



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DEC 16 2013

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

RE: Concordia of Franklin Park
600 Georgetown Drive
Sewickley, Pennsylvania 15143

Dear Ms. Treglia:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 13, 2013 and September 16, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary 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.

Sincerely,

A handwritten signature in cursive script, appearing to read "Janine Wenzig", written in dark ink.

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
 PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600

2600.24 - A home shall provide the resident with assistance with personal hygiene as indicated in the resident's assessment and support plan. Personal hygiene includes one or more of the following:

- (1) Bathing.
- (2) Oral hygiene.
- (3) Hair grooming and shampooing.
- (4) Dressing, undressing and care of clothes.
- (5) Shaving.
- (6) Nail care.
- (7) Foot care.
- (8) Skin care.

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 9/13/13, Resident #1, admitted 9/9/13, stated he/she had not been shaven since arriving to the home. Resident #1 had a beard approximately 1/4" in length.

The assessment and support plan, dated 10/26/12, for Resident #2 indicates that the resident requires assistance with all personal hygiene. As of 9/13/13, the resident was not shaven for at least a week and had a beard at least 1/4" - 1/2" long.

The assessment and support plan, dated 5/25/13, for Resident #3 indicates that the resident requires full assistance for all hygiene practices and that staff will shower, shave and complete all hygiene needs. As of 9/13/13, the resident was not shaven for at least a week and had a beard at least 1/4" - 1/2" long.

On 9/13 and 9/16/13, Resident #3's eyes were crusted with yellow discharge and were not being tended to by staff.

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.

See Page 2A

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* Date *11-27-13*

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

The above plan of correction is approved as of <u>12/2/13</u> (Date)	Plan of correction implementation status as of <u>12/2/13</u> (Date)
The above plan of correction was approved by <u><i>JST</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>a</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

22 of 16

Plan of Correction in reference to violation on Page 2:

Staff will be re-educated on am and pm hygiene practices when taking care of the residents. This training will include am and pm care such as shaving, bathing, brushing teeth, caring for dentures, washing faces, and other hygiene practices.

See attached training. The training will be completed by December 31, 2013 by the Resident Care Coordinator.

Ongoing QA will be conducted on these areas ^{at least weekly} to ensure continued compliance.

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

[Handwritten signature]
12/2/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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.

2a. DESCRIPTION OF VIOLATION
Resident #3's wheelchair was covered in dried food crumbs and fine white debris that appeared to be scaly flaked skin.

The vinyl on the right armrest on Resident #4's wheelchair is almost completely cracked and the left arm rest has three cracks.

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.

See Page 3A

Repeat Violation: Yes Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Bill S. Traglia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bill S. Traglia Date 11-27-13

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

The above plan of correction is approved as of 12/2/13
(Date)

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

Plan of correction implementation status as of 12/2/13
(Date)

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

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction in reference to violation on Page 3:


Staff will be re-educated on the importance of cleaning assistive devices on a regular basis. The staff will be assigned the task to clean the assistive devices (wheelchair, walker, etc.) of the residents on a regular cleaning schedule at least monthly or more frequently if needed. The staff will also be asked to wipe off the assistive devices regularly if needed. Re-education will be done by December 31, 2013 by the Resident Care Coordinator.

3A of 16

Ongoing QA will be conducted on this area to ensure continued compliance.

The armrests of resident #4's wheelchair are in the process of being replaced. Due to insurance reasons it has been a challenge to find replacement armrests. We expect them to be replaced by December 31, 2013.

See attached – Wheelchair cleaning schedule

 12/2/13

DEC 9 2013

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

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

On 9/13/13, there were dried feces, approximately an inch in length, of on the seat of 3's shower chair.

On 9/13/13, the sheets on Resident #3's bed were dirty. There was a dark brown thick stain approximately 3" by 1/2" on the sheet in close proximity of the resident's head.

On 9/13/13, the water in the fish tank in room #205 was cloudy with a green slime. There was also a strong urine odor in the 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.

