



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 2 1 2016

Ms. Rachel Horterat, Facility Director/Administrator
Concordia Lutheran Health & Human Care
104 Concordia Way
Butler, Pennsylvania 16001

RE: Concordia at the Orchard
License #: 425060

Dear Ms. Horterat:

As a result of the Department of Human Services' annual licensing inspections on July 13, 2016 and July 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA AT THE ORCHARD		License Number: 42506
Address: 104 CONCORDIA WAY, BUTLER, PA 16001		County: Butler
Administrator: RACHEL HORTERT		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN HEALTH & HUMAN CARE		
Legal Entity Address: 104 CONCORDIA WAY, BUTLER, PA 16001		
Certificate(s) of Occupancy C-2 LP 10/21/1999 Labor and Industry		RECEIVED SEP 15 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 64	Working Staff: 48
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/13/2016: Bartlett, Patricia; Garrigan, Laurie 07/14/2016: Bartlett, Patricia		
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: 60 Number of Residents Served: 56 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: 2 Number of Hospice Residents In past year: 8		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 3

Violation Report: 42506 - 07/13/2016 - Bartlett, Patricia
PCH Name: CONCORDIA AT THE ORCHARD

SEP 15 2016

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/13/16, there was a full bottle of Omeprazole 20 mg for resident #1 on the medication cart. This medication was discontinued on 7/1/16.

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 Omeprazole was immediately removed from the med cart. We have a triple check system in place to prevent this type of occurrence: our nursing staff enters all new orders/changes and two other staff re-check the same order. Nursing staff complete monthly med cart audits and the pharmacy completes quarterly med cart audits.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rachel Horvath*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachel Horvath* Date *9-12-16*

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

The above plan of correction is approved as of 9/16/16 (Date)

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

Plan of correction implementation status as of 9/16/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented