

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
LEGAL ENTITY

To operate CONCORDIA AT THE CEDARS
NAME OF FACILITY OR AGENCY

Located at 4363 NORTHERN PIKE, MONROEVILLE, PA 15146
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 87
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 15, 2014 until February 15, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446241

Robert E. Robinson
ISSUING OFFICER

Michelle J. [Signature]
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 14 2014

Mr. Brian Hortert, CEO
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia at The Cedars
4363 Northern Pike
Monroeville, Pennsylvania 15146
License #: 446241

Dear Mr. Hortert:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2014, May 2, 2014 and May 5, 2014, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

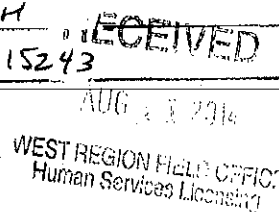
Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

Matthew Jones / g
Matthew J. Jones
Director

Enclosures
License
License Inspection Summary

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

PCH Name: <u>CONCORDIA AT THE CEDARS</u>		License Number: <u>44624</u>
Address: <u>4363 NORTHERN PIKE, MONROEVILLE, PA 15146</u>		County: <u>Allegheny</u>
Administrator: <u>Georgette Bly</u>		Region: <u>WEST</u>
Legal Entity Name: <u>CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH</u>		
Legal Entity Address: <u>1300 BOWER HILL ROAD, PITTSBURGH PA 15243</u>		
Certificate(s) of Occupancy C-1 06/19/1998 L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 72	Waking Staff: 54
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/30/2014: Whitney, Diane; Mandock, Nancy 05/02/2014: Whitney, Diane; Mandock, Nancy 05/05/2014: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 87	Number of Residents who:	
Number of Residents Served: 60	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 60	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 12	
Number of Current Hospice Residents: 7	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 22		

RECEIVED

AUG 11 2014

Violation Report: 44624 04/30/2014 - Whitney, Diane
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE
Human Services Licensing

1: REGULATION 55 Pa.Code §2600

2800.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 1-29-14, began providing unsupervised ADL services on 4-6-14. The staff person did not complete the Department-approved direct care training course and and pass the competency test until 5-2-14.

3. All direct care staff will complete the Department of Welfare competency test during orientation so they are able to work immediately after being trained. Administrator/Director of Resident Services and Human Resource Director will audit all new hires files to assure compliance within 48 hours of hire and present findings to QA committee. [redacted] completed test (attached) on 5-2-2014 before working again. Human Resource Director and Director of Resident Services will be retrained about the importance of completing this competency test and having it in a staffs files. A mock survey was conducted by Concordia leadership staff on 7/29/2014. All PC employee files were audited at that time. Concordia will introduce a new hire checklist to be completed for all new hires, which will include the DPW Direct Care Staff competency test as a checklist item.

Repeat violation: no

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgette S. Bly

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

GEORGETTE S. BLY, ADMIN

Date 8-11-2014

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

The above plan of correction is approved as of 8/11/14
(Date)

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

Plan of correction implementation status as of 8/12/14
(Date)

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

RECEIVED

AUG 27 2014

Violation Report: 44624 04/30/2014 - Whitney, Diane
PCH Name CONCORDIA AT THE CEDARS

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 5-2-14, splattered food covered the interior of the microwave in the 2nd floor kitchenette.

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.

Regulation 2600.85(a) Page 3 of 7 of Citations

Microwave was cleaned immediately after survey. Staff will be retrained about keeping all areas of the community clean and sanitary. Administrator/Director of Resident Services or Housekeeping Director will check microwave and kitchen area 2 x weekly to assure cleanliness and audit results will be reviewed at quarterly QA meetings. Dietary staff and/or dietary director will monitor cleanliness of microwave daily. Mock survey conducted on 7/29/2014 found this area to be in compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgette S. Bly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GEORGETTE S. BLY, ADMIN Date 8-11-2014

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

The above plan of correction is approved as of 8/12/14 (Date)

Plan of correction implementation status as of 8/12 (Date)

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

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

AUG 21 2014

Violation Report: 44624 04/30/2014 - Whitney, Diane
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

Emergency service numbers were not posted near the telephones in rooms 210 and 211.

