



AUG 14 2014

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
License #: 443620

Dear Ms. Treglia:

As a result of the Department of Public Welfare's licensing inspection on June 11, 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 August 27, 2014 to August 27, 2015 was issued on June 11, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style.

Matthew J. Jones
Director

MJH

Enclosure
License 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		RECEIVED
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 03/15/1994 L&I		WEST REGION Field Office Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 44	Waking Staff: 33
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/11/2014: Williams, Jason; Mazza, Larry		
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: 56 Number of Residents Served: 37 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: 3 Number of Hospice Residents in past year: 15	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 7 Have a Physical Disability: 0	

Violation Report: 44362 - 06/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

WEST VIRGINIA STATE 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

At 9:07 AM, there was a completed medical evaluation form with an attached medication list and a hospital blood lab report for Resident #1 sitting on top of the bookshelf in the front sitting room with no staff person present.

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 of 10

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

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 *6-30-14*

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

The above plan of correction is approved as of 7-31-14
(Date)

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

Plan of correction implementation status as of 7-31-14
(Date)

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

Page 2A of 12

RECEIVED

JUL 23 2014

WEST VIRGINIA UNIVERSITY
FAMILY CARE SERVICES

Plan of Correction in reference to violation on Page 2:

The information was locked up immediately. The employee who left the information out has been counseled on HIPPA and resident privacy in general. The administrator and/or building coordinator will monitor the home at least weekly to ensure all resident records and information are kept confidential and locked.

Re-training will be done with all staff by July 18th by the Administrator or designee on HIPPA and privacy.

QSP 7-31-14

Violation Report: 44362 - 06/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

WEXFORD COUNTY HEALTH DEPARTMENT
Environmental Health Services

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The left cupboard door by the front entrance was unlocked. Inside the cupboard was a can of Lysol disinfectant spray with a label which indicates to call a poison control center for treatment advice.

Resident #2 has not been assessed capable of recognizing and using poisons safely.

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 of 10

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 *6-30-14*

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

The above plan of correction is approved as of 7-31-14
(Date)

Plan of correction implementation status as of 7-31-14
(Date)

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

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

Page 3A of 10

RECEIVED

WEST VIRGINIA COLLEGE OFFICE
Human Services Division

Plan of Correction in reference to violation on Page 3:

The Lysol was removed from the cupboard immediately and locked up. Staff will be inserviced on keeping chemicals locked up by July 18, 2014 by the Building Coordinator. The Building Coordinator or Administrator will monitor the building at least weekly to ensure all poisonous materials are kept locked.

JEP
7-31-14

Violation Report: 44362 - 06/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
The thermometer in the far left freezer in the Garden Level kitchenette measured 8 degrees Fahrenheit.

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 of 10

7-15-14 Use staff persons involved in food storage and preparation will be educated on proper food storage and safe food temperatures. Documentation of training will be kept JSP 7-31-14

7-15-14 A designated staff person will check thermometers daily in each refrigerator and freezer to ensure that food items are stored at proper temperatures. Documentation will be kept 7-31-14 JSP

7-15-14 The administrator or designated staff person will check thermometers at least monthly in each refrigerator and freezer to ensure that food items are stored at proper temperatures. JSP 7-31-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/12/2013

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

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Jill S. Treglia, Administrator* 6-30-14

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

The above plan of correction is approved as of 7-31-14
(Date)

Plan of correction implementation status as of 7-31-14
(Date)

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

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

Page 4A of 10

WEST VIRGINIA UNIVERSITY
Human Resources

Plan of Correction in reference to violation on Page 4:

This issue was fixed while the inspectors were still in the building. A maintenance man came to the facility and determined that the freezer needed to be replaced. All food was promptly removed from the freezer and distributed into other freezers. A new freezer was delivered within a few hours of determining that the temperature was not returning to the required temperature.

JJP 7-31-14

Violation Report: 44362 - 06/11/2014 - Williams, Jason

PCH Name: CONCORDIA OF WEXFORD

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

There was a tube of Arniflora topical Gel with Resident #3's last name on the outside of the box sitting on top of the bookshelf in the front sitting room with no staff person present.

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 of 10

9-15-14 A designated staff person will check the home daily on each shift to ensure all prescription medications, OTC medications, CAM and syringes are in an area or container that is locked.

JYP
7-31-14

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 *6-30-14*

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

The above plan of correction is approved as of <u>7-31-14</u> (Date)	Plan of correction implementation status as of <u>7-31-14</u> (Date)
The above plan of correction was approved by <u>JYP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JYP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction in reference to violation on Page 5:

The medication was locked up immediately. The employee who left the medication out has been counseled on HIPPA and resident privacy in general as well as on leaving medications unlocked. A training on the importance of privacy and HIPPA will be done (as well as a training on locking up chemicals) with all employees by the administrator by July 18, 2014.

The administrator and/or building coordinator will monitor the home at least weekly to ensure all medications are kept confidential and locked.

JRP
7-31-14

Violation Report: 44362 - 06/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

1. REGULATION 55 Pa. Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) ~~The name of the medication.~~
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is ordered Oxybutynin 10mg, take 1 tablet by mouth daily. The label on the current medication package says Oxybutynin 5mg, take 2 tablets by mouth daily.

