



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 28, 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 July 15, 2016 and July 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 - 07/15/2016 - Summers, Vicky
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

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 7/15/16 at 11:54 a.m. in the lounge next to the dining area and at 3:48 p.m. in the medication room, the narcotic book on the side of the first floor medication cart containing resident #1's, resident # 2's, and resident #3's confidential information was unlocked, unattended, and accessible.

On 7/15/2016 at 3:55 p.m., the following records were unlocked, unattended, and accessible in the ground floor laundry room:

- resident #4's assessment dated 1/21/16
- resident #5's assessment dated 8/25/15
- resident #6's assessment dated 4/23/15
- resident #7's assessment dated 3/3/16
- resident #8's assessment dated 1/6/16

On 7/15/16 at 4:09 p.m., approximately 20 boxes of current and discharged resident incident reports were unlocked, unattended, and accessible in the storage room on the ground level across from room GL20-pvt. The boxes contained confidential information for resident #9, resident #10, and resident #11.

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 with access to these doors and medication cart will be re-trained on HIPAA and that all resident information needs to be kept locked. This training will be done by the administrator by October 28, 2016. Documentation of this training shall be kept.

Immediately - The administrator will implement monitoring procedures to ensure compliance with Chapter 2600.17. The procedures will include, at a minimum, weekly checks to ensure resident records are kept confidential and inaccessible to anyone other than persons specified in accordance with this regulation.

BB 11/10/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/11/2014	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Emily Wise</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Emily Wise	10/19/16

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

The above plan of correction is approved as of <u>11/10/16</u> (Date)	Plan of correction implementation status as of <u>11/10/16</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: 44362 - 07/15/2016 - Summers, Vicky
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
~~Human Services Licensing~~

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

Resident #4, resident #5, resident #6, resident #7, and resident #8 are unable to safely use or avoid poisonous materials.

On 7/15/16 at 3:48 p.m., the following unlocked and accessible poisons with labels that indicated if swallowed call poison control or doctor immediately were located in the first floor medication room:

- Resident # 12's Ben Gay ultra strength large pain relieving patch
- 2 Clorox disinfecting wipes 9.1 ounce containers

On 7/15/16 at 3:55 p.m., the following unlocked and accessible poisons with labels that indicated if swallowed call poison control or doctor immediately were located in the ground floor laundry room:

- 15 (1 quart) bottles of Hi-Genic non-acid bowl and bathroom cleaner
- 9 (1 liter) bottles Kleenex foam hair and body wash
- 11 (1.2 liter) bottles of Kleenex moisturizing foam hand sanitizer
- 3 (1 gallon) bottles of Lysol IC quaternary disinfectant cleaner
- 11 (1 quart) bottles of Conqueror 105 bioactive concentrate, cucumber melon
- 6 (32 ounce) bottles of Drano Max gel
- 29 (9.1 ounce) Clorox disinfecting wipes

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 poisonous materials have been removed from the following resident's rooms. All employees will be re-trained on poisonous materials. This training will be done by the administrator by October 28, 2016. Documentation of this training shall be kept.

Immediately - The administrator will implement monitoring procedures to ensure compliance with Chapter 2600.82(c). The procedures will include, at a minimum, weekly checks to ensure poisonous materials are kept locked and inaccessible to residents. *BB 11/10/16*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/11/2014	
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Signature of Legal Entity Representative (Required on EVERY Page) *Emily Wise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Emily Wise* Date *10/19/16*

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OCT 19 2016

Violation Report: 44362 - 07/15/2016 - Summers, Vicky
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On multiple occasions, including on 7/14/16 at approximately 6:00 a.m., staff person A placed a resident lift and a linen cart in the hallway directly outside resident #8's bedroom to prevent the resident from exiting his/her 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.

Staff person A was terminated on [redacted] 2016. All employees will be re-trained that stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. This training will be done by the administrator by October 28, 2016. Documentation of this training shall be kept.

Immediately - The administrator will implement monitoring procedures to ensure compliance with Chapter 2600.121(a). The procedures will include, at a minimum, monthly checks and interviews with staff persons to ensure that stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

BS
11/10/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Emily Wise*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *EMILY WISE* Date *10/19/16*

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The above plan of correction is approved as of 11/10/16 (Date)

Plan of correction implementation status as of 11/10/16 (Date)

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

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