



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: February 24, 2015**

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

RE: Concordia of South Hills  
Certificate/License #441450

Dear Mr. Hortert:

As a result of the Department of Human Services' licensing inspection on December 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 "Janine Wenzig" followed by a stylized flourish.

Janine Wenzig  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: CONCORDIA OF THE SOUTH HILLS		License Number: 44145
Address: 1300 BOWER HILL ROAD, MT LEBANON, PA 15243		County: Allegheny
Administrator: Kelly Vaccaro		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		<b>RECEIVED</b>
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		
<b>Certificate(s) of Occupancy</b> C-2 LP 10/08/2002 L&I		FEB 09 2015 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
12/05/2014: Williams, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
12/17/2014: Williams, Jason		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 70 Number of Residents Served: 57 Secured Dementia Care Unit in Home: Yes Area: Memory care unit Secured Dementia Unit Capacity, if Applicable: 12 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 14	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

Violation Report: 44145 - 12/05/2014 - Williams, Jason  
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 6/23/14, staff person A was alleged to have pulled resident #1's arms roughly, causing bruising. This allegation was reported to staff person B who told person C, the administrator the same day. On 6/24/14, Protective Services investigated the incident and again informed the home of the abuse allegation; however, the home did not develop and implement a plan of supervision or suspend staff person A.

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.

Above noted Staff person A was gone from facility on the day of the allegation was made 6/23/14, staff person A was not scheduled to work on 6/24/2014, date of AAA investigation. On the morning of 6/24/14 investigation was completed by AAA, and noted that the abuse allegation was unfounded, after interviewing resident #1, family, and staff, including Staff person A, B, and C. Bruise was from lab draw. AAA notified DPW by the phone on 6/24/2014 in the presence of Staff person B and C of the investigation and that it was unfounded on the date of the investigation 6/24/2014, and no further follow up was needed. \*unacceptable portion of plan

Staff person B and C were in-serviced on regulation code 2600.15© and to ensure that a suspension and/or implementation of a plan of supervision is in place immediately follow an allegation of abuse. Any plan of supervision must be approved by the Department prior to implementation. The home will not return an employee who is the subject of an abuse allegation to work unsupervised prior to Department approval. In-service material and signatures of Staff person B and C have been attached to plan of correction

*[Handwritten signature]*  
2/6/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brian Horvath / Chief Executive Officer* Date *2-6-15*

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

The above plan of correction is approved as of 2/19/15  
(Date)

Plan of correction implementation status as of 2/19/15  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten mark]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

11/26/2015

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44145 - 12/05/2014 - Williams, Jason

PCH Name: CONCORDIA OF THE SOUTH HILLS

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 6/23/14, staff person A was alleged to have pulled resident #1's arms roughly, causing bruising. This allegation was reported to staff person B who told person C, the administrator on the same day. On 6/24/14, Protective Services investigated the incident and again informed the home of the abuse allegation: however, the home did not submit an incident report 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.

Staff B and C were in-serviced on regulation 2600.16© and proper incident reporting procedures for allegations of abuse/ACT 13.

Staff member C is reporting incidents to supervisor and supervision is being provided for incident report completion for reportable incidents. Quarterly reports to QA about reportable incidents will be reported to QA committee for review.

In-service materials and Staff B and C signatures have been attached to plan of correction.

Immediately - The administrator will ensure that all reportable incidents are reported to the Department by the required method and in the required timeframe.

*[Signature]* 2/19/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Signature]*

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

Brian Horst, Chief Executive Officer 2-6-15

Date

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2/19/15  
(Date)

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(Date)

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*[Signature]*  
(Initials)