



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

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  
License #: 443630

Dear Ms. Treglia:

As a result of the Department of Human Services' annual licensing inspections on October 21, 2016 and October 24, 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

**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		
Certificate(s) of Occupancy C-2 LP 09/14/1998 L&I		RECEIVED  MAY 08 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 96	Working Staff: 72
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/21/2016: Bedford, Katie; Mazza, Larry; Mulick, Cindy; Roser, Ashley; <i>Grace, Desmond</i> 10/24/2016: Bedford, Katie; Roser, Ashley		
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 who:	
Number of Residents Served: 74	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 74	
Area:	Have Mental Illness: 1	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 22	
Number of Current Hospice Residents: 8	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 20		

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Violation Report: 44363 - 10/21/2016 - Bedford, Katie  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A during the 2015 training year did not include :

-Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan,  
-Personal care service needs of the resident

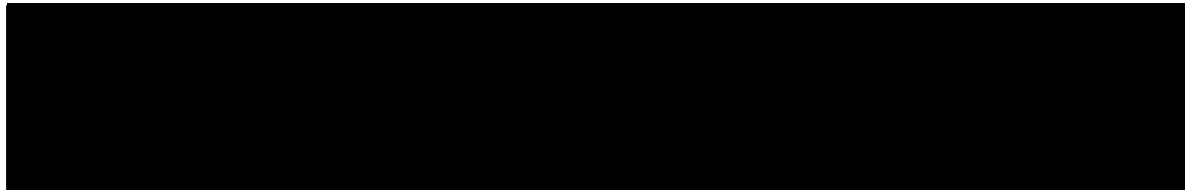
*This portion of the violation is withdrawn per 5/4/17*

The home currently serves 1 resident with a diagnosis of a mental illness.

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.

Information on the preadmission screens, the assessment tools, medical evaluations and support plans was added to the annual training beginning in November of 2016. The administrator or designee will continue to train on this information annually. Please see the attached power point presentation, (Attachment #1) which is what is being instructed annually. This year's training on this information will be conducted in August. (Please also see the attached annual training schedule - Attachment #2)



*The administrator will review staff person training records as part of the quality management review to ensure all direct care staff receive annual training in all topics required by 2600.65f during each training year. per 5/9/17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jill S. Treglia, Administrator*      Date *5-8-17*

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

The above plan of correction is approved as of 5/9/17 (Date)      Plan of correction implementation status as of 5/9/17 (Date)

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

The above plan of correction was approved by JN. (Initials)

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Page 4 of 11

Violation Report: 44363 - 10/21/2016 - Bedford, Katie  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #1's glucometer was used to measure the blood glucose levels of resident #2 as follows:  
10/20/16 at 7:21pm; 10/20/16 at 9:43am; 10/20/16 at 7:43am; 10/19/16 at 11:55am; 10/19/16 at 7:56am

Resident #3's glucometer was used to measure the blood glucose levels of multiple residents as follows:

- Resident #4  
10/21/16 at 7:29am; 10/19/16 at 4:12pm
- Resident #5  
10/21/16 at 11:18am; 10/20/16 at 4:06pm; 10/20/16 at 7:22am
- Resident #6  
10/21/16 at 11:08am; 10/21/16 at 7:54am; 10/20/16 at 11:10am
- Resident #7  
10/21/16 at 7:56am; 10/19/16 at 4:03pm
- Resident #8  
10/21/16 at 7:29am; 10/19/16 at 4:12pm
- Resident #9  
10/19/17 at 4:07pm

An unlabeled glucometer was used to measure the blood glucose levels of multiple residents as follows:

- Resident #3  
10/6/16 at 11:00am; 10/5/16 at 3:00pm; 10/5/16 at 7:00am
- Resident #4  
10/5/16 at 4:00pm; 10/5/16 at 8:00am
- Resident #5  
10/6/16 at 12:00pm; 10/5/16 at 4:00pm; 10/5/16 at 12:00pm
- Resident #6  
10/6/16 at 12:00pm; 10/5/16 at 4:00pm; 10/5/16 at 8:00am
- Resident #7  
10/6/16 at 12:00pm; 10/5/16 at 4:00pm; 10/5/16 a 8:00am
- Resident #8  
10/5/16 at 4:00pm; 10/5/16 at 8:00am
- Resident #9  
10/6/16 at 12:00pm; 10/5/16 at 4:00pm; 10/5/16 at 12:00pm

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.

See pages 5<sup>a</sup> P11 and 5<sup>b</sup> P11

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jill S. Treghia*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jill S. Treghia, Administrator*      Date *5-8-17*

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

The above plan of correction is approved as of 5/9/17  
(Date) *JW.*

Plan of correction implementation status as of 5/9/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JW.*

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Page 5 of 11

Violation Report: 44363 - 10/21/2016 - Bedford, Katie PCH Name: CONCORDIA OF FRANKLIN PARK		WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 55 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.			
The above plan of correction was approved by		<u>AK</u> (Initials)	<input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Page 5<sup>6</sup> of 11

2600.85 (a) – Sanitary conditions shall be maintained.

New glucometers were purchased for each resident and labeled with their names. All Med Techs and LPNs were re-trained on how they must take blood sugars with each resident's personal glucometer and never share glucometers between residents. Please see attached training sheet (Attachment #5). The Resident Care Coordinator will begin doing weekly audits to ensure compliance. These will begin by May 15, 2017. [REDACTED] will check the glucometer readings from the past week with the corresponding documentation in our digital chart to ensure they are matching.

