



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
LEGAL ENTITY

To operate CONCORDIA AT THE CEDARS
NAME OF FACILITY OR AGENCY

Located at 4363 NORTHERN PIKE, MONROEVILLE, PA 15146
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 87
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 15, 2015 until May 15, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 446240

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 18 2015

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

RE: Concordia at the Cedars
4363 Northern Pike
Monroeville, Pennsylvania 15146
License #: 446240

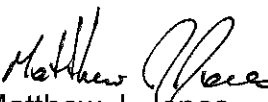
Dear Mr. Hortert:

As a result of the Department of Human Services' licensing inspection on December 9, 2014, December 18, 2014, December 19, 2014, December 22, 2014, April 7, 2015, April 8, 2015 and April 10, 2015 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew J. Jones
Director *SH*

Enclosures
License
License Inspection Summary

RECEIVED

MAR 18 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44624 - 12/09/2014 - Cutler, Jan
PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 11/29/14, resident #1 reported to staff person B that while he/she was in the shower staff person C "Bopped me on the head." Staff person B reported this allegation of abuse to staff person A. The home did not report this allegation of abuse to the local Area Agency on Aging until 12/18/14.

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.

2600.15(a)

The Administrator, or designee, will promptly report allegations of abuse to the local Area Agency on Aging. Staff will be re-educated on Abuse reporting requirements by March 31, 2015. The Administrator posted the "Suspected Resident Abuse Reporting and Investigation Requirements" flowchart in the nurse's station for easy access for all staff.

Reeducation as indicated above was completed on 3/19/15 and 3/24/15. *sm*

Immediately - The administrator will review all reported incidents at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6.Pa. Code Sections 15.21 -15.27 (relating to reporting suspected abuse.) *sm*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Villani*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Villani* Date *3/16/15*

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

The above plan of correction is approved as of 5-1-15 (Date)

Plan of correction implementation status as of 5-1-15 (Date)

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

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

RECEIVED

MAR 16 2015

Violation Report: 44624 - 12/09/2014 - Cutter, Jan
PCH Name: CONCORDIA AT THE CEDARS

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 11/29/14, resident #1 reported to staff person B that while he/she was in the shower staff person C "Bopped me on the head." Staff person B reported this allegation of abuse to staff person A. The home did not implement a plan of supervision or suspend staff person C until 12/18/14. Staff person C worked unsupervised providing direct care to the residents from 7:00 a.m. until 3:00 p.m. on the following dates:

- * 11/30/14
- * 12/1/14
- * 12/3/14
- * 12/4/14
- * 12/5/14
- * 12/6/14
- * 12/7/14
- * 12/8/14
- * 12/9/14

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.

Upon being informed of an allegation of abuse involving a staff person, the Administrator, or designee, will immediately develop and implement a plan of supervision, or suspend such staff person until an internal investigation is completed. Upon learning of the abuse allegation from the on-site DPW inspector's, the Home did immediately suspend alleged staff person C, and developed an acceptable plan of supervision, which was approved by DPW. Staff person C was supervised and worked as a two person team with other staff members until allegation was deemed unfounded/unsubstantiated by DPW and AAA.

Within 15 days of receipt of the plan of correction, all staff persons will complete the on-line Older Adult Protective Services Act training *SR*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Villani*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Villani* Date *3/16/15*

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

The above plan of correction is approved as of 5-1-15 (Date)

Plan of correction implementation status as of 5-1-15 (Date)

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

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

RECEIVED

MAR 16 2015

Violation Report: 44624 - 12/09/2014 - Cutter, Jan
PCH Name: CONCORDIA AT THE CEDARS

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 11/29/14, resident #1 reported to staff person B that while he/she was in the shower staff person C "Bopped me on the head." Staff person B reported this allegation of abuse to staff person A. The home did not report this allegation of abuse to the Department until 12/18/14.

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.

2600.16(c)

Within 24 hours staff will report allegations of abuse to the department's regional care office or the personal care complaint hotline. Staff will be re-educated on Abuse reporting requirements by March 31, 2015. The Administrator posted the "Suspected Resident Abuse Reporting and Investigation Requirements" flowchart in the nurse's station for easy access for all staff.

Reeducation as indicated above was completed on 3/19/15 and 3/24/15.

The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. Abuse reporting shall also follow the guidelines in section 2600.15. *SW*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kim Villani*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Villani* Date *3/11/15*

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

The above plan of correction is approved as of 5-1-15
(Date)

Plan of correction implementation status as of 5-1-15
(Date)

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

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

RECEIVED

MAR 16 2015

Page 5 of 10

Violation Report: 44624 - 12/09/2014 - Cutter, Jan
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD 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

On 12/9/14, at 10:54 a.m., there were four medication administration record (MAR) binders unattended on top of the medication carts in the hallway across from bedroom #102.

