



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 24 2017

Ms. Laura L. Thompson,  
PC Administrator/LPN  
Concordia Lutheran Ministries of Pittsburgh  
1300 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

RE: Concordia at the Cedars  
4363 Northern Pike  
Monroeville, Pennsylvania 15146  
License #: 446240

Dear Ms. Thompson:

As a result of the Department of Human Services' annual licensing inspections on August 10, 2016 and August 11, 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](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



RECEIVED

Violation Report: 44624 - 08/10/2016 - Barry, Courtney  
PCH Name: CONCORDIA AT THE CEDARS

DEC 13 2016

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 8/10/16, the following sanitary conditions were observed:

Blood glucose testing is ordered for 5 residents served in the home. Glucometers were shared among residents.

The unlabeled glucometer was used to measure blood glucose levels for multiple residents as follows:

- \*8/5/16 8:00 p.m. for resident #4
- \*8/6/16 8:00 a.m. for resident #4
- \*8/7/16: 8:00 a.m. and 12:00 p.m. for resident #5, 4:00 p.m. for resident #4
- \*8/8/16 8:00 a.m. and 12:00 p.m. for resident #5

The glucometer labeled for resident #3 was used to measure blood glucose levels for multiple residents as follows:

- \*8/3/16: 6:38 a.m. resident #2, 7:42 a.m. unidentified resident, 2:23 p.m. resident #4, 2:27 p.m. unidentified resident
- \*8/4/16: 6:58 a.m. resident #2, 7:52 a.m. unidentified resident, 8:08 a.m. resident #4, 11:33 a.m. unidentified resident, 2:41 p.m. unidentified resident, 3:16 p.m. unidentified resident, 3:40 p.m. unidentified resident
- \*8/5/16: 6:22 a.m. resident #4, 6:37 a.m. resident #2, 6:44 a.m. unidentified resident, 7:38 a.m. resident #1, 10:09 a.m. resident #4, 10:11 a.m. unidentified resident, 3:14 p.m. resident #2, 7:43 p.m. unidentified resident
- \*8/8/16: 8:28 a.m. and 10:57 a.m. unidentified resident

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.

Please see attached training documentation provided to staff about glucometer use. Please see attached receipt verifying glucometers were purchased for individual resident use. Glucometer readings will be compared to MAR weekly for 4 weeks, then every 2 weeks for 3 months, then monthly thereafter to ensure compliance with use. Resident care coordinator will complete audit & turn into administrator for review. A designated staff person will ensure each resident has their own glucometer labeled with their name & that glucometers are never shared.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Laura Thompson

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

Personal Care Administrator

Date 11/28/2016

11/2/17

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

The above plan of correction is approved as of 11/2/17 (Date)

Plan of correction implementation status as of 11/2/17 (Date)

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

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

Violation Report: 44824 - 08/10/2016 - Barry, Courtney  
 PCH Name: CONCORDIA AT THE CEDARS  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 65 Pa.Code §2800  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 On 8/10/16, at approximately 9:45 a.m., there was an accumulation of approximately 1/8 inch of lint in the lint trap of the dryer on the first floor laundry room.

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 will be re-educated on lint-removal from dryers before + after use.  
 Dryers will be monitored daily for compliance with regulation.  
 Resident care coordinator will complete monitor + turn into administrator for review weekly, See attached audit form.  
 Staff will be re-educated by 12/15/2016.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Thompson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Personal Care Administrator*      Date *11/28/2016*

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

The above plan of correction is approved as of 11/21/17  
 (Date)

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

Plan of correction implementation status as of 11/21/17  
 (Date)

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

Violation Report: 44624 - 08/10/2016 - Barry, Courtney  
 PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 The last medical examination for resident #9 was completed on 3/12/15.

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.

Resident # 9 had a medical examination completed for 2016.  
 Please see attached medical evaluation.

Chart audits will be completed monthly to monitor medical evaluations have been done. Please see attached chart audit.  
 Resident care coordinator will complete audits + turn into administrator for review.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Laura Thompson*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *Laura Thompson      Personal Care Administrator      11/28/2016*

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

The above plan of correction is approved as of 1/12/17  
 (Date)

Plan of correction implementation status as of 1/12/17  
 (Date)

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

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

DEC 13 2016

Violation Report: 44624 - 08/10/2016 - Barry, Courtney  
PCH Name: CONCORDIA AT THE CEDARS

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #10 has received psychological services since 10/9/15; however, the resident's support plan, dated 1/31/15, does not include these services.

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.

Resident # 10 would not have psychological services documented on 1/31/15 support plan due to psychological services did not begin till 10/9/2015. Please see attached RASP update regarding psych services.

Resident care coordinator will review orders for RASP updates weekly and turn audit form into administrator for review. DCS will be educated on potential for RASP updates and notification to resident care coordinator of updates. This education will be completed by December 5th, 2016.

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


Signature of Legal Entity Representative (Required on EVERY Page) *Laura Thompson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Personal Care*  
*Laura Thompson Administrator*      Date *11/28/2016*

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

The above plan of correction is approved as of 11/2/17  
(Date)

Plan of correction implementation status as of 11/2/17  
(Date)

The above plan of correction was approved by   
(Initials)

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