



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 20 2017

Ms. Anne Denny, LPN, Administrator  
Concordia Lutheran Health and Human Care  
134 Marwood Road  
Cabot, Pennsylvania 16023

RE: Concordia Lutheran Health and Human Care – Lund Building  
License #: 447620

Dear Ms. Denny:

As a result of the Department of Human Services' annual licensing inspections on July 6, 2016 and July 7, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



NOV 08 2016

Violation Report: 44762 - 07/06/2016 - Knee, Donald  
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

WEST VIRGINIA UNIVERSITY  
NIGHTLIFE SERVICES

1. REGULATION 55 Pa.Code §2600

2600.17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 7/6/16 at 10:40 am., the accounting workroom on the first floor was open, unattended, and accessible. This room contained resident information, including an insurance policy with identifiable information for Resident #1.

On 7/6/16 at 11:00 a.m., a list of residents and required care needs was posted in the open, unattended, and accessible soiled linens closet of Bachmann Hall. The records included information for Resident #2, Resident #3, Resident #4, and Resident #5.

On 7/6/16 at 2:25 p.m., an unlocked, unattended, and accessible closet in McKinney Hall contained a list of resident names and instructions for topical medications, including calmazine for Resident #6 and Gold Bond cream and balmox for Resident #7.

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 resident information was removed from accounting work room and hall closets during time of inspection. Staff reeducated that all resident, health care information must be locked and inaccessible to anyone other than resident, resident designated person and staff person for purpose of providing services to resident. (see attached teaching)

All staff will monitor daily on each shift as part of their regular duties.

Unit Managers will conduct weekly audits to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anne Denny, LPW / Admin.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anne Denny, LPW / Administrator*      DHS - 10/27/16 reviewed      Date: 11/8/16 reviewed

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

The above plan of correction is approved as of 11/14/16 (Date)

Plan of correction implementation status as of 11/14/16 (Date)

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

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

Violation Report: 44762 - 07/06/2016 - Knee, Donald  
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

Not all residents have been assessed by the home as being able to safely use or avoid poisonous materials, including Resident #1, Resident #8, and Resident #9.

On 7/6/16 at 11:15 a.m., there were two boxes of Top Value Effervescent Denture Cleanser Tablets, each containing 90 tablets, located in an unlocked, unattended, and accessible closet next to room 2047 in Bachmann Hall. Each box's label indicated, "In case of accidental indigestion, seek professional assistance or contact a poison control center immediately."

On 7/6/16 at 2:00 p.m., there were unlocked, unattended, and accessible poisonous materials located in the resident laundry room of the ground floor. The poisonous materials included:

- A 150 fluid ounce bottle of Cheer Color Guard laundry detergent with a label including first aid instructions that indicated, "if swallowed, give a full glass of water or milk and call a poison control center immediately."
- A 50 fluid ounce bottle of Tide laundry detergent with a label including first aid instructions that indicated, "if swallowed, give a full glass of water or milk and call a poison control center immediately."
- A 16 fluid ounce bottle of Woolite Extra Delicates Care laundry liquid with a label including first aid instructions that indicated, "if swallowed call a physician or poison control center."

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 Alleged poisonous materials were removed at time of inspection. All staff reeducated that poisonous materials must be kept locked and inaccessible to residents. (see attached teaching)

A designated staff person will monitor the home daily and on each shift to ensure all poisonous materials are locked and inaccessible to residents.

RECEIVED  
 NOV 08 2016  
 WESTERN  
 Human Services Liaison

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>Anne Denny</i> (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
<i>Anne Denny, LPN, Administrator</i>		<i>DHS 10/27/16 received 11/8/16 received</i>	

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

The above plan of correction is approved as of <u>11/14/16</u> (Date)	Plan of correction implementation status as of <u>11/14/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44762 - 07/06/2016 - Knee, Donald  
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

**1. REGULATION 55 Pa.Code 52600**  
 2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/6/16 at 2:00 p.m., there was no grab bar, hand rail, or assist bar in the 2 shared bathrooms on the ground floor.