A copy of this training and of the RCC's weekly audits will remain on file.

Jill S. Treglia, Administrator  
Jill S. Treglia

12.5/17

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Violation Report: 44363 - 10/21/2016 - Bedford, Katie  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 10/21/17, at approximately 10:20am, the following leftovers were unlabeled and/or undated:

- an unlabeled and undated bag marked with "OP" was located in the walk in refrigerator. Staff identified it as chicken.
- 6 five-pound bags of unlabeled butternut squash were in the walk-in refrigerator

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 items found without dates or labels on them were discarded immediately following the inspector's discovery of them. All dietary staff will be retrained on labeling and dating food once it has been opened. This training will be done by the Executive Chef by May 26, 2017. The Executive Chef will continue to check all refrigerators and freezers a few times per week to ensure all foods are labeled and dated. This will continue indefinitely to ensure quality and freshness in all that the residents consume.

A copy of the training and the audits will remain on file.

leftover 9/10. 5/9/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jill S. Treglia Administrator* Date *5-8-17*

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

The above plan of correction is approved as of 5/9/17 (Date)

Plan of correction implementation status as of 5/9/17 (Date)

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

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

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WEST MICHIGAN STATE UNIVERSITY  
Human Services Licensing

Violation Report: 44363 - 10/21/2016 - Bedford, Katie  
PCH Name: CONCORDIA OF FRANKLIN PARK

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 10/21/16, at approximately 10:55am, a hooyer lift was blocking the egress leading outside, leaving approximately 18" clearance, by resident room GS105 which is located on the home's ground level.

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 lift was removed from the hallway immediately upon the inspectors discovering it.

The staff member who left the lift in the hallway was immediately told that nothing should be left in the hallway and about the safety implications of blocking fire exits or egress routes. All nursing staff will be re-trained on unobstructed egress by June 1, 2017. The Administrator and Resident Care Coordinator will do regular rounds each week to ensure the hallways/doorways/passageways/stairways/and egress routes are unobstructed.

*PL 5/9/17*

A copy of the training of the staff regarding unobstructed egress will remain on file.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jill S. Treglia*

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

*Jill S. Treglia, Administrator*

Date *5-8-17*

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The above plan of correction is approved as of

*5/9/17*  
(Date)

Plan of correction implementation status as of

*5/9/17*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PL*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*PL*  
(Initials)

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MAY 08 2017

Violation Report: 44363 - 10/21/2016 - Bedford, Kalle  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION HEAD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION  
On 10/21/16, a propane tank, approximately half full, was located on the patio deck off the common area of the ground floor.

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 propane tank was removed from the patio deck and immediately locked in the shed.

The Maintenance Director was re-educated on leaving dangerous poisons in places that are unlocked and accessible to residents. On his regular daily rounds throughout the building, the Maintenance Director will check and ensure that all <sup>combustible + flammable materials</sup> dangerous poisons are locked up and inaccessible to the residents. The Administrator and Resident Care Coordinator will do the same during their regular daily rounds.

Within 30 days of receipt of the plan of correction: all staff persons will be trained concerning the requirement that all combustible and flammable materials must be inaccessible to residents. Documentation of education shall be kept. *per 5/9/17*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bill J. Treglia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bill J. Treglia Administrator*      Date *5-8-17*

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The above plan of correction is approved as of 5/9/17 (Date)

Plan of correction implementation status as of 5/9/17 (Date)

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

The above plan of correction was approved by JW. (Initials)

11-11-17

MAY 03 2017

NEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44363 - 10/21/2016 - Bedford, Katie  
PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600  
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
On 10/21/16, the fire extinguisher in the dry food storage area did not have a tag indicating the date it was last inspected.

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 missing tag was replaced on the fire extinguisher immediately following the inspection. Since the inspection, the facility has purchased all new fire extinguishers which have new tags on them. The Maintenance Director was re-educated on the fact that all extinguishers must have tags and if something happens that one falls off, it must be replaced immediately. He will continue to check each fire extinguisher monthly and will notice if a tag is missing or damaged.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Joe S. Treglia*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Joe S. Treglia, Administrator*      Date *5-8-17*

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

The above plan of correction is approved as of 5/9/17  
(Date)

Plan of correction Implementation status as of 5/9/17  
(Date)

The above plan of correction was approved by JW.  
(Initials)

- Fully Implemented *JW.*
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

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Violation Report: 44363 - 10/21/2016 - Bedford, Kalie  
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE  
Human Resources Unit

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 10/21/16 at approximately 10:00 am, an unlabeled medication cup, containing the medication Nystatin, was on a shelf in the unlocked shower room off of the living 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.

All staff will be re-trained on not leaving poison substances unlocked and accessible to the residents. The training will be done by June 1, 2017 by the Administrator and Resident Care Coordinator. The Administrator and Resident Care Coordinator will also check for unlocked or accessible ~~poisons~~ medications throughout the building during their regular daily rounds.

9/11/17

A copy of the training on locking up poisons will be kept on file.

Within 30 days of receipt of the plan of correction: all staff persons will be trained concerning the requirement that all prescription medications, OTC medications, CAM and syringes must be kept in an area or container which is locked. Documentation of the training shall be kept. 1/11/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bill S. Treglia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bill S. Treglia, Administrator*      Date *5-8-17*

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

The above plan of correction is approved as of <u>5/9/17</u> (Date)	Plan of correction implementation status as of <u>5/9/17</u> (Date)
The above plan of correction was approved by <u>BT</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BT</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented