



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

Ms. Jill Treglia, Administrator
Concordia Lutheran Ministries of Pittsburgh
125 Brown Road
Wexford, Pennsylvania 15090

RE: Concordia of Wexford
#443620

Dear Ms. Treglia:

As a result of the Department of Human Services' licensing inspection on April 1, 2016 and April 14, 2016, 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
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: CONCORDIA OF WEXFORD		License Number: 44362
Address: 125 BROWN ROAD, WEXFORD, PA 15090		County: Allegheny
Administrator: Jill Treglia		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 125 BROWN ROAD, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/15/1994 LABOR AND INDUSTRY		SEP 15 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 4	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/01/2016: Garrigan, Laurie; Bedford, Katie 04/14/2016: Garrigan, Laurie		
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: 56 Number of Residents Served: 40 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: 8 Number of Hospice Residents in past year: 15		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 9 Have a Physical Disability: 0

Violation Report: 44362 - 04/01/2016 - Garrigan, Laurie
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

From 6:20 p.m. on 4/1/16 to 6:00 a.m. on 4/2/16, there were only two direct care staff persons working in the home. There were 40 residents living in the home including 9 residents who are assessed to have a mobility need requiring one or two staff persons to assist with transferring. The structure of the home is two floors with 31 residents on the main floor, and 9 residents on the garden level who have high cognitive supervision needs. The safe evacuation time established by the fire safety expert on 9/4/25 is 5 minutes 0 seconds. The home is not providing the staffing required for the safe evacuation needs of all residents in the established safe evacuation time.

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.

Attached is the document from April 18, 2016 when the fire safety expert [redacted] inspected Concordia of Wexford. Based on his inspection, he determined that the maximum safe evacuation time for the home, from the time the fire alarm sounds until all residents have evacuated to the outside of the building/fire safe area(s) is 15 minutes and 0 seconds.

Fire drills were held with evacuation times less than 15 minutes as follows:

- 4/20/16 at 12¹⁵ PM - 4 min. 0 sec.
- 4/21/16 at 11¹⁴ PM - 10 min. 56 sec.
- 5/3/16 at 2²⁶ PM - 5 min. 10 sec.
- 6/30/16 at 3³¹ PM - 5 min. 20 sec.
- 7/29/16 at 1⁵⁰ PM - 9 min. 53 sec.
- 8/13/16 at 1³⁰ PM - 6 min. 33 sec.
- 9/23/16 at 5⁰⁸ AM - 12 min. 49 sec.
- 10/4/16 at 6³⁵ AM - 8 min. 35 sec.

Immediately - the administrator or designated staff person will check the staffing schedule at least weekly to ensure scheduling appropriate staff levels to provide assistance needed to safely evacuate residents as identified in the residents' assessments and support plans. MS 11/3/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jill Streglia</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jill Streglia	9-14-16

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

The above plan of correction is approved as of <u>11/3/16</u> (Date)	Plan of correction implementation status as of <u>11/3/16</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

SEP 15 2016

Violation Report: 44362 - 04/01/2016 - Garrigan, Laurie
 PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Resident and staff interviews indicate that residents who require physical assistance to evacuate, and are in their beds at the time of a fire drill, including resident #1, are left in their beds for the drill and a white towel is put on the door handle to indicate that they are in the bedroom.

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 employees will be re-trained on that all residents must be evacuated to a designated meeting place away from the building or within the fire-safe area during each fire drill. This training will be done by the administrator by September 19, 2016. Documentation of this training shall be kept. *Training completed, ms 11/3/16*

Immediately - the administrator will monitor fire drills and the fire drill record monthly to ensure all residents are evacuated to a designated meeting place away from the building or within the fire-safe area during a fire drill. ms 11/3/16

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

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

Date *9-14-16*

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SEP 15 2016

Violation Report: 44362 - 04/01/2016 - Garrigan, Laurie
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates fire drills were conducted on the following dates and times. However, the record from the fire alarm monitoring company indicates no fire alarms were activated during these dates and times.

- * 1/13/16 at 3:16 a.m.
- * 1/28/16 at 1:10 p.m.
- * 2/29/16 at 10:45 a.m.

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.

Attached is the fire drill participation from 1/13/2016, 1/28/2016, and 2/29/2016. For future fire drills, maintenance will confirm with the fire alarm monitoring company that they received a signal.

Records from the fire alarm monitoring company indicate fire alarms were activated for the following fire drills:

- 4/20/16 at 12¹⁵ PM
- 4/21/16 at 11¹⁴ PM
- 5/3/16 at 2²⁶ PM
- 7/29/16 at 12⁵⁰ PM
- 8/13/16 at 1³⁰ PM
- 8/23/16 at 5⁰⁸ AM
- 10/14/16 at 6⁵⁵ AM

Immediately - The administrator will monitor fire drills and the fire drill record monthly to ensure a fire alarm or smoke detector is set off during each fire drill. MS 11/3/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Jill S. Treghia	9-14-16

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Violation Report: 44362 - 04/01/2016 - Garrigan, Laurie
 PGH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2 had a medical evaluation completed on 6/18/14; however, the next medical evaluation was not completed until 9/29/15.

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 employees that have access to complete a medical evaluation for each resident will be re-trained that each resident shall have a medical evaluation at least annually. This training will be done by the administrator by September 19, 2016. Documentation of this training shall be kept. *Training has been completed, ms 11/3/16*

A medical evaluation was completed on 10/14/16 for resident #2.

Immediately - A resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe. Documentation will be kept. ms 11/3/16

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* Date *9-14-16*

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