See Page 1A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bill Streglia

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

Bill Streglia

Date 11-27-13

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

The above plan of correction is approved as of

12/2/13
(Date)

Plan of correction implementation status as of

12/2/13
(Date)

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

The above plan of correction was approved by

BS
(Initials)

RECEIVED

DEC 2 2013

4A of 16

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction in response to violation on Page 4:

The resident's shower chair was cleaned immediately. Staff was reminded to check for messes after they shower a resident.

In this particular situation the resident was still in bed when the stain was discovered. The resident was removed from the bed and the sheets were changed immediately. All residents' sheets are changed at least one time per week and as needed.

Family is responsible for cleaning the fish tank in the resident's room. This was agreed upon when the fish tank was brought in to the facility. Family was contacted and they promptly cleaned the tank. They were asked to clean it on a more regular basis and the staff will inform the family if they notice the tank needs to be cleaned.

Ongoing QA will be conducted on these areas to ensure continued compliance.

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 9/13/13, there were two filled uncovered trash cans in room GS108's shared bathroom.

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.

See Page 5A

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* Date *11-27-13*

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

The above plan of correction is approved as of 12/2/13
(Date)

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

Plan of correction implementation status as of 12/2/13
(Date)

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

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction in reference to violation on Page 5:

The trash cans were removed and replaced with covered trash cans. The trash cans are emptied daily.

By
1/21/14

Staff will be re-educated on 5A of 16
the requirement that trash
cans have lids and to advise if
a lid is missing or broken.

B
12/13

RECEIVED

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa

PCH Name: CONCORDIA OF FRANKLIN PARK

DEC 2 2013

REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 9/13/13, the toilet paper holder in room GS102's bathroom was missing.

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.

See Page 6A of 16

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

Date 11-27-13

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/2/13
(Date)

Plan of correction implementation status as of 12/2/13
(Date)

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

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

6A of 16

Plan of Correction in reference to violation on Page 6:

There is no regulation stating that a toilet paper holder must be supplied. Although there had been one present, a resident had taken it and it was found in her purse later on in the day.

Sufficient toilet paper was and is available at all times.

2 messages have been left with the DPW to discuss this violation.
(11-25-13 and 11-27-13)

RECEIVED

DEC 2 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**

R-12/2/13

Violation Report: 44363 - 09/13/2013 - Flinger-Aiman, Lisa

PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 9/13/13, there was an unlabeled, used bar of soap at the sink in room GS105's shared bathroom.

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.

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

See Page 7A of 16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Will S. Treglia

Date *11-27-13*

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE!)

The above plan of correction is approved as of *12/2/13*
(Date)

Plan of correction implementation status as of *12/2/13*
(Date)

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

- Fully Implemented *2*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

7A of 16

Plan of Correction in reference to violation on Page 7:

All bar soap in semi-private rooms has been labeled and staff was reminded that if they see bar soap in a semi-private room it must be labeled with the resident's name on it.

Ongoing QA will be conducted on this area to ensure continued compliance.

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

[Handwritten signature]
11/27/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
 PCH Name: CONCORDIA.OF FRANKLIN PARK

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

On 9/16/13, there was a stand up patient lift outside of room GW105 which is right next to an emergency exit. The stand up patient lift was approximately the width of half of the hallway.

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.

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

See Page 8A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jill S. Traylor

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

Jill S. Traylor

Date 11-27-13

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

The above plan of correction is approved as of 12/13
 (Date)

Plan of correction implementation status as of 12/13
 (Date)

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

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

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction in reference to violation on Page 8:

Immediately -

Staff will be reminded that lifts, carts, or other items that could obstruct egress are not to be left in hallways near exits.

This particular lift was removed from the hallway.

SA of 16

By 1/31/14 - All staff will be instructed to monitor hallways, stairways and other egress routes daily, as part of their regular duties, to ensure they are unobstructed.

By 1/31/14 - The administrator will monitor the home at least weekly to ensure stairways, hallways and other egress routes are unobstructed.

