



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 16 2017

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

RE: Concordia Lutheran
Health and Human Care
Lund Building
Certificate #: 447620

Dear Ms. Denny:

As a result of the Department of Human Services' annual licensing inspection on May 23, 2017 and May 24, 2017, 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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING		License Number: 44762
Address: 134 MARWOOD ROAD, CABOT, PA 16023		County: Buller
Administrator: Anne Denny		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE		RECEIVED
Legal Entity Address: 134 MARWOOD ROAD, CABOT, PA 16023		SEP 22 2017
Certificate(s) of Occupancy C-1 11/25/1998 Department of Health		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 234	Working Staff: 176
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/23/2017: Roser, Ashley; Barry, Courtney; Garrigan, Laurie; Barone, Barbara 05/24/2017: Roser, Ashley; Barry, Courtney; Garrigan, Laurie; Barone, Barbara		
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: 220	Number of Residents who:	
Number of Residents Served: 206	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 199	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 28	
Number of Current Hospice Residents: 11	Have a Physical Disability: 6	
Number of Hospice Residents in past year: 31		

Violation Report: 44762 - 05/23/2017 - Roser, Ashley

PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND 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

On 5/23/17, the resident privacy coding document for 10 residents to include residents #1, #2, and #3 was posted with the license inspection summary dated 7/6/16.

On 5/23/17 at 10:41 am, there was an unlocked black binder at the general nurse's station containing residents' two hour toileting checklists.

On 5/23/17 at 11:12 am, a binder labeled high elopement risk, containing pictures and room numbers of 11 residents to include residents #8 and #9, was unlocked at the ground floor nurse's station of McKinney Hall.

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.

1) privacy coding document was removed at time of survey
* All plan of correction / violation reports will be reviewed by administrator/designee to make sure privacy coding document is removed prior to posting.
2) all binders with resident 2 hour toileting checklists & resident information were removed from units at time of survey.
* all resident information will be locked at all times.
* Staff educated that all residents health care information must be locked and inaccessible to anyone other than resident, designated person & staff person for purpose of providing services to resident. Case attached tracking.
* Staff will monitor daily & on each shift as part of their regular duties
* Unit manager/designee will conduct weekly audits to ensure compliance
During next quality management plan review and evaluation - The administrator will ensure that the ho place: increa empha on thes plans. Contac BS 10/19/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/06/2016

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 *9-15-17*

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

The above plan of correction is approved as of 10/19/17
(Date)

Plan of correction implementation status as of 10/19/17
(Date)

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

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

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SEP 22 2017

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING
WEST VIRGINIA OFFICE OF HUMAN SERVICES Licensing

1. REGULATION 65 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
House Bill No. 1785, The Influenza Awareness Act of 2016, requires that preparation and publication of information relating to the influenza vaccine is posted in a public place year-round. On 5/23/17, the influenza awareness information was not posted in the home in accordance with the Influenza Awareness Act of 2016.

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.

Disagree with violation. Influenza awareness poster was posted on ground floor Bulletin board and on Backman hall.

Poster is now posted throughout building

Unit manager / designer will monitor weekly to ensure compliance

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Anne Perry, LPN / Administrator* Date *9-15-17*

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

The above plan of correction is approved as of 10/19/17
(Date)

Plan of correction implementation status as of 10/19/17
(Date)

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

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

SEP 22 2017

NORTH REGIONAL OFFICE
Human Services / Licensing

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 65 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #11 was not signed by the 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.

An Addendum to Contract was signed by resident #11 on 5/25/17. (See attached copy)

Admissions team was reeducated that Contract must be signed by the administrator or designee, resident & payer, if different from the resident, and cosigned by resident's designated person if any if resident agrees. (See attached teaching)

*Admissions team/designee will review new contracts/addendum within 24^{hrs} 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 LPA/Administrator

Date 9-15-17

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

The above plan of correction is approved as of

10/19/17
(Date)

Plan of correction implementation status as of

10/19/17
(Date)

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

The above plan of correction was approved by

AS
(Initials)

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

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 home's staff training year is 1/1-12/31. Staff person A did not have training in the following topics in 2016:

- *Care for residents with dementia and cognitive impairments
- *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

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 person A was reeducated on annual training topics for "direct care staff" training. Staff person A received training on the above topics on 9/19/17

Administrator / designee will do monthly audits to ensure compliance with all direct care staff training requirements.

