



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUN 05 2014

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

RE: Concordia of Franklin Park  
1600 Georgetown Drive  
Sewickley, Pennsylvania 15143  
License #: 443630

Dear Ms. Treglia:

As a result of the Department of Public Welfare's licensing inspection on March 17, 2014 and March 18, 2014, 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.

Your regular license for the period March 15, 2014 to March 15, 2015 was issued on December 4, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: CONCORDIA OF FRANKLIN PARK		License Number: 44363
Address: 1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143		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		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 06/04/1999 Labor & Industry		MAY 14 2015 <b>WEST REGION FIELD OFFICE</b> Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/17/2014: Mazza, Larry; Mandock, Nancy 03/18/2014: Mazza, Larry		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 100 Number of Residents Served: 68 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: 5 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 6 Have a Physical Disability: 2

Violation Report: 44363 - 03/17/2014 - Mazza, Larry  
 PCH Name: CONCORDIA OF FRANKLIN PARK

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

**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**

On 3/17/14 at 8:36 a.m., resident records were unlocked, unattended and accessible in the 1st floor medication room, to include records for residents #8, #9 and #10.

On 3/17/14 at 8:36 a.m., a narcotic count sheet binder was unlocked, unattended and accessible in the 1st floor medication room, to include count sheets for residents #11 and #12.

On 3/17/14 at 3:58 p.m., a binder labeled, "Gardens communication and assignment book" was unlocked, unattended and accessible on top of the refrigerator in the memory care unit. The binder contained resident diets, to include residents #1 and #2's diets. The binder also contained a resident bath and shower schedule, to include residents #3 and #4's bathing schedule.

**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.*

New automatic closers and doorknobs that do not unlock were placed on the med room doors. Staff must use a key to enter the room and the doors cannot be propped open or left open. Only staff who pass medications have keys to the medication room. With these new locks and new door-closers, all resident information and medications in the medication room will be safely locked at all times.

The binder has been locked in the shower room supply closet so that, although it is still accessible to the staff, residents and visitors will not be able to see it.

All staff that pass medications (LPNs and Med Techs) have been in-serviced on keeping private patient information and medications locked at all times. All other staff will be in-serviced on keeping patient information private by May 31<sup>st</sup>, 2014.

*The administrator will monitor the home at least weekly to ensure all resident records are kept confidential, and locked. SMP 5-14-14  
 Please see attached teaching sheet. - "Attachment #1"*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/20/2013
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jill S. Trejka*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Trejka, Administrator</i>	Date <i>5-7-14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-14-14  
 (Date)

Plan of correction implementation status as of 5-14-14  
 (Date)

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

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

MAY 27 2014

Violation Report: 44363- 03/17/2014 - Mazza, Larry  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A and B did not receive annual training on the following topic during the 2013 training year:  
\*Care for residents with mental illness or mental retardation.  
The home currently serves 1 resident with a diagnosis of mental illness.

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 for these employees on this subject was provided, however the proper documentation format was not attached. All trainings will be listed on the proper DPW form that shows when the training was held, who did the training, and for how long. This will clear up any question as to whether staff has received the training. These particular staff members were re-trained on the information.

Please see attached verification that the training was received. - "Attachment #2"

The home's HR Department conducted an audit of all employee files to ensure that each employee had completed the required annual training under 2600.65(f) during the 2013 training year. SMP 5/14/14

The administrator will review all required staff training as part of the quality management review process to ensure all staff persons receive the required training in accordance with regulation 2600.65f. SMP 5-14-14

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 *5-7-14*

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The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44363 - 03/17/2014 - Mazza, Larry  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B did not receive annual training on fire safety by a fire safety expert during the 2013 training year.

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 for this employee on this subject was provided, however the proper documentation format was not attached. All trainings will be listed on the proper DPW form that shows when the training was held, who did the training, and for how long. This will clear up any question as to whether staff has received the training.

Staff did complete tests showing that they had training on the subjects. Another training is scheduled for May 14, 2014 by a fire safety expert. These two employees will be trained again at that time.

