



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 2, 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

Dear Ms. Treglia:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 5, 2014; June 9, 2014; June 11, 2014 and June 12, 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.

Sincerely,

A handwritten signature in black ink that reads "Jill Pezzino".

Jill Pezzino  
Regional Licensing Administrator

Enclosure  
Licensing 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: Lawrence
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 C2 LP 06/04/1999 L&I		<b>RECEIVED</b>  JUL 23 2014  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 82	Waking Staff: 62
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/15/2014: Marini, Michael 06/09/2014: Marini, Michael; Cutter, Jan; Perry, Carole 06/11/2014: Marini, Michael; Cutter, Jan 06/12/2014: Marini, Michael		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 06/06/2014: Marini, Michael 06/10/2014: Marini, Michael		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 1090 Number of Residents Served: 71 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: 11 Number of Hospice Residents in past year: 26		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 71 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 11 Have a Physical Disability: 1

Violation Report: 44363 - 05/15/2014 - Marini, Michael  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/25/14, Staff person A received a telephone call from a social worker employed at the local Hospital. According to staff person A, the social worker reported to him/her that the family of Resident #1 had concerns about abuse and neglect at the home. The home failed to report this allegation to the Department.

On 4/25/14, Resident #1 fell forward onto his/her face from a wheelchair in the home. The resident was sent for evaluation and treatment to the emergency room. The medical records from the hospital noted that the resident had an abrasion to the right cheek under the right eye and an abrasion to right side of the nose. The medical records also indicated the resident had right periorbital soft tissue swelling. Resident #1's diagnosis at discharge was "Acute Head Injury". The incident was not reported to the Department.

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 01A

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 7-24-14

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

The above plan of correction is approved as of

8-27-14  
(Date)

Plan of correction implementation status as of

8-27-14  
(Date)

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

The above plan of correction was approved by

*JST*  
(Initials)

Plan of Correction in reference to violation on Page 2:

Part I – The allegation was reported to Area Agency on Aging, which is why we did not send a duplicate report.

Staff person A will be trained by the administrator on what to do if an allegation of abuse or neglect is brought to her attention. This training will take place by July 31, 2014.

All staff will be in-serviced on reporting abuse/neglect allegations as well. This all-staff training will happen by August 22, 2014.

Part II - According to Appendix A in the RCG, reasons for reporting an incident are “a serious bodily injury or trauma requiring treatment at a hospital or medical facility.” This injury that the resident sustained did not require any treatment at the hospital. The hospital returned him to the facility immediately after they accessed him. Because this injury did not fall into the category of a serious bodily injury or trauma, we did not believe the incident needed to be reported at that time.

In the future, we will follow the “when in doubt, send it out” rule.

All allegations of abuse or neglect will be reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. JHP 8-27-14

JBT

7-24-14

JHP 8-27-14

JUL 28 2014

Violation Report: 44363 - 05/15/2014 - Marini, Michael

PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

On 4/24/14, Staff person B informed other staff persons in advance that there would be a fire drill on that date. The fire drill was conducted on 4-24-14 at 7:33 PM. A visitor in the home confirmed staff persons were aware of the fire drill before the alarm was activated.

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):		
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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 7-24-14

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

The above plan of correction is approved as of <u>8-27-14</u> (Date)	Plan of correction implementation status as of <u>8-27-14</u> (Date)
The above plan of correction was approved by <u>JST</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JST</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction in reference to violation on Page 3:

The maintenance director is very aware that he is not to tell staff about fire drills. He did not tell the staff that there was a fire drill going to happen – the staff figured it out when they saw the maintenance director here at 7pm when he is normally here only in the day time. The fire drill was not announced.

Re-education will be done with the maintenance director by July 31, 2014 reminding him that staff is not to be made aware of fire drills ahead of time.

When a fire drill is scheduled for times that staff person B is not normally working in the home, staff person B will enter the home 5 minutes prior to pulling the fire alarm so as not to alert staff that a fire drill will be held. JHP 8-27-14

JHP  
8-27-14

JBT  
7-24-14

Violation Report: 44363 - 05/15/2014 - Marini, Michael  
PCH Name: CONCORDIA OF FRANKLIN PARK

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

On 3/10/14, Resident #1 threw a glass and plate at a direct care staff person. On 4/2/14, Resident #1 pushed a laundry cart against another resident and staff. On 4/3/14, Resident #1 was punching and swinging at the nurse and a direct care staff. On 4/9/14, Resident #1 became combative with a staff person and grabbed and twisted his/her arm. On 4/13/14, Resident #1 pushed a staff person and grabbed and twisted his/her arm. On 4/17/14, Resident #1 attempted to bite a staff person. On 4/29/14, Resident #1 attempted to punch staff and threw a container of peroxide across the room. On 5/4/14, Resident #1 was hitting a direct care staff person and grabbed the staff person's arm. Resident #1's resident assessment-support plan (RASP) dated 12/14/13 indicated that Resident #1 has no problem with irritability and aggression.

Resident #1 is incontinent of bowel and bladder. Resident #1's resident assessment-support plan (RASP) dated 12/14/13 indicated that Resident #1 is independent bowel and bladder management.

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 4A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/13/2013		
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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 *7-24-14*

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

The above plan of correction is approved as of 8-22-14 (Date)

Plan of correction implementation status as of 8-27-14 (Date)

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

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

Plan of Correction in reference to violation on Page 4:

The RASP was completed again as a significant change and reflects the resident's behaviors and true care needs at this time. Please see the attached. - #1

RASPs are being reviewed by the RCC to ensure they accurately depict each resident. The resident's needs continued to be met even though the RASP was not updated.

within 15 days of receipt of the approved plan of correction, all staff persons completing assessments will be educated on the accuracy and completion of the form including behavioral changes and bowel and bladder management. JJP 8-27-14

JST  
7-24-14

JJP  
8-27-14