



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 14, 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 May 24, 2016 and May 25, 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 cursive script that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44363 - 05/24/2016 - Pfaff, Vicki
 PCH Name: CONCORDIA OF FRANKLIN PARK
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 On 5/9/16, resident #1 was prescribed Calmoseptine to be applied to buttocks every shift. On 5/10/16 and from 5/12/16 through 5/24/16, the resident's Treatment Administration Record (TAR) does not indicate the times the medication was applied.

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.

TAR and treatments will be reviewed with LPNs and med techs. All will be re-trained on the importance of treatments and how to document the treatments on the TAR.

This training will be done by the RCC by December 31st. Documentation of the training will be kept on file. (2016)

Immediately: A designated staff person qualified to administer medications shall review all resident MARs and TARs at least monthly to ensure the proper documentation of medication administration and treatments at the time the medication is administered or the treatment is provided. 12-6-16 ✓

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) Jill S. Treglia
 Date 12-5-16

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

The above plan of correction is approved as of <u>12-6-16</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>12-6-16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44363 - 05/24/2016 - Pfaff, Vicki
PCH Name: CONCORDIA OF FRANKLIN PARK

DEC 05 2016

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, completed on 5/18/16, only indicates the resident is to receive "daily" continence checks. However, the description of service need indicates "Resident is incontinent and requires full assistance with bladder incontinence and Resident is incontinent and requires full assistance with bladder incontinence".

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 has since CTB, so the support plan has been archived. However anyone who contributes to creating the support plans for the facility will be re-trained on this particular part of the support plans. This training will be done by the administrator by December 16, 2016.

Documentation of this training will be kept on file.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will review all current resident assessments to ensure accuracy and completeness. 12-6-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jill S. Streglia* Date *12-5-16*

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE!)

The above plan of correction is approved as of 12-6-16 (Date)

Plan of correction implementation status as of 12-6-16 (Date)

The above plan of correction was approved by J (Initials)

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