



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 14 2016

Ms. Kelly Vaccaro, Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of South Hills
License #: 441450

Dear Ms. Vaccaro:

As a result of the Department of Human Services' annual licensing inspections on September 21, 2015 and September 22, 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 cursive script that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License 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
Adminstrator: KELLY VACCARO		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		RECEIVED
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 10/08/2002 Labor & Industry		JAN 23 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 70	Waking Staff: 53
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/21/2015: Flinner-Alman, Lisa; Garrigan, Laurie; Parra, Shawn 09/22/2015: Flinner-Alman, Lisa; Garrigan, Laurie; Parra, Shawn		
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: 70 Number of Residents Served: 55 Secured Dementia Care Unit In Home: Yes Area: First Floor Secured Dementia Unit Capacity, if Applicable: 12 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 17		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 65 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 15 Have a Physical Disability: 0

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JAN 15 2016

Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

On 9/21/15, the copies of the most recent licensing inspection summaries (LIS), dated 11/1/13 and 12/5/14, were not posted in a conspicuous and public place in the home. An older LIS, dated 11/29/12, was posted.

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.

9/21/15 -

Copies of current licensing inspection summaries posted in the home.

1/25/16

Re-education was done with the administrator in regards to summaries being kept in conspicuous and public place in the home.

Binder will be checked monthly for compliance.

Immediately upon receipt of this finalized LIS dated 9/21/15, a copy of the report will be posted in a conspicuous and public place in the home.

1/25/16

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 *1-15-16*

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

The above plan of correction is approved as of *2/2/16*
(Date)

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

Plan of correction implementation status as of *2/2/16*
(Date)

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

Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
The boiler inspection certificate expired on 6/13/15.

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.

This section of boiler inspection has been moved to the same inspection timeframe as others and the inspection was completed on October 29, 2015.

The boiler certificates have been attached, all expire on 10/29/2017. *JV 1/25/16*

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 PCH* Date *1-15-16*

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The above plan of correction is approved as of *2/27/16*
(Date)

Plan of correction implementation status as of *2/27/16*
(Date)

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(Initials)

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Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1, dated 3/6/14, was not signed by 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.

Resident #1 no longer resides in the home. J zbl

A review/audit of all resident charts has been completed to ensure that they have proper signatures/documentation.

Administrator will now be completing all agreements rather than designee, to ensure all contracts are completed in their entirety, including all required signatures, prior to admission, or within 24 hours of admission to the home.

J zbl

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/06/2013

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 *1-15-16*

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JAN 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

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

2a. DESCRIPTION OF VIOLATION

On 9/21/15, there was an accumulation of lint, approximately 1/8" thick, covering the exhaust fan in the common bathroom on the memory care unit.

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.

Exhaust fans cleaned on 9/21/15, and added to regular cleaning schedule.

Environmental Service staff have been re-educated on proper cleaning of vents in common area bathrooms.

Within 30 days of receipt of this plan of correction:
The administrator or a designee will conduct a walk-through of the home, to ensure sanitary conditions, including exhaust fans, are maintained.

2/2/16

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 PCH* Date *1-15-16*

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(Date)

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(Initials)

JAN 26 2016

Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 9/22/15, there was no source of lighting that can be turned on/off from bedside for resident #3. The lamp was inoperable.

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.

Lamp for resident #3 had burned out light bulb which was replaced on the date of inspection. 2/2/16

Direct care staff have been re-educated on checking lighting sources to ensure that they are operable.

Immediately - All staff will check bedside lighting daily, as part of their regular duties.

By 2/28/16 - The administrator or a designated staff person will monitor resident bedside lighting, at least monthly, to ensure each resident has a source of lighting that can be turned on/off from bedside.

1/25/16

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) Kelly Vaccaro PCH Date 1-15-16

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Plan of correction implementation status as of 2/2/16 (Date)

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Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
 PCH Name: CONCORDIA OF THE SOUTH HILLS
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 9/21/15, at 11:10 a.m., the temperature of the refrigerator freezer in the memory care unit measured 4°F.

On 9/21/15, at 10:07 a.m., the temperature in the ice cream freezer in the 1st floor serving kitchen measured 18°F.

On 9/21/15, the following was observed in the main kitchen:

*The stainless steel ice cream freezer did not have a thermometer.

*At 10:30 a.m. and 10:44 a.m., the temperature of the dairy cooler measured 42°F

*At 10:30 a.m., the temperature of the dairy freezer measured 11°F, and at 10:44 a.m., the temperature measured 8 °F

*At 10:34 a.m., the temperature of the salad refrigerator measured 43°F

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.

Temperatures measured again on 9/21/15 and were within safe limits. 2/2/16

Dietary staff have been re-educated on the proper completed of ^{daily} temperature logs, proper temperature for refrigerators and freezers, importance of keeping cooler doors closed, thermometers needing to be present in all refrigerator/freezer units.

By 2/2/16 - The administrator or a designee will monitor all refrigerator and freezer temperatures at least monthly, including a review of temperature logs and actual thermometers in the refrigerators + freezers.