D 12/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #2 is moderately immobile and needs physical assistance to be placed into a wheelchair. The resident is not evacuated during fire drills unless already in a wheelchair.

Resident #3 is totally immobile and requires a hoist lift and two staff to transfer. According to resident and staff interviews, the resident is not evacuated during fire drills.

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.

See Page 9A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Jill J. Trzaska

Date 11-27-13

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

The above plan of correction is approved as of

12/2/13
(Date)

Plan of correction implementation status as of

12/2/13
(Date)

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

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Plan of Correction in reference to violation on Page 9:

QA of 16

The facility has since conducted several fire drills and all residents including this particular resident have been evacuated every time. Family and the resident mentioned were educated on compliance with this evacuation rule.

Ongoing QA will be conducted on this area to ensure continued compliance, to include specific instructions on how to evacuate residents with mobility needs.
See attached – fire drill record.

By 12/2/13 - The administrator will observe a fire drill in the home to ensure all residents are evacuated safely.

J
12/2/13

RECEIVED

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

DEC 2 2013

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #5, dated 4/20/13, does not include the resident's ability to self administer medications.

The cognitive functioning portion of the medical evaluation, dated 8/29/13, for Resident #6 is not completed.

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.

See Page 10A

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

Date: 11-27-13

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE!)

The above plan of correction is approved as of 12/1/13
(Date)

Plan of correction implementation status as of 12/1/13
(Date)

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

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

10A of 16

Plan of Correction in reference to violation on Page 10:

All records will be audited for blank spaces or unchecked boxes. This will be completed by the Administrator and the Resident Care Coordinator by December 31, 2013.

These particular DME's were corrected and filed in the residents' charts.

DME of Resident #5 – this resident was not in the building at the time of the inspection and is still not in the building. If/when she returns, her paperwork will be corrected and updated at that time.

DME of Resident #6 – this was corrected and signed by the CRNP. Please see attached.

Ongoing QA will be conducted on this area to ensure continued compliance.

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

12/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa

DEC 2 2013

PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area of container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 9/16/13, a tube of Ketoconazole cream 2% and a tube of Lactate cream 12% were unlocked and accessible to residents in Resident #4's bathroom.

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.

See Page 11A

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/20/2013

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

Date

11-27-13

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

The above plan of correction is approved as of

12/13/13
(Date)

Plan of correction implementation status as of

12/13/13
(Date)

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

The above plan of correction was approved by

JST
(Initials)

RECEIVED

DEC 2 2013

Plan of Correction in reference to violation on Page 11:

WEST REGION FIELD OFFICE
Human Services Licensing

The resident, who is capable of self-administering these items and has an order to self-administer them, has been provided with a locked area in her room in order to continue to keep these medications in her room. The resident was informed that all poisonous material, including medications, must be locked up. Staff was reminded of these regulations as well.

Ongoing QA will be conducted on this area ^{at least weekly} to ensure continued compliance.

11A of 16

J 12/2/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa

DEC 2 2013

PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 9/16/13, at approximately 9:30 a.m., Resident #7 was reclined in a Broda chair. The resident does not have the cognitive ability to operate or get out of the chair on his/her own.

Resident #8 has a Broda chair, however, if the resident's feet are elevated, the resident is unable to get out of the chair without assistance.

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.

See Page 12A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bill J. Treglia

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

Bill J. Treglia

Date 11-27-13

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

The above plan of correction is approved as of

12/11/13
(Date)

Plan of correction implementation status as of

12/11/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

12A of 16

RECEIVED

DEC 2 2013

Plan of Correction in reference to violation on Page 12:

WEST REGION FIELD OFFICE
Human Services Licensing

Both resident #7 and #8 have since been placed in a "Rock and Go" chair by hospice. This chair enables both ladies to move around the facility on their own if they choose to do so. Both are also able to get out of the chair if they want to.

Please see attached picture to understand what the wheelchair looks like (this is a picture from an advertisement and is not the actual resident from our facility).


