



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

Ms. Rachel Horterat, Facility Director
Concordia Lutheran Health & Human Care
104 Concordia Way
Butler, Pennsylvania 16001

RE: Concordia at the Orchard
License #: 425060

Dear Ms. Horterat:

As a result of the Department of Human Services' licensing inspection on October 29, 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 January 11, 2015 to January 11, 2016 was issued on September 30, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA AT THE ORCHARD		License Number: 42506
Address: 104 CONCORDIA WAY, BUTLER, PA 16001		County: Butler
Administrator: Rachel Hortert		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN HEALTH & HUMAN CARE		
Legal Entity Address: 104 CONCORDIA WAY, BUTLER, PA 16001		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/21/1999 L&I		DEC 8 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 63	Waking Staff: 47
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 10/29/2014: Williams, Jason; Marini, Michael		
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: 60 Number of Residents Served: 57 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: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 57 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 2	

DEC 09 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42506 - 10/29/2014 - Williams, Jason
PCH Name: CONCORDIA AT THE ORCHARD

1. REGULATION 55 Pa.Code §2600

2600.65(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 3/26/14, began providing unsupervised ADL services on approximately 4/26/14 but did not complete the Department-approved direct care on-line training course until 8/14/14.

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 attachment item #1

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rachel Herbert* Date *12/9/14*

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

The above plan of correction is approved as of 12/18/14
(Date)

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

Plan of correction implementation status as of 12/18/14
(Date)

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

RECEIVED

DE 10/18/14
WEST REGION FIELD OFFICE
Human Services Licensing

Concordia at the Orchard

#425060

Plan of Correction for annual inspection 10/29/2014

Immediately -

#1 Direct care staff persons will complete the dept approved direct care on-line training prior to completing unsupervised care. All new hire paperwork and training documentation will be audited prior to completion of orientation/scheduling of unsupervised care, by The administrator designee.
JA 12/18/14

Violation Report: 42506 - 10/29/2014 - Williams, Jason
PCH Name: CONCORDIA AT THE ORCHARD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION
The two public bathrooms on the first floor of the home both have inoperable exhaust fans. Neither bathroom has a window.

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 attachment item #2

See Page 3A of 3

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rachel Hart*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rachel Hart* Date *12/9/14*

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

The above plan of correction is approved as of 12/18/14
(Date)

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

Plan of correction implementation status as of 12/18/14
(Date)

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

Immediately

#2 Bathrooms without outside windows will have operable exhaust fans. Both 1st floor bathrooms had inoperable exhaust fans on day of inspection. The exhaust fans were repaired immediately and were operating correctly prior to inspection exit interview. Each apartment will be specifically checked monthly and the common bathrooms will be checked bi-weekly. In addition all staff will notify maintenance immediately if exhaust fans don't appear to be working properly.

Page 3A of 3

Rachel Hortert

Rachel Hortert

Administrator

J. 12/18/14