**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.

*Disagree with violation due to the location of the bathrooms.*

*Bathrooms were located in the employee/staff break room/Lounge area. Grab bars have been placed in both bathrooms 10/21/16 per recommendation on 7/6/16. (see attached pictures)*

*Immediately - The administrator will implement monitoring procedures to ensure toilet and bath areas have grab bars, hand rails or assist bars. BB 11/14/16*

RECEIVED  
 NOV 08 2016

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative <i>Anne Denny</i>				
Printed Name and Title of Legal Entity Representative <i>Anne Denny, LAW Administrator</i>				
				Date <i>11/8/16</i>

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

The above plan of correction is approved as of <u>11/14/16</u> (Date)	Plan of correction implementation status as of <u>11/14/16</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44762 - 07/06/2016 - Kneec, Donald  
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

**1. REGULATION 55 Pa.Code §2600**  
 2600.102(l) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

**2a. DESCRIPTION OF VIOLATION**  
 On 7/6/16, an unlabeled bar of soap was located on the right side of the top shelf in the shared tub/spa room of Bachmann Hall.

**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.

*Bar soap belonged to a specific resident that was brought with them for showering and forgot to remove once shower was completed. Residents do not use tub/shower room without supervision of a staff member.*

*All staff members and residents were educated that bar soap can not be left in tub/shower rooms without being clearly labeled for the resident.*

*A designated staff member will monitor daily and each shift to ensure all bar soaps are clearly labeled. (see attached teaching)*

RECEIVED  
 NOV 08 2016

HOME CARE SERVICES DIVISION  
 11/8/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Anne Denny, CNA Administrator</i>	<i>DHS - 10/27/16 received 11/8/16 received</i>

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

The above plan of correction is approved as of 11/14/16  
 (Date)

Plan of correction implementation status as of 11/14/16  
 (Date)

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

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

Violation Report: 44762 - 07/06/2016 - Kneeb, Donald  
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600  
 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 7/6/16 and 7/7/16, the emergency preparedness plan for the municipality in which the home is located was posted in an inconspicuous and non-public place in the home. The plan was posted in an unlabeled plastic bin on the wall behind the nurses' station desk of Bachmann Hall with signage that indicated, "employees only."

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.

Disagree with violation. Memo was posted on a conspicuous/public bulletin board as to location of emergency procedures manual. The manual was accessible to all staff, residents and families. (copy of previous memo attached)

An additional Binder will be placed at the front desk in the main lobby for future reference.

Immediately - The administrator will implement monitoring procedures to ensure copies of the emergency procedures as specified in Chapter 2600.107 (relating to emergency preparedness) are posted in a conspicuous and public place in the home and a copy is kept. BB 11/14/16

RECEIVED  
NOV 08 2016

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative  
 Anne Denny, LPW/Administrator

Date *11/8/16*  
*10/27/16*

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

The above plan of correction is approved as of 11/14/16  
 (Date)

Plan of correction implementation status as of 11/14/16  
 (Date)

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

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

Violation Report: 44762 - 07/06/2016 - Knee, Donald  
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

On 7/6/16 at 11:20 a.m., there were unlocked, unattended, and accessible over-the-counter medications stored in a plastic cosmetic case with ovals on it, in an unlocked, unattended, and accessible closet near room 2047 of Bachmann Hall. The over-the-counter medications included:

- A bottle of Equate ibuprofen 200 mg capsules, approximately half full
- A blister pack containing 2 softgel tablets of Daytime Cold and Flu

**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 OTC medications were removed at time of inspection.

All staff reeducated that all prescription/OTC meds and CAM meds. must be kept in an area or container that is locked. (see attached teaching)

A designated staff person daily and every shift will monitor the home to ensure all medications are locked and inaccessible to residents.

RECEIVED  
NOV 08 2016

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Anne Denny, LMA/Administrator*

Date *045-10/27/16 received*  
*11/8/16 received*

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

The above plan of correction is approved as of 11/14/16  
 (Date)

Plan of correction implementation status as of 11/14/16  
 (Date)

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

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

