



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 14, 2016

Ms. Jill Treglia, Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Franklin Park
1600 Georgetown Drive
Sewickley, Pennsylvania 15143
#443630

Dear Ms. Treglia:

As a result of the Department of Human Services' licensing inspection on September 19, 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, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: CONCORDIA OF FRANKLIN PARK		License Number: 44363
Address: 1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143		County: Allegheny
Administrator: JILL TREGLIA		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 06/04/1999 Labor & Industry		NOV 23 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 99	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
09/19/2016: Flinner-Alman, Lisa		
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: 100 Number of Residents Served: 76 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: 6 Number of Hospice Residents in past year: 25	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 0	

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44363 - 09/19/2016 - Flinner-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5/14/16, the home was aware of an allegation of verbal abuse regarding staff person A and resident #1. The home did not report the allegation of abuse or submit an incident report to the Department.

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 mentioned allegation against the employee was explained to the administrator by the resident as a disagreement between the resident and the employee. Throughout the investigation of the incident, it never appeared to rise to the level of verbal abuse. Had it risen to that level, it would have undoubtedly been reported as an Act 13, just like this current allegation was reported.

All staff will be retrained on abuse by December 15, 2016 by the Administrator and Resident Care Coordinator and any future alleged abuse will be reported immediately. Documentation of the training will be kept.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia, Administrator* Date *11-21-16*

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

The above plan of correction is approved as of 11/21/16
(Date)

Plan of correction implementation status as of 11/28/16
(Date)

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

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

NOV 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44363 - 09/19/2016 - Flinger-Alman, Lisa
PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

According to multiple resident and staff interviews, staff person A has had a pattern of verbal abuse toward residents and has intimidated residents.

On 5/14/16, staff person A screamed at resident #1, saying the resident delivering newspapers to the wrong residents. The resident became so upset that he/she cried.

On 9/15/16, staff person A went into resident #2's room slapping his/her hands together while yelling at the resident that he/she did not have any control over how often the resident's colostomy bags were changed and that he/she does not order the colostomy bags. At approximately 4:30 p.m., staff person A went back into resident #2's room and yelled at the resident, "My job is so stressful!" and "You should have my job!" The resident was so upset from both incidents, that he/she became nauseous.

Staff stated that on several occasions staff person A called resident #3 crazy in front of the resident and other residents in the dining 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.

Due to the behavior of the employee, [redacted] has been terminated effective [redacted] 2016.

Staff will be re-trained on recognizing and reporting abuse, the types of abuse, and how to keep the residents safe from abuse.

This will be completed by December 15, 2016 by the Administrator and Resident Care Coordinator. Documentation of this training will be kept.


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) Jill S. Treglia, Administrator Date 11-21-16

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

The above plan of correction is approved as of 11/28/16 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 11/28/16 (Date)

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