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.

Regulation 2600.91 Page 4 of 7 of Citations

Phone numbers were placed on all phones including 210 and 211. Administrator/Director of Residence Services will do walk through 1 x monthly to assure all phones have emergency numbers. Staff will be trained to look for emergency phone numbers on all phones as they work in resident rooms and common areas.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgette S. Bly

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

GEORGETTE S. BLY, ADMIN

Date 8-11-2014

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

The above plan of correction is approved as of

8/12/14
(Date)

Plan of correction implementation status as of 8/12/14
(Date)

The above plan of correction was approved by

JB
(Initials)

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

RECEIVED

AUG 13 2014

Violation Report: ~~44624~~ 04/30/2014 - Whitney, Diane
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
There is no handrail at the 1" - 6" graduating step off of the approximate 302' sidewalk in the rear of the building.

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.

Regulation 2600.93(a) Page 5 of 7 of Citations co

Cedars' has started the process of putting a fence at the rear of the community. This will be completed by August 29, 2014. Enclosed is a picture of the beginning of the fence installation.

weather permitting.

I will send pictures of finished fence.

Hand rail for sidewalk grade is part of fence installation.

This exit will not be used by residents until completion of the fence, except if needed for an emergency evacuation.

8/31/14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgette S. Bly*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) GEORGETTE S. BLY, ADMIN Date 8-11-2014

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

The above plan of correction is approved as of 8/12/14 (Date)

Plan of correction implementation status as of 8/12/14 (Date)

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

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

RECEIVED

AUG 11 2014

Violation Report: 44624 - 04/30/2014 - Whitney, Diane
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
On 5-2-14, the following uncovered food was in the main kitchen's walk in cooler:

- * 2 trays of garlic toast
- * 2 trays of breaded fish
- * 3 trays of potato wedges

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.

Regulation 2600.103(C) Page 6 of 7 of Citations

All foods being stored in cooler will have covers over from the time they are made until used. This was done immediately. Dietary Director, Cooks and Staff will be retrained on the importance of covering all foods placed in cooler and freezer. A Mock Survey was done by Leadership team from Concordia on 7-29-2014 the kitchen area was inspected during the survey and was found to be in compliance. Area will be monitored by Administrator, Dietary Director or Designee weekly to ensure we are in compliance and results reviewed with QA committee.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Georgette S. Bly*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **GEORGETTE S. BLY, ADMIN** Date **8-11-2014**

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

The above plan of correction is approved as of 8/12/14
(Date)

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

Plan of correction implementation status as of 8/12/14
(Date)

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

Violation Report: 44624-04/30/2014 - Whitney, Diane

AUG 11 2014

PCH Name: CONCORDIA AT THE CEDARS

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 assessment dated 11/22/13, for resident #1, was not updated to address the resident's use of a Broda chair to address exit seeking behavior when using a wheelchair. On 11-19-13, a Broda reclining chair was delivered for resident #1 to replace the wheelchair.

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.

Regulation 2600.225(a) Page 7 of 7 of Citations

██████████ was given 30-day notice and was discharged from our community on 5-19-2014 to a higher level of care. All support plans will be updated in a timely manner. Administrator and Director of Resident Services will retrain staff to inform us of any changes for a resident so they can be put on care plans. Concordia will institute a 24-hour report where direct care staff can document any resident changes that need to be communicated to Administrator or Director of Resident Services. A Mock Survey was done by Leadership team from Concordia on 7-29-2014, charts were audited and care plans were found to be in compliance. All charts will be audited within 30 days of Concordia's purchase. Charts will then be audited monthly to assure that all updates are placed in care plan.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/10/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

Gergette S. Bly

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

GERGETTE S. BLY, ADMIN

Date

8-18-14

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

The above plan of correction is approved as of

8/12/14
(Date)

Plan of correction implementation status as of

8/12/14
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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