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) <i>Anne Denny LPW / Administrator</i>	Date <i>9-15-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/19/17
(Date)

Plan of correction implementation status as of 10/19/17
(Date)

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

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

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING WEST REGION FIELD OFFICE Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
The home's staff training year is 1/1-12/31. Staff person A did not receive emergency preparedness training in 2016.

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 person A was reeducated on annual training topics for "direct care staff" Staff person A received training on "Emergency preparedness" on 9/19/17
** Administrator/manager will do monthly audits to ensure compliance with all "direct care staff" training requirements.*

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 CN/Administrator* Date *9-15-17*

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

The above plan of correction is approved as of 10/19/17 (Date)

Plan of correction implementation status as of 10/19/17 (Date)

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

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

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SEP 22 2017

Page 7 of 17

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 5/23/17 at 10 am, the trash receptacle by the rear maintenance entrance was 1/4 full of garbage and had a flap missing from the 8" opening of the receptacle.

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.

*Trash can was repaired on 5/25/17 with an attached flap.
(See pic attached)*

Maintenance / design will monitor daily as part of their regular duties 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 CPN/Administrator* Date *9-15-17*

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

The above plan of correction is approved as of 10/19/17
(Date)

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

Plan of correction implementation status as of 10/19/17
(Date)

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

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Violation Report: 44782 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
On 6/23/17, screens were missing from the following operable windows:
*3 windows in the back corner of the home by the adult day services entrance
*3 windows in the Rogge and Bochman Halls and smoking area of the home
*Resident #10's bedroom windows

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.

*Screens were replaced in all areas out of compliance
(See pics attached)*

Staff will monitor daily as part of their regular duties to ensure compliance.

Screen #10 was not personal care unit. #10 was Good Samaritan Hospice in patient unit

Resident #10 had screen in window

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, CPN / Administrator* Date *9-15-17*

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

The above plan of correction is approved as of <u>10/19/17</u> (Date)	Plan of correction implementation status as of <u>10/19/17</u> (Date)
The above plan of correction was approved by <u>BS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BS</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

SEP 22 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Fire drill records indicate that exit routes beyond smoke doors and stairwells were used without alternating exit routes for the following fire drills:

- *5/31/16
- *6/30/16
- *7/29/16
- *8/28/16
- *9/28/16
- *10/26/16
- *11/23/16
- *12/31/16
- *1/26/17
- *3/27/17
- *4/18/17

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.

*Although alternate exit routes are used during each fire drill it was not documented on fire drill record accurately.
(unable to pull Report from firepone, back to 2016)*

Staff reeducated that fire drill Exit route must alternate and do specific documentation on fire drill log as to what exit route was used.

Administrator/manager will do monthly audits to ensure compliance in documentation

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, LMSW/Administrator* Date *9-15-17*

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

The above plan of correction is approved as of 10/19/17
(Date)

Plan of correction implementation status as of 10/19/17
(Date)

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

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

SEP 22 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #3's medical evaluation dated 4/18/17 was not signed by a doctor, physician assistant, or certified registered nurse practitioner.

Resident #10's most recent medical evaluation indicates that the resident was evaluated by the doctor on 1/22/17; however, the doctor conducted the in-person evaluation on 4/20/17.

Resident #18's medical evaluation indicates that the resident was evaluated by the doctor on 5/18/17; however, the doctor conducted the in-person evaluation on 5/15/17.

Resident #19's medical evaluation indicates that the resident was evaluated by the doctor on 5/22/17; however, the doctor conducted the in-person evaluation on 5/15/17. Also, the evaluation was not signed by a doctor, physician's assistant, or certified registered nurse practitioner.

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.

Physicians/CNP were reeducated that all DME's must be signed and dated at time of in person evaluation. Certifying that the information is true and established via an in person exam

Although #18 and #19 were in compliance with annual exams, the exam dates documented did not match the actual in person exam date.

Unit manager / director will do monthly audits to ensure compliance

The monthly audits will include checks for signatures and in-person evaluation checks for accuracy.

