



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 31, 2015**

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

Dear Mr. Hortert:

As a result of the Department of Human Services' licensing inspection on June 26, 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, appearing to read "Janine Wenzig".

Janine Wenzig  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

**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 15146		County: Allegheny
Administrator: Kim Villani		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 10/21/1998 L&I		JUL 21 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/26/2015: Williams, Jason		
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: 87	Number of Residents who:	
Number of Residents Served: 65	Receive Supplemental Security Income: 1	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 65	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 12	
Number of Current Hospice Residents: 8	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 12		

Violation Report: 44624 - 06/26/2015 - Williams, Jason  
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 6/19/15, Resident #1 alleged that staff person A placed a hand over his/her mouth while he/she was providing care services. The home then suspended staff person A pending investigation. On 6/21/15, the home's investigation revealed that the actual alleged perpetrator was staff person B, not staff person A. However, staff person was not suspended and worked unsupervised on 6/21/15 from 11:00 PM to 6:00 AM. The home only moved staff person B to a different floor than Resident #1.

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(b)

Upon Administrator investigating and questioning staff members, investigation revealed that Staff person A was not involved, but Staff person B was correct staff person involved in an incident with resident. After talking to the resident, and to Staff person B, it was apparent that as a result of the resident yelling at 5:00am and staff person B's attempt to redirect resident from waking other residents, [redacted] opted to place [redacted] hand over the resident's mouth to quiet resident. Although, this action was a violation of the resident's dignity, in no way did this action inflict injury, harm, deprive, intimidate, neglect, abandon or discipline the resident. Because the situation as described by all parties didn't equate to Abuse as stated in the RCG, and incident should have been rightfully reported under 2600.42(c), (dignity and respect violation), and staff member would not have been suspended.

*unacceptable portion of plan*

However, staff member was re-assigned to not be on the floor with the resident in question. The following day staff member was suspended until the results of Agency's investigation which indicated that the resident was not subjected to abuse.

Administrator or designee will educate staff on the definition of Abuse, and what is to be reported as Abuse. Any reports received of an allegation of abuse, Administrator or designee will immediately develop and implement a plan of supervision or suspend staff person. Administrator and designee will self-review Regulation 2600.15(b), and suspend staff or implement a plan of supervision immediately upon any report of suspected abuse.

*2/29/15*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/09/2014

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 *7/21/15*

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

The above plan of correction is approved as of *7/29/15* (Date)

Plan of correction implementation status as of *7/29/15* (Date)

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

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

Violation Report: 44624 - 06/26/2015 - Williams, Jason  
PCH Name: CONCORDIA AT THE CEDARS

JUL 21 2015

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 6/19/15 at approximately 5:10 AM, Staff person B entered Resident #1's room to assist the resident with ambulation to the bathroom. Resident #1 became agitated during care and began to yell at the staff person. Staff person B told the resident to speak more quietly; however the resident continued to yell and staff person B indicated that he/she placed his/her hand over Resident #1's mouth, further upsetting 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.

2600.42(c)

A resident shall be treated with dignity and respect

Administrator and/or designee will re-educate staff on how to treat residents with dignity and respect at all times.

Staff Person B was re-educated on all Resident Rights prior to her return to work.

To ensure proper treatment is followed, Administrator and/or designee will ask residents about staff treatment at the monthly Resident Council meetings, and meet with at least 2 residents per month privately for at least 3 months.

*Salzick*

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 *7/21/15*

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

The above plan of correction is approved as of 7/29/15  
(Date)

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

Plan of correction implementation status as of 7/29/15  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *(3)*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44624 - 06/26/2015 - Williams, Jason  
PCH Name: CONCORDIA AT THE CEDARS

EAST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 5/21/15, for resident #1, indicates that the resident is mobile; however, the resident needs physical assistance from a staff person to transfer from the bed to the wheelchair.

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.

The resident's current assessment indicates that the resident is mobile. The resident receives assistance with ~~ADL's~~ ADL's, including assistance with transferring from bed to her wheelchair. However, this resident requires no assistance when ambulating in ~~her~~ wheelchair. According to Title 55, the definition of an immobile person states that the person is "incapable of independently operating an ambulation device, such as a wheelchair." This resident is currently mobile in a wheelchair, and when in ~~her~~ wheelchair, ~~she~~ is able to safely evacuate to a fire safe area.

The Administrator or designee will monitor the mobility needs of this resident, and should ~~she~~ no longer be able to ambulate independently in ~~her~~ wheelchair, ~~her~~ assessment will be updated to reflect an immobile status and ~~she~~ will be added to the list of immobile residents for the Agency to review.

*unacceptable portion of plan*

*7/21/15 - Resident #1's assessment updated to reflect the resident's mobility needs.*

*By 8/31/15 - The administrator or designee will reassess all residents for mobility needs and update the residents' support plans as necessary to accurately reflect mobility needs. Staffing*

*7/30/15 hours will be recalculated and increased if necessary.*

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 *7/21/15*

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

The above plan of correction is approved as of 7/30/15 (Date)

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

Plan of correction implementation status as of 7/30/15 (Date)

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