



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 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 licensing inspection on September 4, 2014 and September 5, 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 "Larry Mazza" followed by a stylized flourish.

Larry Mazza
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: Allegheny
Administrator: Jill Treglia		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		RECEIVED
Certificate(s) of Occupancy C-2 LP 06/04/1999 L&I		OCT 23 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 83	Waking Staff: 62
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/04/2014: Rosol, Jennifer; Garrigan, Laurie 09/05/2014: Rosol, Jennifer; Garrigan, Laurie		
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: 100 Number of Residents Served: 70 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: 7 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 13 Have a Physical Disability: 0

Violation Report: 44363 - 09/04/2014 - Rosol, Jennifer

OCT 23 2014

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 9/4/14 at 12:00 PM, resident #2's 2:00 PM dose of Oxycodone HCL-5 mg was in a medication cup, labeled with the resident's first name, in the north-west medication cart. Staff person A indicated he/she pre-poured the medication at 11:00 AM.

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 4

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/17/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Jill Treglia, Administrator

Date

10-15-14

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The above plan of correction is approved as of

11/20/14
(Date)

Plan of correction implementation status as of

11/20/14
(Date)

The above plan of correction was approved by

(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

OCT 23 2014

WEST REGION FIELD OF
Human Services Licensin

Plan of Correction in reference to violation on Page 2:

Staff who give medications (LPNs and Med Techs) have been in-serviced on how to pour meds in the correct manner, which includes not pouring the medications more than 2 hours prior to the ordered time.

An official med pass re-training will be done by the Resident Care Coordinator (RCC) with each staff member who passes meds by October 31, 2014.

The staff member who pre-poured the medication was re-trained, counseled and suspended due to not following the policy and regulation.

The RCC and the Administrator are spot checking medication passes to ensure this does not continue to happen.

Immediately: The administrator or designated staff person shall check all medication carts, at least 1 time daily, to ensure no resident prescription medications, OTC medications and CDM are kept in their original containers and not removed more than 2 hours in advance. Documentation of the checks shall be kept.

Julie Stuyven
10-15-14

RT
11/20/14

OCT 21 2014

Violation Report: 44363 - 09/04/2014 - Rosol, Jennifer

PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 9/4/14 at 8:00 AM, staff person A administered the following medications to resident #1; however, the September 2014 electronic medication administration record (E-MAR) indicates the initials of staff person B as administering the medications:

- * Lactulose-10 gram/15 ml
- * Ibuprofen-400 mg
- * Amlodipine Besylate-10 mg
- * Cymbalta-30 mg
- * Metoprolol Succinate-50 mg
- * Aspirin-81 mg

On 9/4/14 at 12:00 PM, staff person A administered the following medications to resident #1; however, the September 2014 E-MAR indicates the initials of staff person B as administering the medications:

- * Vitamin B-12 1,000 mcg
- * Acetaminophen-325 mg
- * Vitamin D-1,000 unit

On 9/4/14 at 8:00 AM, staff person A administered the following medications to resident #2; however, the September 2014 E-MAR indicates the initials of staff person B as administering the medications

- * Miralax-17 gram/dose
- * Carvedilol-3.125 mg
- * Docusate Sodium-100 mg
- * Vitamin B-12-1,000 mcg
- * Potassium Chloride-20 meq
- * Vitamin C-500 mg
- * Amitiza-24 mcg
- * Enulose-10 gram/15 ml
- * Folic Acid-1 mg
- * Pantoprazole Sodium-40 mg
- * Vitamin D-2,000 unit
- * Cosopt 2-0.5%

On 9/4/14 at 12:00 PM, staff person A administered resident #2's Acetaminophen-500 mg; however, the September 2014 E-MAR indicates the initials of staff person B as administering the medication.

On 9/4/14 at 8:00 AM, staff person A administered the following medications to resident #3; however, the September 2014 E-MAR indicates the initials of staff person B as administering the medications:

- * Aspirin-81 mg
- * Hydrochlorothiazide-25 mg
- * Tramadol-50 mg

On 9/4/14 at 11:50 AM, staff person A administered resident #3's Hydrocodone-Acetaminophen 5-325 mg; however, the September 2014 E-MAR indicates the initials of staff person B as administering the medication.

On 9/4/14 at 12:00 PM, staff person A administered resident #2's Acetaminophen-500 mg; however, the September 2014 E-MAR indicates the initials of staff person B as administering the medications. Also, the medication was initialed on the E-MAR by staff person B prior to the medication being administered to the resident.

On 9/4/14 at 11:50 AM, staff person A administered resident #3's Hydrocodone-Acetaminophen-5-325 mg; however, the September 2014 E-MAR indicates the initials of staff person B as administering the medications. Also, the medication was initialed on the E-MAR by staff person B prior to the medication being administered to the resident.

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 4

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, Administrator

10-15-14

RECEIVED
OCT 21 2014
WEST REGION FIELD
Human Services Licenc...

Plan of Correction in reference to violation on Page 3:

The staff member who passed the medications (staff member A) did not realize that the other staff member (staff member B) was logged on to the computer. This was an oversight on her part, however she was counseled for this error and told that she must pay closer attention when she is passing medications.

RCC will regularly monitor who signs for the medications and who is actually passing them to ensure this mistake does not happen again.

Other staff members were told to look out for this issue as well. All staff who pass meds will be in-serviced by the RCC to make ensure they understand how important it is to check their log-in every time they do something on the computer system, but particularly when they begin their med passes. This in-service will be completed by October 31, 2014.

Julie Striglin
10-15-14

Violation Report: 44363 - 09/04/2014 - Rosol, Jennifer
PCH Name: CONCORDIA OF FRANKLIN PARK

OCT 21 2014

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded in the medication is administered.

WEST REGION FIELD OFFICE
Human Services Unit

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jill S. Treglia, Administrator Date 10-15-14

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The above plan of correction is approved as of <u>11/20/14</u> (Date)	Plan of correction implementation status as of <u>11/20/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented