



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 9, 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 May 20, 2016; June 10, 2016 and June 20, 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 "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44362 - 04/27/2016 - Knee, Donald

PCH Name: CONCORDIA OF WEXFORD

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

The assessment and support plan for resident #1, dated 2/17/16, indicates that the resident requires 2-person assistance with transferring in/out of bed/chair. On 4/9/16 at approximately 7:00 p.m., staff person A solely transferred resident #1 from his/her wheelchair to his/her bed and the resident had a skin tear on the right arm as a result of the transfer.

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 person A will be re-trained on both proper safety of transfer set-up as well as checking the Resident Assessment Support Plan (RASP) before assisting a resident to ensure that the proper care is given. This training will be done by the Administrator by October 18, 2016. Documentation of this training shall be kept.

All direct care, activities, dietary and housekeeping staff have been re-trained on the Resident Assessment Support Plan (RASP). This training was done by the Administrator on October 11, 2016. Attached is documentation of this training. In addition, Administrator and/or Resident Care Coordinator shall monitor staff assisting residents with activities of daily living at random twice a month. Documentation of this audit shall be kept.

Emily Wise *Emily Wise* Administrator 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 S Treglia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jill S Treglia - Administrator</i>	Date <i>10-12-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/3/16
(Date)

The above plan of correction was approved by *BS*
(Initials)

Plan of correction implementation status as of 11/3/16
(Date)

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