



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Ms. Rachel Hortert
Administrator
Concordia Lutheran Health & Human Care
104 Concordia Way
Butler, Pennsylvania 16001

RE: Concordia at the Orchard
Certificate #: 425060

Dear Ms. Hortert:


As a result of the Department of Human Services' annual licensing inspection on June 7, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA AT THE ORCHARD		License Number: 42506
Address: 104 CONCORDIA WAY, BUTLER, PA 16001		County: Butler
Administrator: RACHEL HORTERT		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN HEALTH & HUMAN CARE		
Legal Entity Address: 104 CONCORDIA WAY, BUTLER, PA 16001		RECEIVED
Certificate(s) of Occupancy C-2 LP 10/21/1999 L & I		OCT 30 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 59	Working Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/07/2017: Georgoulis, Karen; Quinn, Suzanne		
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: 60 Number of Residents Served: 53 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: 3 Number of Hospice Residents In past year: 6	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 52 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 2	

Violation Report: 42506 - 06/07/2017 - Georgoulis, Karen

PCH Name: CONCORDIA AT THE ORCHARD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION

There is no emergency exit sign above or at the door at the rear of the home, from the storage/staff lounge off the dining room, on 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.

Exit sign was immediately hung above exit door in the storage/staff lounge.

Immediately: The administrator or designee shall check all exits to ensure a sign bearing the word "EXIT" in plain letters is placed at all exits and that all "EXIT" sign letters are at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide. 11-6-17 ✓

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rachel Horstert*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *RACHEL HORSTERT - Administrator* Date: *10/26/17*

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

The above plan of correction is approved as of 11-6-17 (Date)

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

Plan of correction implementation status as of 11-6-17 (Date)

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

OCT 9 0 2017

Violation Report: 42506 - 06/07/2017 - Georgoulis, Karen

PCH Name: CONCORDIA AT THE ORCHARD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The following expired medications prescribed for resident #1 were in the medication cart, to include:
* Brimonidine 0.2% eye drops with an open date, 4/26/17. According to the manufacturer's instructions, this medication must be discarded 28 days from open date or discard at end of treatment (whichever comes first).
* Dorzolamide Sol 2% eye drops with an open date, 4/11/17. According to the manufacturer's instructions, this medication must be discarded 28 days from open date.

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.

Above referred to eye drops were replaced. Nursing staff will verify expiration requirements with pharmacy and/or manufacturer for any medication that is not clearly labeled with specific expiration/use directions. Also requesting individual dosing packaging of eye drops when long term use is indicated to reduce waste.

Immediately: A designee qualified to administer medications will check the medication cart at least monthly to ensure prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light, in accordance with manufacturer's instructions and not expired.

11-6-17 ✓

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

Signature of Legal Entity Representative (Required on EVERY Page): *Rachel Horst*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): *Rachel Horst Administrator* Date: *10/26/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11-6-17 (Date) Plan of correction implementation status as of 11-6-17 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress ✓
 Partially Implemented - Inadequate Progress
 Not Implemented
The above plan of correction was approved by *RH* (Initials)

Violation Report: 42506 - 06/07/2017 - Georgoulis, Karen
PCH Name: CONCORDIA AT THE ORCHARD

WEST REGION 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

On 6/7/17 at 3:38 p.m., resident #2's glucometer was not calibrated to the correct time. The glucometer's display indicated a time of 4:38 p.m.

On 6/7/17 at 4:49 p.m., resident #3's glucometer was not calibrated to the correct time. The glucometer's display indicated a time of 3:56 p.m.

Resident #3 is ordered accu-checks two times a day every other day at 12:00 p.m. and 8:00 p.m. and on opposite days, 2:00 p.m. and 4:00 p.m. Resident #3's blood glucose level readings on the residents glucometer do not coincide with the residents June 2017 medication administration record as follows:

- * 6/4/17 at 11:08 a.m., glucometer indicated 295; however the MAR indicated 293.
- * 6/5/17 at 9:21 a.m., glucometer indicated 145; however, the MAR had no reading.
- * 6/6/17 at 10:42 a.m., glucometer indicated 264; however, the MAR indicated 256.

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.

Attached Teaching form to be completed with nurses and med techs by November 5, 2017.

Immediately: A designee qualified to administer medications shall ensure all resident glucometers are calibrated to the correct date and time. 11-6-17

Immediately: The administrator or designee qualified to administer insulin medications shall audit all resident glucometers weekly for three months and monthly thereafter to ensure all resident glucometers are accurately calibrated. 11-6-17

Immediately: A designee shall check all resident glucometers and blood glucose readings monthly to ensure all recorded blood glucose readings coincide with the resident's glucometers. 11-6-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachel Hester Administrator* Date *10/26/17*

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

Plan of correction implementation status as of 11-6-17 (Date)

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