12/2/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 9/24/12, for Resident #4 indicates the resident has a diagnosis tachycardia and pleural effusion which are not indicated on the assessment, dated 9/20/12.

The medical evaluation, dated 4/20/13, for Resident #5 indicates the resident has a diagnosis of parkinson's disease and diabetes mellitus type 2, which are not indicated on the assessment, dated 4/20/13.

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.

See Page 13A

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

Date 11-07-13

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE)

The above plan of correction is approved as of

12/12/13
(Date)

Plan of correction implementation status as of

12/12/13
(Date)

The above plan of correction was approved by

JST
(Initials)

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

13A of 16

Plan of Correction in reference to violation on Page 13:

The RASP of resident #4 was updated with these particular diagnoses and the staff members who complete RASPs were re-educated on how the 2 forms must match each other.

Resident #5 – this resident was not in the building at the time of the inspection and is still not in the building. If/when she returns, her paperwork will be corrected and updated at that time.

RECEIVED

DEC 2 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**

Handwritten signature

Violation Report: 44363 - 09/13/2013 - Flinger-Alman, Lisa
 PCH Name: CONCORDIA OF FRANKLIN PARK

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 5/11/13, for Resident #9 indicates the resident is unable to safely use and avoid poisonous materials. However, the assessment, dated 5/11/13, indicates poisons are not a problem.

Resident #10 was ordered physical and occupational therapy on 8/30/13. The assessment, dated 10/22/12, was not updated to reflect this change.

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.

See Page 14A

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

Date *11-27-13*

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

The above plan of correction is approved as of

12/6/13
 (Date)

Plan of correction implementation status as of

12/6/13
 (Date)

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

The above plan of correction was approved by

JST
 (Initials)

24A 016

Plan of Correction in reference to violation on Page 14:

The DME of resident #9 was updated by the MD (CRNP) so that it matches the RASP.
RASP #10 was updated to reflect the therapy services.

Please see attached (this is part of the RASP that shows the updates).

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Handwritten signature and date: 12/2/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
 PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2609.227(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 assessment, dated 5/23/13, for Resident #3 indicates the resident needs assistance with turning and repositioning while in bed or a chair. The resident's support plan does not address how the home will assist the resident in meeting these needs.
 Resident #3 was observed on 9/13 and 9/16/13 with excessive yellow matter on his/her eyes. This is not addressed on the assessment, dated 5/25/13, nor is it being addressed by staff.
 The support plan, dated 1/16/13, for Resident #7 indicates the resident requires extensive supervision and that a supervisor and that an aide will be in the unit at all times. On the morning of 9/16/13, there was no staff present on the unit.

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.

See Page 15A

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Will S. Treglia

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Will S. Treglia	11-27-13

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

<p>The above plan of correction is approved as of <u>12/27/13</u> (Date)</p> <p>The above plan of correction was approved by <u>WT</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>12/27/13</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
---	--

ISA of 16

Plan of Correction in reference to violation on Page 15:

Resident #3's RASP was updated to reflect these needs. The yellow matter in the resident's eye is not something that occurs daily, but a simple reminder was put on the RASP to check for issues such as this.

Attached is part of the RASP that addresses these two issues.

Resident #7 is no longer in the building. Due to this fact, the RASP was not updated to reflect these changes.

RECEIVED

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

2-12/13

Violation Report: 44363 - 09/13/2013 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

DEC 2 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600 227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
The support plan, dated 4/20/13, for Resident #5 was not signed by any one except a dietician technician on 4/26/13.

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.

See Page 16

Violation
Mikobracin
4/26/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joe Streglia

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

Bill J. Streglia

Date 11-27-13

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

11/27/13
(Date)

Plan of correction implementation status as of

11/27/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

10/20/16

Plan of Correction in reference to violation on Page 16:

The creator of the RASP did in fact sign the RASP. This was present on the day of the inspection, but apparently missed.

Attached is the signature page showing that the creator's signature was present.

RECEIVED

DEC 2 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**

Violation
withdrawn
P. 12/2/13