



pennsylvania

DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

Ms. Bonnie Stapchuck, Administrator
Concordia Lutheran Ministries
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Fox Chapel
931 Route 910
Cheswick, Pennsylvania 15024
License #: 442470

Dear Ms. Stapchuck:

As a result of the Department of Human Services' annual licensing inspection on August 1, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA OF FOX CHAPEL		License Number: 44247
Address: 931 ROUTE 910, CHESWICK, PA 15024		County: Allegheny
Administrator: Bonnie Stapchuck		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 11/06/1997 Dept L & I		RECEIVED NOV 29 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 122	Waking Staff: 92
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/01/2016: Barry, Courtney; Eveses, Joseph; Mullick, Cindy; Wenzig, Janine		
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: 61 Number of Residents Served: 61 Secured Dementia Care Unit In Home: Yes Area: Entire home Secured Dementia Unit Capacity, if Applicable: 61 Number of Residents Served in Secured Dementia Care Unit, if applicable: 61 Number of Current Hospice Residents: 10 Number of Hospice Residents In past year: 22	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 61 Have a Physical Disability: 1	

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Page 2 of 9

Violation Report: 44247 - 08/01/2016 - Barry, Courtney
PCH Name: CONCORDIA OF FOX CHAPEL

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

A list of residents which included the confidential mobility needs of residents was unlocked and accessible in the fire extinguisher compartment on the B court.

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 census sheet was updated on August 2, 2016 to reflect only the initials of the residents. The activities Director, [redacted] made this change and will be responsible for continued compliance. See Attachment A.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ronnie Stapchuck*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ronnie Stapchuck* Date *11-29-16*

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

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

Plan of correction implementation status as of 12/16/16
(Date)

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

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

NOV 29 2016

Violation Report: 44247 - 08/01/2016 - Barry, Courtney
PCH Name: CONCORDIA OF FOX CHAPEL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The wheelchair ramp leading to the rear smoking section is crumbling in a section approximately 1' x 2' x 8", posing a trip/fall hazard.

The right side of the walkway in the front of the home is crumbling in several areas, including an area approximately 10' x 4'.

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 areas were repaired on 9-6-16 by [redacted]
[redacted] See attached bill and pictures
attachment C. Administrator Bonnie Stapchuck
will be responsible for walking the grounds on
a monthly basis. Maintenance Director
[redacted] will also be responsible
and has included this duty on a weekly
check list. See attached D*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bonnie Stapchuck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Stapchuck* Date *11-29-16*

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Page 5 of 9

Violation Report: 44247 - 08/01/2016 - Barry, Courtney PCH Name: CONCORDIA OF FOX CHAPEL		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.			
2a. DESCRIPTION OF VIOLATION There was no thermometer in the three door refrigerator in the kitchen.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>			
<p><i>Issue was immediately corrected in front of D.H.S. survey team. A departmental safety inspection checklist has been created to eliminate risk of any future violations. See Attachment B. Dining Services Manager [redacted] will be responsible for future compliance!</i></p>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Stapchuck</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Stapchuck</i>			Date
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The above plan of correction was approved by <u>[Signature]</u> (Initials)		<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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NOV 29 2016 Page 6 of 9

Violation Report: 44247 - 08/01/2016 - Barry, Courtney
PCH Name: CONCORDIA OF FOX CHAPEL

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
Approximately half of the rear walkway of the home was obstructed by a floor scrubber and a step ladder.

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.

Maintenance Director, [redacted] will take on this responsibility. Please know that this was an isolated incident. This will be included in a weekly rounds checklist. He is well aware of the regulation. This is labelled attachment D

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bonnie Stapeluck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *BONNIE Stapeluck* Date *11-29-16*

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Violation Report: 44247 - 08/01/2016 - Barry, Courtney
PCH Name: CONCORDIA OF FOX CHAPEL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The August 2016 medication administration record (MAR) for resident #2 indicates Olanzapine 2.5mg, 1 tablet twice daily at 8 a.m. and 4 p.m.; however, the label indicates 1 tablet by mouth twice daily at 9 a.m. and 4 p.m.

The August 2016 MAR for resident #3 indicates multiple orders for Morphine Sulfate 100mg/5ml:

- *Give 5mg (0.25ml) every 2 hours as needed for shortness of breath, mild pain
- *Give 0.5ml every 2 hour as needed for shortness of breath
- *Give 0.5ml (10mg) every 2 hours as needed for moderate pain

However, the label indicates the following for Morphine Sulfate 100mg/5ml:

- *Give 5mg (0.25ml) every 1 hour as needed for mild pain or shortness of breath;
- *Give 0.5ml (10mg) every 1 hour as needed for moderate pain or shortness of breath

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.

Effective immediately, all orders will be photocopied and placed on [redacted] desk. she will be responsible for cross checking all new orders comparing electronic orders, orders & order entry. by 11/5/17 - All staff persons who administer medications will be required to match medication labels to the MAR

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bonnie Stapchuck

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

BONNIE Stapchuck

Date

11/29/16

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PCH Name: CONCORDIA OF FOX CHAPEL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 6/2/16, for resident #4, does not address how the home will meet the resident's needs relating to managing health care, laundry, and shopping as indicated on the assessment.

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.

Have done trainings composed by Karen McCarney, Director of Education and Compliance. Best Practices Care Plans and Pre-admission Screening, Medical Evaluation, Resident Assessment - Support Plan (RASP) Admin. [redacted] & Unit Mng. [redacted] will ensure compliance and that all boxes/actions are complete. See documentation of attached trainings.

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Signature of Legal Entity Representative (Required on EVERY Page) *Bonnie Stapchuck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **BONNIE Stapchuck** Date

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Violation Report: 44247 - 08/01/2016 - Barry, Courtney
PCH Name: CONCORDIA OF FOX CHAPEL

NOV 29 2016

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation dated 3/30/16, for resident #1, does not indicate the residents' ability to self-administer medications.

The most recent medical evaluation for resident #2, admitted 1/17/13, is undated, therefore it cannot be determined if it was completed within the required timeframe. Also, the evaluation does not indicate the residents' ability to self-administer medications.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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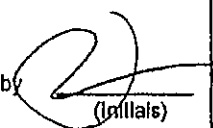
Effective immediately any new DME whether it is a new admission, annual or significant change will be double checked first by Unit Mgr. and again by Admin. Will print hard copy, initial and date and then placed in binder.
By 1/31/17 - The administrator or designee will review the medical evaluations of all current residents to ensure each is completed in its entirety. Any found to be incomplete will be returned to the residents physician for completion. J 12/6/16

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