



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Ms. Bonnie Stapchuck  
Administrator  
Concordia Lutheran Ministries of Pittsburgh  
1300 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

RE: Concordia of Fox Chapel  
931 Route 910  
Cheswick, Pennsylvania 15024  
Certificate #: 442470

Dear Ms. Stapchuck:

As a result of the Department of Human Services' annual licensing inspection on July 14, 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](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**

POH Name: CONCORDIA OF FOX CHAPEL		Licenso Number: 44247
Address: 931 ROUTE 910, CHESWICK, PA 15024		County: Allegheny
Administrator: Bonnie Stapchuck		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		<b>RECEIVED</b>
Certificate(s) of Occupancy C-2 LP 11/08/1997 Labor & Industry		NOV 03 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 118	Working Staff: 89
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/14/2017: Sutherland, Brent; Mulick, Cindy		
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: 61 Number of Residents Served: 59 Secured Dementia Care Unit In Home: Yes Area: Entire home Secured Dementia Unit Capacity, if Applicable: 61 Number of Residents Served in Secured Dementia Care Unit, if applicable: 59 Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 30		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 59 Have a Physical Disability: 0

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44247 - 07/14/2017 - Sutherland, Brent  
PCH Name: CONCORDIA OF FOX CHAPEL

1. REGULATION 66 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  
Resident #1's contract, dated 7/2/16, 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.

Resident # 1 contract dated 7/2/15 was corrected/signed on 7/17/18 and witnessed by two managers. In the future the admissions coordinator will let the Administrator know immediately if she is unsuccessful in obtaining the resident's signature on the contract.

We will ensure documentation is clear that the resident was given the opportunity to sign.

Within 5 days of receipt of the plan of correction: A designated staff person will check all resident contracts to ensure each contract includes the required signatures in accordance with 2600.25b.

JW  
11/13/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Bonnie Stupluch*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Bonnie Stupluch, Admin.*      Date *11-3-17*

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

The above plan of correction is approved as of <u>11/13/17</u> (Date)	Plan of correction implementation status as of <u>11/13/17</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44247 - 07/14/2017 - Sutherland, Brent  
PCH Name: CONCORDIA OF FOX CHAPEL

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 56 Pa.Code §2000

2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION

Resident #2's support plan, dated 6/30/17, was not signed by the resident and there was no notation regarding the resident's inability or refusal to sign the support plan.

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.

Because the resident had only moved in two weeks prior to our inspection, despite attempts at getting her signature we failed to do the proper documentation of her refusal. In the future and as we always have, will continue to do chart audits on a continued basis to catch any errors.

Resident #2 signed the support plan on 7/7/17. g.u. 11/13/17

Within 5 days of receipt of the plan of correction: A designated staff person will review all current support plans to ensure they are either signed by the resident or include a notation of the resident's inability or refusal to sign. g.u. 11/13/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bonnie Sutherland*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bonnie Sutherland Admin 11-3-17*

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

The above plan of correction is approved as of 11/13/17 (Date)

Plan of correction implementation status as of 11/13/17 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *g.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented