



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 07 2017

Ms. Anne Denny,
Administrator
Concordia Lutheran Health and Human Care
134 Marwood Road
Cabot, Pennsylvania 16023

RE: Concordia Lutheran Ministries – Oertel Building
615 North Pike Road
Cabot, Pennsylvania 16023
License #: 424070

Dear Ms. Denny:

As a result of the Department of Human Services' annual licensing inspection on December 15, 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

JAN 27 2017

Violation Report: 42407 - 12/15/2016 - Summers, Vicky
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING
 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
 At 9:02 A.M., binders for residents #1, #2, #3, #4, #5, and #6, containing assessments, support plans, medical evaluation forms, diagnoses, face sheets and medication lists were unlocked, unattended, and accessible in staff A's office located across from the elevator on the first floor.
 At 10:15 a.m., a notebook containing numerous resident diets and hospital discharges were unlocked, unattended, and accessible in the main kitchen.
 At 11:30 a.m., a cabinet with resident #7's diagnoses, level of care, medications, and diets and resident #8's VA diagnoses and VA support plan were unlocked, unattended, and accessible in the office marked staff A and staff B on the second floor.
 At 12:15 p.m., numerous boxes of resident records from Concordia of South Hills were unlocked, unattended, and accessible in the basement.

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 residents information will be locked at all times.
 Staff reeducated that all residents health care information must be locked and unaccessible to anyone other than resident, designated person and staff person for purpose of providing services to resident. (see attached teaching).
 • Staff will monitor daily and on each shift as part of their regular duties
 • Unit Manager/designee will conduct weekly audits to ensure compliance

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny, LCN, Administrator* Date *1-25-17*

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

The above plan of correction is approved as of <u>2/7/17</u> (Date)	Plan of correction implementation status as of <u>2/7/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>BB</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED
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JAN 27 2017

Violation Report: 42407 - 12/15/2016 - Summers, Vicky
PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

There was a can of Lysol disinfectant unlocked and accessible to residents in the bathroom outside the kitchen. The label indicated to call poison control if swallowed and not all of the residents are assessed as able to safely use or avoid poisonous materials.

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 alleged poisonous material was removed at time of inspection. All staff reeducated that poisonous materials must be kept locked at all times and unaccessible to residents. (see attached teaching).

- A designated staff person will monitor the home daily to ensure all poisonous materials are locked and unaccessible to residents
- Unit manager/designee will conduct monthly audits to ensure compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Anne Denny

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

Anne Denny, LPN, Administrator

Date 1-25-17

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(Date)

Plan of correction implementation status as of 2/7/17
(Date)

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(Initials)

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- Partially Implemented - Adequate Progress *BB*
- Partially Implemented - Inadequate Progress
- Not Implemented

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Violation Report: 42407 - 12/15/2016 - Summers, Vicky
 PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

JAN 27 2017

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

Resident #10 was prescribed blood glucose readings four times daily. On 12/2/16, 12/3/16 and 12/4/16, the home used a spare glucometer in a bin with 9 other spare glucometers to test resident #10's blood sugar because resident #10 did not have test strips. The home uses spare glucometers when resident glucometers are not working or residents run out of test strips.

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 spare glucometers have been discarded. Two new glucometers were ordered for emergency use which will then be assigned to that specific resident that it was needed for.

All staff were reeducated on Residents must have own glucometer and if spare glucometer is used in an emergency then that specific glucometer is assigned to that resident only. (see attached teaching).

- Staff will monitor daily and on each shift as part of their regular duties
- Unit manager/designee will conduct monthly audits to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny, LPU / Administrator* Date *1-25-17*

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FEB 07 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42407 - 12/15/2016 - Summers, Vicky
PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The electrical outlet closest to the window in resident #9's bedroom did not have a cover.
The shower in resident #9's bedroom bathroom was dripping and there was a full, silver plastic container collecting the leaking water. The bathtub had the appearance of mildew and brown stains.

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.

Outlet cover has been placed on the electrical outlet in resident #9 room. Staff have been reeducated that all furniture and equipment must be in good repair, clean and free of hazards, including electrical outlets. (see attached teaching).

- Staff members will monitor daily and each shift to ensure all furniture and equipment are in good repair, clean and free of hazards
- Unit manager/designee will do monthly room audits to ensure compliance

The shower in resident #9's bedroom/Bath room drip was fixed by maintenances staff 12/16/16.

Mildew stains were cleaned although the brown stains are permanent rust stains. Resident #9 does not use shower/bath tub. Resident uses facility main whirlpool tub.

- Staff members will monitor daily and each shift to ensure all furniture and equipment are in good repair, clean and free of hazards
- Unit manager/designee will do monthly room audits to ensure compliance

Revised 2/7/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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(Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Anne Denny, LSW / Administrator* Date *1-25-17*

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PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION
There was snow and leaves 1/2" thick covering the steps outside the exit door located on the second floor near the laundry room. There was snow and leaves 2" thick outside the exit door in the basement.

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 snow and leaves were removed from both exits day of inspection. Maintenance staff reeducated that all ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes. (see attached teaching).

- Maintenance staff or designee will monitor daily and each shift to ensure all exits, walkways, ramps, steps, recreational areas and exterior fire escapes are clear from ice, snow and obstructions.
- Unit manager/designee will do monthly audits to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):			
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(Required on EVERY Page) *Anne Denny, LSW / Administrator* Date *1-25-17*

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Violation Report: 42407 - 12/15/2016 - Summers, Vicky
PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
There was a plastic container 3/4 full of oil and water located 1 foot from the boiler ignitor.

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 plastic container 3/4 full of oil and water was removed at time of inspection. Maintenance staff reeducated on Combustible and flammable materials may not be located near heat sources or hot water heaters. (see attached teaching).

- Maintenance staff or designee will monitor daily to ensure all combustibles and flammable materials are not near heat sources or hot water heaters.
- Unit manager/designee will conduct monthly audits to ensure compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anne Denny, LPU Administrator* Date *1-26-17*

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Partially Implemented - Adequate Progress *BB*

Partially Implemented - Inadequate Progress

Not Implemented