



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

DEC 30 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
Certificate/License #443620

Dear Ms. Treglia:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 6, 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.

Sincerely,

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

| | | |
|--|--|------------------------|
| PCH Name: CONCORDIA OF WEXFORD | | License Number: 44362 |
| Address: 125 BROWN ROAD, WEXFORD, PA 15090 | | County: Allegheny |
| Administrator: Jill Treglia | | Region: WEST |
| Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH | | |
| Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243 | | |
| Certificate(s) of Occupancy C-2 LP 03/19/1994 PA Dept L&I | | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 46 | Waking Staff: 35 |
| Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Complaint | | |
| On-Site Inspections Dates and Department Representatives On-Site 11/06/2013: Orme, Melinda | | |
| Off-Site Inspection Dates and Inspectors, if Applicable | | |
| <p>RECEIVED</p> <p>DEC 23 2013</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p> | | |
| Other Details | | |
| Partial or Full Triggers: n/a | | Random Indicators: n/a |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 55 Number of Residents Served: 40 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 20 | Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0 | |

DEC 23 2013

Violation Report: 44362 - 11/06/2013 - Orme, Melinda
PCH Name: CONCORDIA OF WEXFORD

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 assessment for resident #1 dated 12/4/12, has not been updated to address a sara lift for transfers that was ordered on 3/22/13 or a bed and chair alarm which was ordered 4/8/13.

The assessment for resident #2 dated 4/19/13, does not address hospice services which began 1/12/13

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 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 *12-23-13*

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

The above plan of correction is approved as of 12/21/13
(Date)

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

Plan of correction implementation status as of 12/21/13
(Date)

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

Plan of Correction in reference to violation on Page 2:

The assessment for resident #1 not indicating a need for a sara lift or a bed/chair alarm- This was updated on the assessment. The staff members who complete RASPs will be re-educated on the need for transfer status and bed or chair alarms to be included on the form. This will be completed by 1/31/14. Sara lifts and the bed/chair alarms are being used even though the information about their use is not listed on the RASP.

The assessment for resident #2 not addressing hospice -- This assessment did include the mention of hospice services. Although the resident was put on hospice, status had not changed enough to constitute a significant change. continued to be independent.

A message was left for Janine Wenzig on 12/18/13 to discuss this violation.

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

See attached RASP on Resident #2

By 1/15/14 - The Assessment for resident #2 will be updated to list the specific services that hospice will provide and the frequency.

By 1/15/14 - All staff who complete assessments will be reeducated on including specific information for hospice services and other outside service providers.

12/20/13
[Signature]

RECEIVED

DEC 23 2013

Violation Report: 44362 - 11/06/2013 - Orme, Melinda
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #1 dated 12/4/12, does not indicate the resident's need for a sara lift and bed and chair alarm and how the needs will be met.

The support plan for resident #2 dated 4/19/13, does not indicate the resident's need for hospice services and how the needs will be met.

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: 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 Treghia* Date *12-23-13*

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

The above plan of correction is approved as of 12/21/13
(Date)

Plan of correction implementation status as of 12/27/13
(Date)

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

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

Plan of Correction in reference to violation on Page 3:

The assessment for resident #1 not indicating a need for a sara lift or a bed/chair alarm— This was updated on the assessment. The staff member(s) who complete RASPs will be re-educated on the need for transfer status and bed or chair alarms to be included on the form. This will be completed by 1/31/14.

The support plan for resident #2 not addressing hospice – This support plan did include the mention of hospice services. Although the resident was put on hospice, status had not changed enough to constitute a significant change. continued to be independent.

A message was left for Janine Wenzig on 12/18/13 to discuss this violation.

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

By 1/15/14 - The support plan for residence #2 will be updated to list the specific services that hospice will provide and the frequency.

By 1/15/14 - All staff who complete support plans will be reeducated on including specific information for hospice services and other outside service providers.

initials

RECEIVED

DEC 23 2013

WEST REGION FIELD OFFICE
Human Services Licensing

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44362 - 11/06/2013 - Orme, Melinda
PCH Name: CONCORDIA OF WEXFORD

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #3 was discharged from the home on 10/31/13. The resident's record does not include the date of discharge, reason for transfer, or the destination.

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
Withdrawn*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Bill S. Tregha* Date *12-23-13*

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

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