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.

2600.17

Immediately, the Administrator, or designee, will conduct visual cart inspections to ensure that MAR binders are not left unattended on the cart at any time. Managers report to include monitoring of confidentiality of resident records. Ongoing audits to be conducted as part of QA. By March 31, 2015, staff will be re-educated on the resident record confidentiality regulation.

Reeducation as indicated above was completed on 3/24/15.

A designated staff person on each shift will monitor the home daily to ensure all resident records are kept confidential, safe and locked. *SR*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kim Villani*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Villani* Date *3/16/15*

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

The above plan of correction is approved as of 5-1-15
(Date)

Plan of correction implementation status as of 5-1-15
(Date)

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

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

RECEIVED

MAY 16 2015

Violation Report: 44624 - 12/09/2014 - Cuiiter, Jan
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 10/28/14, does not have a U.S. high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.

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.

2600.54(a)

Upon hire, The Administrator or designee will require all new direct care staff persons to submit proof of a U.S. high school diploma, GED diploma or active registry on the nurse aide registry. Administrator or designee will audit personnel files by April 15, 2015, to ensure that all current direct care staff are compliant with this regulation. On December 24, 2015, Staff person B was issued a certified termination letter.

Staff record review as indicated above has been completed. *SW*

Immediately - The administrator or designated staff person will review all new direct care staff documentation to ensure all new direct care staff persons meet the qualifications in accordance with regulation 2600.54a prior to providing direct care services. *SW*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Villani* Date *3/16/15*

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

The above plan of correction is approved as of 5-1-15 (Date)

Plan of correction implementation status as of 5-1-15 (Date)

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

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

RECEIVED

MAR 16 2015

Violation Report: 44624 - 12/09/2014 - Cutter, Jan
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

On 12/09/14, there was no operable outside light for the emergency evacuation route leading from the dining room to the rear patio.

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.

2600.87

The inoperable light was immediately replaced with an operable light. Going forward, the Administrator or designee will immediately replace any inoperable lights to ensure compliance with regulation 2600.87.

Immediately - Staff persons will be instructed to check lighting during the course of duties at least daily to ensure residents can safely move through the home and evacuate. *SR*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Villani

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

Kim Villani

Date *3/16/15*

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

The above plan of correction is approved as of

5-1-15
(Date)

Plan of correction implementation status as of

5-1-15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SR*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SR
(Initials)

RECEIVED

MAR 10 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44624 - 12/09/2014 - Cutter, Jan
PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On 12/9/14, the following food items in the commercial freezer were open and unsealed:
* The internal bag of a 33.75 pound box of frozen unbaked biscuits.
* The internal bag of a 30 pound box of frozen green beans.

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.

2600.103(g)

Immediately following DPW surveyor's findings, the internal box of frozen biscuits and box of frozen green beans were sealed. Immediately, the Administrator or designee will conduct daily inspections of stored food to ensure that all food is properly closed or sealed.

Within 15 days of receipt of the plan of correction, all staff persons involved in food preparation, serving and storage will be educated on the requirement to store food in closed or sealed containers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kim Villani

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

Kim Villani

Date

3/10/15

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

The above plan of correction is approved as of 5-1-15
(Date)

Plan of correction implementation status as of 5-1-15
(Date)

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

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

RECEIVED

MAR 16 2015

Violation Report: 44624 - 12/09/2014 - Cutter, Jan
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

There was a decorative space heater in use in the second floor lounge. The temperature at the front of the space heater measured 259.3° 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.

2600.127(a)

The decorative fireplace has been removed and will no longer be used in the facility. The Administrator will ensure that no space heaters are in use in the personal care home.

Within 15 days of receipt of the plan of correction, all staff persons will be educated that the use of portable space heaters in the home is prohibited and the potential source of fire and burns to residents' space heaters can cause.

SW

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kim Villani* Date *3/16/15*

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

The above plan of correction is approved as of 5-1-15
(Date)

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

Plan of correction implementation status as of 5-1-15
(Date)
 Fully Implemented
 Partially Implemented - Adequate Progress *SWP*
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

MAR 16 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44624 - 12/09/2014 - Cutter, Jan
PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
On 12/20/14, resident #1 was prescribed Mucinex D 60-600mg take two tablets by mouth twice a day for 10 days; however, according to the December 2014 (MAR) the resident did not receive their bedtime dose on 12/20/14 and 12/21/14.

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.

