



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Ms. Jill Treglia, Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

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

Dear Ms. Treglia:

As a result of the Department of Public Welfare's licensing inspection on June 12, 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 August 27, 2013 to August 27, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky" followed by a stylized monogram "MES".

Ronald Melusky
Director

Enclosure
Violation Report

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Violation Report: 44362 - 06/12/2013 - Glidden, Michelle
PCH Name: CONCORDIA OF WEXFORD
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
At 10:45 AM, there were excessive yellow and brown, dried, liquid food spills interspersed throughout the base of the upright refrigerator in the dry food storage area.

At 10:45 AM, there were excessive dried food spills interspersed throughout the bottom of the small refrigerator in the kitchen/dining area of the garden level.

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 refrigerator was cleaned and disinfected immediately following the inspection. Dietary staff has been assigned the specific task of cleaning out and sanitizing all the refrigerators on a weekly basis and as needed. This cleaning schedule has already been started in the facility. Dietary manager will check regularly to ensure these tasks are being completed. Administrator will check on daily rounds as well.

See attachment #1

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia, Administrator* Date *6-27-13*

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

The above plan of correction is approved as of <u>7/15/13</u> (Date)	Plan of correction implementation status as of <u>7/15/13</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 <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGION FIELD OFFICE
Human Services Administration Page 3 of 7

Violation Report: 44362 - 06/12/2013 - Glidden, Michelle
PCH Name: CONCORDIA OF WEXFORD

1. REGULATION 55 Pa.Code §2600
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
The temperature of the freezer in the kitchen measured 4 degrees Fahrenheit at 10:40 AM and 8 degrees Fahrenheit at 3:15 PM.

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 freezer coils have been cleaned by our HVAC professional and the freezer has been running at zero or below zero. The temperature log that was already in place will continue daily. Staff will be re-educated on the importance of keeping the freezer at the temperature of zero or below and the consequences not following this regulation could have on the residents. The training will take place by July 14, 2013.
Dietary manager will monitor regularly and Administrator will monitor on daily rounds of the building.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Joe Stegler*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bill S. Troglia, Administrator* Date *6-27-13*

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Violation Report: 44362 - 06/12/2013 - Glidden, Michelle
PCH Name: CONCORDIA OF WEXFORD
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
The emergency exit door, at grade level by suite 6-B, was rusted shut. An agent of the Department was unable to open the door.

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 door was swollen from the heat, which is what caused it not to open. Maintenance cut part of the bottom of the door, put in a new metal threshold, and removed any corrosion from the door frame. This issue was fixed while DPW inspectors were still present in the building. Administrator will check the door and other exit doors on daily rounds. These rounds are currently in place.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia, Administrator* Date *6-27-13*

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(Initials)

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(Date)

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- Not Implemented

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Violation Report: 44362 - 08/12/2013 - Glidden, Michella
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There was no exit sign at the emergency exit door at grade level by suite 6-B. The home currently serves 39 residents.

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 exit sign was put in place while the DPW inspectors were still present in the building.

Administrator will check to make sure all EXIT signs are in place during daily rounds. These rounds are currently in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jill S. Regalia

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

Jill S. Regalia, Administrator

Date 6-27-13

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Violation Report: 44362 - 06/12/2013 - Glidden, Michelle
PCH Name: CONCORDIA OF WEXFORD
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation, dated 2/7/13, does not indicate the ability of the resident to self-administer medications. This section of the medical evaluation is blank.

Resident #2's medical evaluation, dated 3/8/13, does not indicate the resident's health status. This section of the medical evaluation is blank.

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.

Staff members will be re-educated on filing out the DME's completely. They will be reminded that the DME's from doctor's offices are not always completed fully or correctly and another should be done within the time frame allotted by the regulations. This training will be done by the Director of Nursing by July 14, 2013.

Monthly chart audits will be put in place to ensure paperwork is accounted for and complete. These audits will be in place by July 14, 2013.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia, Administrator* Date *6-27-13*

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Violation Report: 44362 - 06/12/2013 - Glidden, Michelle
PCH Name: CONCORDIA OF WEXFORD

WEST REGIONAL FIELD OFFICE
Human Services Licensing

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:

- (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 label for resident #2's Digoxin, 125 mg indicates "Take 1 tab by mouth daily, Hold if pulse less than 60". The direction to "hold if pulse less than 60" is not included on resident #2's June 2013 medication administration record (MAR). Also, the resident received Digoxin the morning of 6/12/13; however, the resident's pulse reading was not included on the MAR.

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.

Staff will be re-educated by the Director of Nursing regarding the medications matching the MAR. This includes parameters on the medications. They will also be educated on the importance of checking the parameters before giving the medication if that is how the order reads. This training will be done by July 14, 2013.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jill S. Trezick*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jill S. Trezick, Administrator* Date *6-27-13*

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