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

Signature of Legal Entity Representative (Required on EVERY Page)
 Kelly Vaccaro 1/25/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Kelly Vaccaro PCHA Date 1-15-16

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The above plan of correction is approved as of 2/2/16 (Date)

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

Plan of correction Implementation status as of 2/2/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

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JAN 22 2016

Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS
WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
On 9/21/15, a box of raw stuffed chicken breasts was opened and unsealed in the large freezer in the main kitchen.

On 9/21/15, 2 ice cream containers were opened and unsealed in the stainless steel ice cream freezer in the main kitchen.

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.

Dietary staff have been re-educated on proper food storage in closed/sealed containers in all kitchen areas.

Immediately - a designated staff person will monitor food storage daily to ensure all food is stored safely, including in closed or sealed containers.

By 2/28/16 - The administrator or designee will monitor food storage at least monthly to ensure all food is stored safely, including in closed or sealed containers.

② 1/25/16

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 1-15-16

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(Date)

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

Plan of correction implementation status as of 2/2/16
(Date)

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Violation Report: 44145 - 09/21/2015 - Flnner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
On 9/21/15, there was a layer of lint on the duct work, 2 piles of lint and a layer of lint on the floor, and 2 paper towels behind the dryer in the laundry room of the memory care unit.

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.

Lint removed from the duct work and floor and paper towels removed on 9/21/15.

Direct care staff and Environmental Services staff have been re-educated on the importance of removal of lint from dryer after each use and behind dryer daily

[Handwritten initials]
1/23/16

Immediately - A designated staff person will monitor each laundry room at least once daily, to ensure no lint is in vent duct, behind the dryers or in lint screens.

By 2/2/16 - The administrator or designee will monitor all laundry rooms to ensure ducts, floors and lint screens are free of lint and debris.

[Handwritten signature]

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kelly Vaccaro pcha

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

Kelly Vaccaro

Date 1-15-16

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The above plan of correction is approved as of

2/2/16
(Date)

Plan of correction implementation status as of

2/2/16
(Date)

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

The above plan of correction was approved by

[Handwritten initials]
(Initials)

RECEIVED

JAN 22 2016

Violation Report: 44145 - 09/21/2015 - Fllner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 9/21/15, the menus posted on the first floor were not dated, so it could not be determined if the menus for the current and upcoming week were posted.

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.

Menu postings have been changed to include the dated on each weekly posting. Please see attached example.

Immediately - The administrator or a designee will monitor menu postings at least weekly, to insure the dated menus for the current week, and upcoming week are posted in a conspicuous and public place.

[Signature] 1/25/16

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 PCH

Date 1-15-16

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(Date)

Plan of correction implementation status as of 2/2/16
(Date)

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- Not Implemented

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(Initials)

Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

On 9/21/15, the first aid kit in the home's van did not contain a breathing shield.

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.

1/15/16 A breathing shield was placed in the van's first aid kit.

Checklists have been implemented to be completed by driver's to ensure all safety equipment is present. Drivers have been educated on process.

Immediately - The van driver or a designee will monitor the van's first aid kit prior to transporting residents. Any items used from the kit will be replaced immediately.

1/20/16

1/20/16

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* Date *1-15-16*

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Plan of correction implementation status as of *2/2/16* (Date)

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Violation Report: 44145 - 09/21/2015 - Finner-Aiman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Levemir Flexpen 5's 100 unit/ml, 5 units at night. However, there was no label on this medication indicating the prescribed dosage and instructions for administration.

Resident #2 is ordered Novolog Flexpen 100 unit/ml sliding scale four times daily as follows:
70-140 = 0 units; 141-180 = 1 unit; 181-220 = 2 units; 221-260 = 3 units; 261-300 = 4 units; 301-340 = 5 units;
341-400 = 6 units

However, the label on the medication does not include the following portion of the sliding scale order: 301-340 = 5 units; 341-400 = 6 units

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.

1/22/15 - labels on Flexpens for resident # placed.

[Handwritten initials]

Nurses and med-tech have been re-educated to check each individual flex pen of insulin to ensure it is labeled ^{properly} when checking medications in from pharmacy, at least monthly.

Immediately and at least monthly thereafter -

The administrator or designated staff person will audit all residents' medications to ensure all are properly labeled with all required information -

[Handwritten signature] 1/25/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kelley Vaccaro

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

Kelley Vaccaro PCHA

Date 1-15-16

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2/2/16
(Date)

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(Initials)

Violation Report: 44145 - 09/21/2015 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.225(c) - The resident shall have additional assessments as follows:
(1) Annually.
(2) If the condition of the resident significantly changes prior to the annual assessment.
(3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
The assessment, dated 3/5/15, for resident #1 does not include the diagnosis of constipation, as indicated on the medical evaluation, dated 3/3/15.

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.

Administrator has been re-educated on all diagnosis on medication evaluation needing to be included on RASP. A review/audit is being completed on all charts to ensure accuracy.

By 2/28/16 - The administrator will complete the audit of assessments for all residents to ensure all are complete and contain all resident diagnoses.

[Handwritten signature]
2/28/16

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* Date *1-15-16*

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