Please see attached documentation. -- "Attachment #3"

*HR completed a full employee file audit to ensure that each employee had completed the required annual training under 2600.65(g) during the 2013 training year. Sme 5/14/14*

*The administrator will review all required staff training as part of the quality management review process to ensure all staff persons receive the required training in accordance with regulation 2600.65(g) Sme 5/14/14*

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Jill S. Ireglia, Administrator</i>		<i>5-7-14</i>

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Violation Report: 44363 - 03/17/2014 - Mazza, Larry  
 PCH Name: CONCORDIA OF FRANKLIN PARK

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1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

MAY 07 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/17/14 at 8:36 a.m., an overflowing sharps container with 6 protruding used insulin needles, was unlocked, unattended and accessible to residents, on top of a filing cabinet in the 1st floor medication room; posing a hazard of accidental puncture by a contaminated needle.

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 who use sharps will be re-educated on the safety of properly disposing sharps and of replacing sharps containers when they are full. Compliance after this training will continue to be monitored by the Resident Care Coordinator and the Administrator.

This re-education will be done by the Resident Care Coordinator by May 23, 2014.

*Sharps container was removed on 3/17/14.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Will S. Treglia, Administrator* Date *5-7-14*

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 (Date)

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 (Date)

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

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

MAY 17 2014

Violation Report: 44363 - 03/17/2014 - Mazza, Larry  
PCH Name: CONCORDIA OF FRANKLIN PARK

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

According to staff and resident interviews, the residents on the ground level gather near the exits and do not evacuate outside for fire drills during cold/inclement weather. The ground level of the home does not have internal fire safe areas.

According to staff and resident interviews, the residents in the 1st floor West and North wings gather near the exits and do not evacuate outside for fire drills during cold/inclement weather. The 1st floor West and North wings do not have internal fire safe areas.

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.

Our fire expert has given permission to use the fire-rated doors on the lower level as fire-safe areas (see attached sheet). At this time, all residents on the upper level will be taken to the fire safe areas on the Southeast side of the building or can go outside if the fire is in that particular area.

Please see attached documentation - "Attachment #4"

A fire drill was conducted on 4/29/14, at 7:30 p.m. with Franklin Park Fire Department present. All residents were evacuated to a fire safe area. Residents and staff were educated on the location of the new fire safe areas located on the lower level of the home. *SMP 5-14-14*

The administrator will monitor fire drills and the fire drill record monthly to ensure all residents are evacuated to a designated meeting place away from the home or within the fire-safe area during each fire drill. *SMP 5/14/14*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/13/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jill S. Ireglia, Administrator*      Date *5.7.14*

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Violation Report: 44363 - 03/17/2014 - Mazza, Larry  
 PCH Name: CONCORDIA OF FRANKLIN PARK

**WEST REGION FIELD OFFICE**  
**Human Services Licensing**

1. REGULATION 55 Pa.Code §2600  
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION  
 On 3/17/14 at 8:36 a.m., 26 medication cups with a total of 84 pills, labeled with resident's first names and administration times, were pre-poured in the North medication cart. The medication times ranged from 12:00 p.m.-10:00 p.m. Staff person A indicated he/she had pre-poured all of the medications between 8:15 a.m.-8:30 a.m.

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.

This issue was addressed with the employee who pre-poured the medications. Staff is aware that they are never to pre-pour medications unless it falls in the 2 hour window set forth by DPW. A formal re-training will be done with employees who pass medications by May 31, 2014. This training will be done by the Resident Care Coordinator.

The Resident Care Coordinator has been checking on this regularly to make sure the pre-pouring is not continuing.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *John Streglia*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *John S. Streglia, Administrator*      Date *5-7-14*

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 (Date)

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

Plan of correction implementation status as of 5-14-14  
 (Date)

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

Violation Report: 44363 - 03/17/2014 - Mazza, Larry  
 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 or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 3/17/14 at 8:36 a.m., an overflowing sharps container with 6 protruding used insulin needles, was unlocked, unattended and accessible to residents, on top of a filing cabinet in the 1st floor medication room; posing a hazard of accidental puncture by a contaminated needle.