2600.187(d)

By March 31, 2015, the Administrator or designee will re-educate med-techs on medication administration procedures. A monthly review of the MAR will be conducted and documentation kept ensuring that residents are receiving medications as prescribed. 2600.15(a)

Reeducation as indicated above was completed on 3/31/15. *SK*

Three medication cart audits have been completed. *SKP*

Immediately - The administrator or designated staff person qualified to administer medications will monitor medication administration at least twice a week and monitor all resident MAR's at least weekly to ensure all resident medications are administered as prescribed. *SKP*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kim Villani*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim Villani* Date *3/14/15*

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

The above plan of correction is approved as of <u>5-1-15</u> (Date)	Plan of correction implementation status as of <u>5-1-15</u> (Date)
The above plan of correction was approved by <u>SKP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SKP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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

PCH Name: Concordia at the Cedars		License Number: 44624
Address: 4363 Northern Pike, Monroeville, PA 15243		County: Allegheny
Administrator: Kim Villani		Region: WEST
Legal Entity Name: Concordia Luthern Ministries of Pittsburgh		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-1 06/19/1998 Dept of Health		RECEIVED APR 30 2015 WEST REGION FIELD OFFICE: Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Interim, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/07/2015: McConnell, Deb; Breuer, Patricia 04/08/2015: McConnell, Deb; Breuer, Patricia 04/10/2015: McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable 04/13/2015: McConnell, Deb; McConnell, Deb		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 87 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: 12 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 71 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 3	

Violation Report: 44624 - 04/07/2015 - McConnell, Deb
PCH Name: Concordia at the Cedars

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 3/27/15, at approximately 10:30 a.m., staff person A placed a 14 ounce can of Vegalene cooking spray, with a manufacture's hazard label indicating "Extremely flammable aerosol. Keep away from heat/sparks/open flames/hot surfaces" on the shelf three inches between the stove and tilt skillet. At this time, there was a large pot of soup cooking on the stove. While washing the morning meal dishes, staff person B heard a loud popping sound, turned around to see a ball of flames above the stove and flames coming from a small plastic uncovered garbage can half full of used paper towels, egg shells, gloves and other discarded food items, adjacent to the stove. Also, staff person C heard the popping sound and immediately retrieved the fire extinguisher and put out the fire. This staff person located the can of Vegalene cooking spray completely covered in black soot under the tilt skillet.

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.

2600.125(a)

Dietary Manager re-educated dietary staff to never place combustible and flammable materials near heat sources. Attached is a copy of the re-education. Staff Person A is no longer working as a Cook in the kitchen.

Reeducation as indicated above was conducted on 3/27/15.

Immediately - A designated staff person will check the home at least daily to ensure combustible or flammable materials are not near heat sources. *SW*

Immediately - The administrator will check the home at least weekly to ensure combustible or flammable materials are not near heat sources. *SW*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kimberly Villani*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Villani, PC Administrator* Date *4/30/15*

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

The above plan of correction is approved as of 5-1-15
(Date)

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

Plan of correction implementation status as of 5-1-15
(Date)

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

Violation Report: 44624 - 04/07/2015 - McConnell, Deb
PCH Name: Concordia at the Cedars
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
According to resident #1's medical evaluation, dated 3/11/14, the resident is prescribed nectar thickened liquid diet. The home does not make this diet available to the resident. On 3/30/15, at approximately 12:45 p.m., staff person D served resident #1 an unaltered cup of coffee. Also, on 4/10/15, at approximately 11:45 a.m., staff person E served resident #1 an unaltered glass of cranberry juice.

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.

Administrator and/or designee will re-educate staff on the importance of serving prescribed special dietary needs to residents as stipulated in the resident's medical evaluation. Personal Care staff and dietary staff will be re-educated no later than May 9, 2015.

Immediately - A designated staff person will monitor the menu, food supply, food preparation and food serving, at each meal to ensure residents' special dietary needs are being met.

Immediately - The administrator will monitor the menu, food supply, food preparation and food serving, at least weekly to ensure residents' special dietary needs are being met.

Within 15 days of receipt of the plan of correction, the administrator or designated person will review all resident medical evaluations, discharge orders and physician orders to identify any special dietary need. Any special dietary need identified through this review shall be immediately communicated to the home's dietary staff to ensure the residents' special dietary need is continuously met.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kimberly Villani*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kimberly Villani, P.C. Administrator* Date *4/30/15*

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

The above plan of correction is approved as of 5-1-15
(Date)

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

Plan of correction implementation status as of 5-1-15
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SMP*

Partially Implemented - Inadequate Progress

Not Implemented