



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 26 2013

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 March 18, 2013, 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.

Your regular license for the period of June 22, 2013 to June 22, 2014 was issued on March 13, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 42407 - 03/18/2013 - Glidden, Michelle
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

APR 12 2013

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 At 11:20 A.M., a binder entitled, "Buller Health System Laboratory", containing laboratory orders and medical diagnoses for residents #1, #2 and #3, was unlocked and accessible behind the reception desk on the first floor.

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.

Corrected on site 3/18/13. Lab binder was removed and placed in a locked area.

3/19/13 - All staff were re-educated on this requirement and it will be monitored daily, each shift, by Charge Nurse as part of her regular duties.
 (SEE ATTACHED TEACHING FORM!)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) ANNE DENNY, ADMINISTRATOR	Date 4/12/13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/16/13</u> (Date)	Plan of correction implementation status as of <u>4/16/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42407 - 03/18/2013 - Glidden, Michelle
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1 2 2013

1. REGULATION 56 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Western Field Office
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #4's bed has an enabler bar, with a 12 1/4 inch opening in the center, posing an entrapment hazard.

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 enabler bar was clean and in good repair and free from hazards. Cannot find regulation stating it must be covered at all times. Resident was not in bed – cover was in drawer.

Cover was placed on enabler 3/18/13 per request. Page 185 in RCG, "bedrails usage in PC Homes", third paragraph, 3rd bullet:

"there are many alternative means to provide the same benefits as bed rails with minimal risks including enablers".

(SEE ATTACHED PHOTO)

Repeat Violation: No	Date(s) of Previous Violation(s):				
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 (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>ANNE DENNY, ADMINISTRATOR</i>	Date <i>4/12/13</i>
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 (Initials)

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- Partially Implemented - Adequate Progress *MS*
- Partially Implemented - Inadequate Progress
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Violation Report: 42407 - 03/18/2013 - Glidden, Michelle
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

APR 12 2013

1. REGULATION 65 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

None of the emergency service numbers were posted on or near the telephone in the second floor nurse's station.

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.

Violation was corrected on site 3/18/13. Unit Manager or Designee will monitor at least weekly to ensure all landline phones will have required emergency numbers posted on or near telephone.

(SEE ATTACHED PHOTO)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Anne Renny

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

ANNE DENNIN, ADMINISTRATOR

Date

4/12/13

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(Initials)

12 2013

Violation Report; 42407 - 03/18/2013 - Gliddan, Michelle
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
 Seven minutes is the home's maximum safe evacuation time determined by a fire safety expert on 5/31/12. The home exceeded this time on the following fire drill:

Date	Time	Evacuation Time
8/10/12	5:14 A.M.	16 min. 32 sec.

The following fire drill records indicate not all residents in the home at the time of the drill were evacuated:

Date	Time	# Residents in the home	# Residents evacuated
7/31/12	3:50 P.M.	50	27
8/10/12	5:14 A.M.	51	23
8/30/12	5:11 A.M.	51	23
10/25/12	2:30 P.M.	49	27
11/28/12	11:00 A.M.	52	31

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.

All residents evacuated either to a public thoroughfare or fire-safe area for the fire drill 8/10/12 Specifically: held on 3/21/13 at 11 A.M. with an evacuation time of 2 min. 39 sec. MS 4/16/13
 Disagree with violation.
 The facility did exceed maximum time on 8/10/12 and documented problem per RCG recommendation Part 2, "Regulatory issues and frequently occurring situations" page 204, second paragraph, "Recording drill date" next to last bullet point "problems should be recorded in detail, as awareness of problems will allow home to remedy them". A follow-up drill was conducted on 8/30/12 and was in compliance per fire safety expert recommended time period and also maintained compliance per Reg. 132a, "Unannounced drill shall be held at least once a month." During each monthly fire drill, all residents are immediately evacuated to a designated meeting place away from the building or within a fire-safe area. If an evacuation time exceeds the time specified by a fire safety expert, the home will conduct another fire drill that month to ensure evacuation times determined by a fire safety expert.
 Remaining Fire Drill Dates Listed: see mtg. ms 4/16/13
 During each monthly fire drill, all residents are immediately evacuated to a designated meeting place away from the building or within a fire-safe area.
 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 fire-safe area ready to move to next step if necessary. See attached "Fire Safety Evacuation Procedures".

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ANNE DENNY, ADMINISTRATOR* Date *4/12/13*

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