



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 23 2017

Mr. Eric Peat, Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Cranberry
10 Adams Ridge Boulevard
Mars, Pennsylvania 16046
License #: 442580

Dear Mr. Peat:

As a result of the Department of Human Services' annual licensing inspections on August 29, 2016 and August 30, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA OF CRANBERRY		License Number: 44258
Address: 10 ADAMS RIDGE BOULEVARD, MARS, PA 16046		County: Buller
Administrator: Eric Peal		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/12/1998 Pa. Dept of L & I		DEC 09 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 88	Working Staff: 66
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/29/2016: Cutter, Jan; Park, Beth 08/30/2016: Cutter, Jan; Park, Beth		
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: 84 Number of Residents Served: 70 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: 7 Number of Hospice Residents in past year: 20	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0	

DEC 09 2016

Violation Report: 44258 - 08/29/2016 - Cutler, Jan
PCH Name: CONCORDIA OF CRANBERRY

WEST PENNSYLVANIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION
On 8-29-2016 at 10:00 am, there were 29 pieces of pre-cooked breaded steak on uncovered metal trays in the commercial freezer which were for the supper meal.

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 breaded steaks were immediately covered. *pk.* 12/15/16
The dietary staff will make sure ALL food items stored in the refrigerators and freezers will be covered AT ALL TIMES to protect from contamination. The cook will be responsible for checking these areas daily.

STAFF education about this was done on 8-30-2016.

The plan of correction will begin on 8-30-2016.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Eric J. Peat*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Eric J. Peat* Date *12-9-16*

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 *pk.*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *pk.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44258 - 08/29/2016 - Cutler, Jan
PCH Name: CONCORDIA OF CRANBERRY

DEPARTMENT OF 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
On 8-29-2016 at 10:10 am, the temperature in the 3 door freezer in the kitchen measured 20 degrees Fahrenheit.

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 kitchen freezer was serviced on 8/29/16. JN. 12/16/16
The dietary department will keep a Temperature Log for the refrigerator and freezers in the kitchen. Each day the cook will check the temperature in the morning and in the evening and record the results on the log. If the readings do not fall within the required temperatures, maintenance will be notified immediately to correct the problem.

This plan of correction will take place and start on 8-30-2016.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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 JN.
(Initials)

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