On 3/17/14 at 8:36 a.m., resident #5's Florastor-250mg-tablet was unlocked, unattended and accessible to resident, in a bin on the side of a filing cabinet in the 1st floor medication 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.*

Staff who use sharps will be re-educated on the safety of properly disposing sharps and of replacing sharps containers when they are full. Compliance after this training will continue to be monitored by the Resident Care Coordinator and the Administrator.

*Sharps container was removed on 3/17/14.*

This re-education will be done by the Resident Care Coordinator by May 23, 2014.

New automatic closers and doorknobs that do not unlock were placed on the med room doors. Staff must use a key to enter the room and the doors cannot be propped open or left open. Only staff who pass medications have keys to the medication room. With these new locks and new door-closers, all resident information and medications in the medication room will be safely locked at all times.

All staff that pass medications have been in-serviced on keeping private patient information and medications locked at all times. All other staff will be in-serviced on keeping patient information private by May 31<sup>st</sup>, 2014.

Please see attachment #1.

*The administrator or designated staff person will check the home on a daily basis to ensure prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. Documentation of checks will be kept. Smp*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2013	03/20/2013
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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 *5-7-14*

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Plan of correction implementation status as of 5-14-14 (Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44363 - 03/17/2014 - Mazza, Larry  
 PCH Name: CONCORDIA OF FRANKLIN PARK

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.

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 MAY 07 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The March 2014 medication administration record (MAR) for resident #2, does not include diagnosis or purpose for the following prescribed medications:

- \*Lisinopril-40mg
- \*Simvastatin-20mg

The March 2014 MAR for resident #6, does not include a diagnosis or purpose for the following prescribed medication:

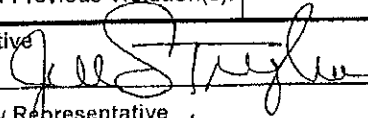
- \*Oxycodone HCL-10mg

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 MARs will be reviewed by the Resident Care Coordinator to ensure that there is a diagnosis in place for each medication. Random sample checks will be done on an on-going basis. Staff will be reminded through a teaching that there must be a diagnosis on all medications within the MAR.

This teaching will be done by May 31, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):				
Signature of Legal Entity Representative (Required on EVERY Page)					
					
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)				Date	
Jill S. Treglia Administrator				5-7-14	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>					
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<u>5-14-14</u> (Date)			<u>5-14-14</u> (Date)		
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<u>Smp</u> (Initials)					

Violation Report: 44363 - 03/17/2014 - Mazza, Larry PCH Name: CONCORDIA OF FRANKLIN PARK		<b>WEST REGION FIELD OFFICE</b> Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.			
2a. DESCRIPTION OF VIOLATION The assessment, dated 11/24/13, for resident #6, indicates the resident is mobile; however, the resident requires physical assistance to transfer from the bed to the wheelchair.  The assessment, dated 9/17/13, for resident #7, indicates the resident is mobile; however, the resident requires numerous verbal cues to evacuate in the event of an emergency.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p>As of 5/6/14, resident #6 has been changed to an immobile due to her increasing need for assistance with transfers. A significant change RASP was done and a new DME was completed as well. She will also be added to the immobile list for the facility.</p> <p>Resident #7 is more than capable of following commands. She could undoubtedly follow a staff member or another resident if asked to do so. I have tested this by asking her to follow someone to an activity and she has followed minimal directions and made it to the activity. I also interviewed a staff member who works in Memory care every day and she agreed that this resident could follow directions to evacuate the building.</p> <p><i>A review of all resident assessments has been initiated by the administrator and will be completed by 6/16/14; to ensure all residents have an accurate mobility assessment. SMP 5/14/14</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Tregeja</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Tregeja, Administrator</i>		Date <i>5-7-14</i>	
<b>DEPARTMENT USE ONLY - (HOMES MAY NOT WRITE BELOW THIS LINE!)</b>			
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The above plan of correction was approved by <u>SMP</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	