



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 8, 2016

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 May 7, 2015; May 18, 2015; May 22, 2015 and June 15, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams" followed by a checkmark.

Jason Williams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 44145 - 05/07/2015 - Whitney, Diane
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

According to the medical evaluation dated 1-27-15, resident #1 is diagnosed with dementia with psychosis. The resident self-propels his/her wheelchair and has been wandering and exit seeking in the facility for approximately 10 months. The resident's support plan, dated 7-30-14, indicates that the resident wears a wander guard bracelet and that staff will redirect if he/she is exit seeking.

On 1-17-15, at approximately 2:35 P.M., resident #1 entered stairwell #7 triggering the wander guard bracelet alarm to sound. Staff did not respond timely to this alarm. Resident #1 rolled down 3 steps onto a landing between the 2nd and 3rd floor and was found laying on his/her side with his/her head on the bottom step and his/her wheelchair flipped onto its side. The home failed to properly supervise resident #1 or provide the redirection needed when the wander guard alarm sounded.

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.

Resident #1 was admitted to the secured dementia care unit. The administrator or designated staff person will immediately and monthly thereafter reassess all residents who have exit seeking behaviors and all residents who use a wanderguard to determine level of care and supervision needs which shall be documented in the resident's assessment and support plan. Documentation of reassessments will be kept. *g.w. 3/7/16*

Direct Staff have been in-serviced on alarm system for wander bracelet/key lock system. Signature page attached.

within 30 days of receipt of the plan of correction - the administrator will unannounced trigger the alarm system for wanderguards/key locking system and document staff response time to ensure the procedures addressed at the staff training are being followed. Documentation of the drill will be kept. *g.w. 3/7/16*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *pcha Kelly Vaccaro* Date *2-7-16*

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

The above plan of correction is approved as of 3/7/16
(Date)

Plan of correction implementation status as of 3/7/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.w.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *g.w.*
(Initials)

FEB 19 2016

Violation Report: 44145 - 05/07/2015 - Whitney, Diane

PCH Name: CONCORDIA OF THE SOUTH HILLS

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 A is over the age of 18 years and does not have a high school diploma, G.E.D., or active registration 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.

within 30 days of receipt of the plan of correction - 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. DW. 3/7/16

Human Resources in-serviced on GED/high school diploma for direct care staff. Staff person A was no longer employed by Private Duty services at time of inspection. Signature page attached. Audits have been completed on a monthly basis to ensure GED/High school diplomas are present.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kelly Vaccaro

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

Kelly Vaccaro pcha

Date

2-7-16

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The above plan of correction is approved as of

3/2/16
(Date)

Plan of correction implementation status as of

3/7/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *DW.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

DW.
(Initials)

Violation Report: 44145 - 05/07/2015 - Whitney, Diane
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
On 6-15-15, bedroom #235 had a strong odor of urine.

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.

Odor was address day of visit. Staff in-serviced on sanitary conditions. Signature page attached.

A behavior tracking log has been implemented for the resident residing in this bedroom.

Immediately - A designated staff person will monitor this bedroom at least three times daily on each shift to ensure sanitary conditions are maintained. *pp. 3/7/16*

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

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(Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Vaccaro pcha* Date *2-7-16*

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(Date)

The above plan of correction was approved by JN.
(Initials)

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(Date)

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Violation Report: 44145 - 05/07/2015 - Whitney, Diane
PCH Name: CONCORDIA OF THE SOUTH HILLS

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

The medical evaluation, dated 1-27-15, for resident #1 indicates the need for a mechanical soft diet. However, on 5-22-15, agents of the Department observed resident #1 eating an unaltered turkey burger on a bun which was served by the home.

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 in-serviced on ensuring resident receives MD order diet. Concerned addressed day of survey.
Signature page attached.

The home has menus for residents prescribed a mechanical soft diet.
within 30 days of receipt of the plan of correction - the administrator or designated staff person will monitor the menu, food supply, food preparation and food serving at least on a weekly basis to ensure residents' special dietary needs are being met. Documentation of checks will be kept. *JN. 3/7/16*

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

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(Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Vaccaro pcha* Date *2-7-16*

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FEB 19 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44145 - 05/07/2015 - Whitney, Diane
PCH Name: CONCORDIA OF THE SOUTH HILLS

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 1-13-15, for resident #2, indicates that the resident only requires encouragement from staff to eat. However, staff interviews indicate that resident #2 requires full physical assistance for the lunch and dinner meals and for anything beyond finger foods. On 5-22-15, resident #2 was observed being fed by a direct care staff person.

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.

Resident #2 ceased to breathe. 9/17/16

Resident named above was on hospice care since 12/30/2013 thru end of [redacted] life, hospice was aware of [redacted] condition. RASP was updated on 5/22/2015. Staff in-serviced on the referral/consult process.
Signature page attached.

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Vaccaro, pcha* Date *2-7-16*

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(Date)

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

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- Partially Implemented - Adequate Progress *9/17/16*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44145 - 05/07/2015 - Whitney, Diane
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

On 5-22-15, the directions for operating the home's locking mechanism are not conspicuously posted near door #8 in the SDCU.

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.

Directions were re-posted at time of inspection. Staff in-serviced on the importance of posting.
Signature page attached.

within 30 days of receipt of the plan of correction-
the administrator or designated staff person will check
the home at least weekly to ensure directions for
operating the home's locking mechanism in the SDCU
are posted in a conspicuous place at each door where
there is a locking mechanism. JN. 5/7/16

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(Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Vaccaro* Date *2-7-16*

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

Resident #1 had a change in health status and was admitted to the SDCU on [redacted] 15. The support plan, dated [redacted] 15, does not address this change in supervision level, mobility status, physical, medical, social, cognitive and safety needs.

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.

RASP was updated at request of surveyors at time of inspection to reflect their request.

Staff in-serviced on significant change assessments. Signature page attached.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kelly Vaccaro

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kelly Vaccaro pcha Date 2-7-16

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(Initials)

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- Partially Implemented - Adequate Progress DP
- Partially Implemented - Inadequate Progress
- Not Implemented