medication Administration Record will be completed by the Administrator and/or her designee to ensure that all medications have been administered and proper documentation has been completed on the MAR. The charge nurses and Medication Technicians have been instructed to review each MAR after each shift to ensure that all medications have been properly documented on the MAR. A monitor has been put into place to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bobbie Niece*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bobbie Niece, Administrator* Date *1-7-13*

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The above plan of correction is approved as of 1-7-13 (Date)

Plan of correction implementation status as of 1-7-13 (Date)

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- Not Implemented

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

JAN 3 2013

Violation Report: 44145 - 11/29/2012 - Goedert, Caroline
 PCH Name: CONCORDIA OF THE SOUTH HILLS

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.

Western Field Office

2a. DESCRIPTION OF VIOLATION

A review of resident #3's record showed that the resident fell in the home eleven times during the calendar year 2012. The resident's fall in the home on 8/11/12 resulted in a laceration to the head requiring nineteen staples. The resident's most recent support plan dated 9/14/11 did not document fall precautions and interventions, frequency of the service(s) needed related to the falls, or the person(s) responsible for the service. Resident #3 was discharged on 8/21/2012.

A review of resident #4's record showed that the resident had a physician's order on 11/7/12 regarding wound care. The order stated, "Discharge Duoderm, cleanse open areas of lower left extremity with normal saline solution, pat dry, apply Aquacel to open areas, cut to fit open areas and cover with Telfa Island dressing. Change dressing everyday. Apply Tubigrip to bilateral extremities every day on in the AM and off in the PM." The resident's most recent support plan dated 9/11/12 did not document the wound care, frequency of the service needed related to the wound care, or the person(s) responsible for the service.

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.

Training was provided to the nursing staff on the proper completion of support plans in regards to all changes including falls and wound care. The Administrator and/or her designee will check the support plans with new orders and incidents to ensure accuracy.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Bobbie Nice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bobbie Nice, Administrator* Date *12-28-12*

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Plan of correction implementation status as of 1-7-13 (Date)

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

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

Violation Report: 44145 - 11/29/2012 - Goedert, Caroline
PCH Name: CONCORDIA OF THE SOUTH HILLS

JAN 3 2013

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the secure dementia care unit on 8/11/12, however did not have a medical evaluation completed until 6/13/12.

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.

Prior to admission of a resident to the secured dementia unit the completed DME form will need to be sent prior to the resident being admitted to the facility in order to ensure that the proper paperwork is completed before the resident is admitted and that the information is accurate.

A resident will not be admitted to the secured dementia unit until the criteria in 2600.231(b) is met. JPP 1-7-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bobbe Nice

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

Bobbe Nice Administrator

Date

12-28-12

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1-7-13
(Date)

Plan of correction implementation status as of

1-7-13
(Date)

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- Not Implemented

The above plan of correction was approved by

JPP
(Initials)