



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 23, 2016

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
#443630

Dear Ms. Treglia:

As a result of the Department of Human Services' licensing inspection on September 3, 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".

Jason Williams
Acting Human Services Licensing Supervisor

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		
Certificate(s) of Occupancy C2 LP 06/04/1999 L&I		RECEIVED AUG 07 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 89 Waking Staff: 67
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/03/2015: Marini, Michael		
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: 69 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: 10 Number of Hospice Residents in past year: 25		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0

Violation Report: 44363 - 09/03/2015 - Marini, Michael
PCH Name: Concordia of Franklin Park

WEST REGION FIELD OFFICE
Human Services Licensing

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

At approximately 7:30 PM on 9-1-15, resident #1 became combative when staff person A transferred him/her from his/her wheel chair to his/her bed. According to staff person A, resident #1 pulled staff person A down on top of him/her and slapped him/her. When staff person A called for assistance staff person B responded. When staff person B entered the room, resident #1 was agitated and said, "The girl put a pillow over my head." Staff person B reported the incident to staff person C, the shift supervisor, at 7:50 PM. However, the home failed to report the allegation to the local Area Agency on Aging until 12:50 PM on 9-2-15.

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.

- All staff will be re-trained on how to spot abuse and/or neglect, reporting potential abuse and/or neglect to the proper agencies, and that the staff member(s) involved should be removed from the situation immediately. This training will be done by the administrator and RCC by August 19, 2016.

Documentation of this training shall be kept. p.u. 8/12/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jill S. Treglia

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

Jill S. Treglia, Administrator

Date

8/7/16

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

The above plan of correction is approved as of

8/12/16
(Date)

Plan of correction implementation status as of

8/12/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *p.u.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JM
(Initials)

AUG 07 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44363 - 09/03/2015 - Marini, Michael
PCH Name: Concordia of Franklin Park

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

At approximately 7:30 PM on 9-1-15, resident #1 became combative when staff person A transferred him/her from his/her wheel chair to his/her bed. According to staff person A, resident #1 pulled staff person A down on top of him/her and slapped him/her. When staff person A called for assistance staff person B responded. When staff person B entered the room, resident #1 was agitated and said, "The girl put a pillow over my head." Staff person B reported the incident to staff person C, the shift supervisor, at 7:50 PM. However, staff person A was allowed to work unsupervised until 10:00 PM on 9-1-15 and was not suspended until 9-2-15.

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.

- 2. All staff will be re-trained on how to spot abuse and/or neglect, reporting potential abuse and/or neglect to the proper agencies, and that the staff member(s) involved should be removed from the situation immediately. This training will be done by the administrator and RCC by August 19, 2016.

All supervisors will be trained on proper employee suspension procedures should abuse or neglect be suspected. They will need to understand that any indication of abuse or neglect will constitute them immediately suspending the employees involved. Supervisor training will be done by August 19, 2016 as well.

Documentation of this training will be kept. W. 8/12/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Treglia</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Treglia, Administrator</i>			Date <i>8/7/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u><i>8/12/16</i></u> (Date)		Plan of correction implementation status as of <u><i>8/12/16</i></u> (Date)	
The above plan of correction was approved by <u><i>JW.</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	