Immediately - The administrator will implement procedures that ensure compliance with Chapter 2600.141

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, CNW/Administrator* Date *9-15-17*

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

The above plan of correction is approved as of 10/19/17
(Date)

Plan of correction implementation status as of 10/19/17
(Date)

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

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

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SEP 22 2017

WEST VIRGINIA STATE OFFICE
Human Services Licensing

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

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

2a. DESCRIPTION OF VIOLATION

Resident #17's most recent medical evaluation indicates that the resident was evaluated by the doctor on 10/23/16; however, the doctor conducted the in-person evaluation on 11/10/16 and the resident's previous medical evaluation was conducted on 10/23/15.

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.

Physicians / CRNP educated that residents must have an in-person medical evaluation at least annually, with a 15 day grace period for completion of the annual eval.

Unit managers / dequre will do monthly audits to ensure compliance. The monthly audits will include checks for signatures and in-person evaluation checks for accuracy. BB 10/19/17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Anne Penny, csw / Administrator* Date *9-15-17*

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

The above plan of correction is approved as of <u>10/19/17</u> (Date)	Plan of correction implementation status as of <u>10/19/17</u> (Date) <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
The above plan of correction was approved by <u>BB</u> (Initials)	

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

On 5/23/17 at 10:06 am, approximately 25 cigarette butts were in the parking lot to the left of the ambulance entrance and 2 residents were observed smoking in this area, which is not the home's designated smoking area.

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.

Facility has written Smoking policy & procedures (attached)
 All staff & residents reeducated on Smoking policy
 and proper designated smoking area

Maintenance staff / Unit manager / Director will monitor
 daily as part of their regular duties to maintain
 Compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anne Derry, cna/ Administrator* Date *9-15-17*

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

The above plan of correction is approved as of 10/19/17
 (Date)

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

Plan of correction Implementation status as of 10/19/17
 (Date)

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

Violation Report: 44762 - 05/23/2017 - Roser, Ashley

PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

WEST REGIONAL FIELD OFFICE
Human Services Licensing

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 5/23/17, resident #4's biofreeze, resident #5's hydrocortisone cream 2.5%, and resident #6's analgesic balm was unlocked with other numerous prescription creams and lotions under the sink located in the spa room next to room 2001.

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 prescription meds/OTC, and CAM meds were removed at time of Survey and placed in a locked area. Lock placed on cupboard in Tab room. (See attached)

All staff educated on above regulation
See attached teaching

During the next quality management plan review and evaluation - The administrator will ensure that the home places an increased emphasis on these plans of correction. BB 10/19/17

Immediately - A designated staff person will check the home on each shift to ensure that prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. This includes medications and syringes kept in the resident's bedroom. BB 10/19/17

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/06/2016

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, *cmw* / Administrator

Date

9-15-17

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

The above plan of correction is approved as of

10/19/17
(Date)

Plan of correction implementation status as of

10/19/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BB
(Initials)

RECEIVED

SEP 22 2017

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

WEST REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for resident #7 incorrectly documents the resident's blood sugar readings for the following dates:

5/13/17 glucometer reads 179 and documentation on MAR is 175
5/14/17 glucometer reads 186 and documentation on MAR is 183

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 reeducated that all glucometer readings are documented in EMAR accurately. (teaching attached)
Unit manager / designee will do weekly audits to ensure compliance.

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 10/19/17
(Date)

Plan of correction implementation status as of 10/19/17
(Date)

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

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

Violation Report: 44762 - 05/23/2017 - Roser, Ashley
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #12, admitted on [redacted] 16, did not have an initial assessment completed until [redacted] 6.
 Resident #19, admitted on [redacted] 17, did not have an initial assessment completed until [redacted] 17.

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.

Revised - 10-16-17

All residents initial assessments will be completed by administrator, or designee within 15 days of admission.

Audits will be done on all new admits within 15 days of admission to ensure compliance by administrator or designee.

By 11/19/17 - All staff persons involved in the assessment process will be educated on Chapter 2600.225(a).

BS
 10/19/17

RECEIVED

OCT 16 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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, LPN/Administrator* Date *10-16-17*

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

The above plan of correction is approved as of 10/19/17
 (Date)

Plan of correction implementation status as of 10/19/17
 (Date)

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

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