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 10

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, Administrator

Date

6-30-14

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

The above plan of correction is approved as of

7-31-14
(Date)

Plan of correction implementation status as of

7-31-14
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

page 6A of 10

RECEIVED

WEST
HUN

Plan of Correction in reference to violation on Page 6:

This issue was fixed immediately. A change of direction sticker was placed on the medication alerting staff to refer to the MAR for the proper dispensing of the medication.

Staff who pass medications will be in-serviced on this by July 18, 2014 by the Resident Care Coordinator.

Medications will be checked on a weekly basis by the Building Coordinator to ensure the MAR matches the order and the medications.

JHP
7/31/14

RECEIVED

Violation Report: 44362 - 08/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

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, dated 4/5/14, for Resident #5, does not address the resident's need for hospice care which began on 4/3/14.

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 7A of 10

9-15-14 The administrator or designated staff person will review all resident assessments for accuracy and completion including services provided by hospice. JSP 7-31-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/06/2013
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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 *6-30-14*

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

The above plan of correction is approved as of 7-31-14 (Date)

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

Plan of correction implementation status as of 7-31-14 (Date)

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

RECEIVED

Page 7A of 10

WEST FLORIDA DISTRICT
Human Services Licensing

Plan of Correction in reference to violation on Page 7:

The hospice information was written on an update to the resident's assessment. Staff who complete RASPs will be in-serviced on what to write on the assessment when someone is put on hospice services.

The Building Coordinator and the Resident Care Coordinator will monitor RASPs that are completed on hospice residents to ensure all information is present.

See attachment # 1

JMP 7-31-14

RECEIVED

Violation Report: 44362 - 06/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

WEST VIRGINIA HALL CENTER
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 9/24/13, for Resident #6, indicates that the resident is (minimal) mobile. However, interviews with the resident and multiple staff persons indicate that the resident would need total oral assistance from staff in order to evacuate in an emergency. This change in mobility status has not been addressed on the resident's assessment.

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 8A of 10

9-15-14 (The administrator or designated staff person will review all resident assessments for accuracy and completion including mobility status). JSP
7-31-14

Repeat Violation: No

Date(s) of Previous Violation(s):

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

6-30-14

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

The above plan of correction is approved as of

7-31-14
(Date)

Plan of correction implementation status as of

7-31-14
(Date)

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

The above plan of correction was approved by

JSP
(Initials)

Page 8A of 10

8-21-14
11:00 AM
Missouri State Department of Health
Missouri State Department of Health

Plan of Correction in reference to violation on Page 8:

The resident's RASP has been changed to reflect her needs in case of an emergency. She has been categorized as an immobile and her RASP now reflects that information. Staff will again be in-serviced on what constitutes being an immobile by July 25, 2014 by the Administrator or designee.

RASPs will be monitored by the Building Coordinator and the Resident Care Coordinator to ensure they are kept up to date and that they accurately reflect the residents' needs.

See attachment #2

JMO
7-31-14

Violation Report: 44362 - 06/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

WEST VIRGINIA STATE 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, dated 4/5/14, for Resident #5, does not identify the hospice services being provided for the resident which began on 4/3/14.

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 of 10

9-15-14' the administrator or designated staff person will review all resident support plans for accuracy and completion including services provided by hospice.

JSP
7-31-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/06/2013

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, Administrator* Date *6-30-14*

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

The above plan of correction is approved as of 7-31-14 (Date)

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

Plan of correction implementation status as of 7-31-14 (Date)

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

Page 9A of 10

RECEIVED

WEST VIRGINIA FIELD OFFICE
Human Services Branch

Plan of Correction in reference to violation on Page 9:

The hospice information was written on an update to the resident's support plan. Staff who complete RASPs will be in-serviced on what to write on the support plan when someone is put on hospice services.

The Building Coordinator and the Resident Care Coordinator will monitor RASPs that are completed on hospice residents to ensure all information is present.

See attachment # 1

JRP
7-31-14

Violation Report: 44362 - 06/11/2014 - Williams, Jason
PCH Name: CONCORDIA OF WEXFORD

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The Documentation of Medical Evaluation form, dated 2/21/14, for Resident #7, has medical diagnoses and medications that have been whited out rendering the original entry illegible.

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 of 10

7-15-14 The administrator or designated staff person will review all current resident medical evaluations to ensure that white out has not been used on them. If it is found that white out has been used, the administrator will request a new medical evaluation.

JSP
7-31-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bill S. Treglia

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

Bill S. Treglia, Administrator

Date 6-30-14

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

The above plan of correction is approved as of

7-31-14
(Date)

Plan of correction implementation status as of

7-31-14
(Date)

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

The above plan of correction was approved by

JSP
(Initials)

Page 10A of 10

RECEIVED

WEST VIRGINIA HILLTOPS
Human Services Agency

Plan of Correction in reference to violation on Page 10:

A new DME has been completed and put on file. The staff will be told to get a new DME on all new admissions from our physician. Because he is familiar with these forms, this will eliminate the issue of using white-out or of not having the forms filled out correctly.

The Building Coordinator and the Resident Care Coordinator will monitor DMEs to make sure they are completed properly and with the correct information on them.

New DME for resident # 7 completed on 6/12/14. JSP
7-31-14

JSP
7-31-14