



pennsylvania

DEPARTMENT OF HUMAN SERVICES

MAR 28 2018

Mr. Eric Peat
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Cranberry
10 Adams Ridge Boulevard
Mars, Pennsylvania 16046
Certificate #: 442580

Dear Mr. Peat:

As a result of the Department of Human Services' annual licensing inspection on September 7, 2017 and September 8, 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 OF CRANBERRY		License Number: 44258
Address: 10 ADAMS RIDGE BOULEVARD, MARS, PA 16046		County: Butler
Administrator: Eric Peal		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 16243		
Certificate(s) of Occupancy C-2 LP 03/12/1998 L & I		
Staffing Hours	Total Daily Staff: 92	Working Staff: 69
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Ind - Full		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 09/07/2017: Bedford, Kalle; Barry, Courtney 09/08/2017: Bedford, Kalle		
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: 84 Number of Residents Served: 76 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: 8 Number of Hospice Residents in past year: 7	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 16 Have a Physical Disability: 0	

JAN 11 2018

Violation Report: 44258 - 09/07/2017 - Bedford, Kalle
PCH Name: CONCORDIA OF CRANBERRY

1. REGULATION 55 Pa.Code §2600
2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
Resident #5's glucometer was used to test resident #2's blood glucose level on 9/1/17 at approximately 3:40 PM.

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.

ON 1-2-2018, Concordia of Cranberry LPN's AND med Techs were educated on the use of Resident glucometers by Eric Peat, Administrator. STAFF WAS EDUCATED THAT residents who need the use of a glucometer MUST HAVE THEIR OWN AND NOT USED BY ANY OTHER RESIDENTS. ALSO THAT IT SHOULD BE LABELED WITH THEIR NAME AND THE READINGS MUST MATCH THE MD ORDER AND THE MEDICATION ADMINISTRATION REPORT. IN ADDITION TO STAFF EDUCATION, REGULAR MONTHLY CHECKS OF EACH GLUCOMETER AND ITS READINGS WILL BE CHECKED BY ERIC PEAT, ADMINISTRATOR AND [REDACTED] RCC. THESE CHECKS WILL BE RECORDED IN A LOG. ON 9-8-2017 RESIDENT #2 AND #5 WERE GIVEN NEW GLUCOMETERS.

see ATTACHED PAGES

See page 2^a of 6

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Eric Peat

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

Eric Peat Administrator

Date

1-2-2018

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

The above plan of correction is approved as of

1/18/18
(Date)

Plan of correction implementation status as of

1/19/18
(Date)

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

The above plan of correction was approved by

PN
(Initials)

Violation Report: 44268 - 09/07/2017 - Bedford, Katie
FCH Name: CONCORDIA OF CRANBERRY

JAN 18 2018

1. REGULATION 65 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #5's glucometer was used to test resident #2's blood glucose level on 9/1/17 at approximately 3:40 PM.

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.

Immediately and monthly thereafter: A designated staff person who is qualified to administer medications shall conduct an audit of glucometer readings and blood glucose reading logs/MARs for each resident who has their blood glucose checked to ensure glucometers and blood glucose testing supplies are only used with the resident they were prescribed for. Documentation of the audits shall be kept.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Eric Peat*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Peat Administrator* Date *1-18-18*

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

The above plan of correction is approved as of _____ (Date)

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

- Plan of correction implementation status as of _____ (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

JAN 04 2018

Violation Report: 44268 - 09/07/2017 - Bedford, Kalle
PCH Name: CONCORDIA OF CRANBERRY

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

During the fire drill held on 8/21/17 at 4:30 p.m., multiple residents on the second floor did not evacuate to the fire safe area in the stair tower beyond the fire rated door designated by the fire safety expert. Residents evacuated to the area leading to the stair tower before the fire rated door located near bedroom E8.

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.

On 1-2-2018, Concordia of Cranberry STAFF were educated again on Concordia's Fire Drill policy. Additionally, STAFF WAS educated on the fire safe areas in the facility and their locations. Also, facility safety director continue to educate during each monthly fire drill on the facility's fire policy and fire safe areas. (Safety Director George Colosimo).

Immediately - The administrator or designee will review the fire drill record monthly to ensure all residents evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill. see ATTACHED PAGES

J.V.
1/18/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Eric Peat

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Eric Peat Administrator Date 1-2-2018

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

The above plan of correction is approved as of 1/18/18 (Date)

Plan of correction implementation status as of 1/18/18 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress J.V.
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44258 - 09/07/2017 - Bedford, Katie
PCH Name: CONCORDIA OF CRANBERRY

1. REGULATION 56 Pa.Code §2000
2000.185(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 9/7/17, resident #1's glucometer and resident #2's glucometer were not calibrated to correct date and time.

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.

On 1-2-2018, Concordia of Cranberry nursing staff was educated on calibrating each glucometer to the correct time and date. Also, staff should re-calibrate each machine weekly, when a new bottle of test strips are opened, after a battery has been changed and before the initial use of a new glucometer. A glucometer log binder was made to keep track of all the calibrations. RCC and Administrator Eric Peat facilitated the training. [Redacted] and will do monthly inspections. The glucometers are being calibrated. On 9-8-2017, all resident glucometers were calibrated to correct time and date.

See Attached Pages

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Eric Peat

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

Eric Peat Administrator

Date

1-2-2018

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

The above plan of correction is approved as of

1/18/18
(Date)

Plan of correction implementation status as of

1/18/18
(Date)

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

The above plan of correction was approved by

MS
(Initials)

Violation Report: 44258 - 09/07/2017 - Bedford, Katie
POH Name: CONCORDIA OF CRANBERRY

1. REGULATION 55 Pa.Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's assessment, dated 12/20/16, indicates that the resident is mobile and requires only limited physical or oral assistance to evacuate in an emergency. However, the resident requires staff assistance for all transfers.

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 #4's Assessment was updated and their mobility status and transfer status match. Assessment completed by RCC [redacted] on 9-8-2017. Administrator Eric Peat will be notified when an assessment is completed on any residents and he will provide a second check that all material on the assessment is accurate and up to date.

Within 15 days of receipt of the plan of correction a designated staff person will review all current assessments to ensure an accurate assessment of the residents' mobility needs has been included on the form. *pu*, 1/18/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Eric Peat

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

Eric Peat Administrator

Date

1-2-2018

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

The above plan of correction is approved as of

1/18/18
(Date)

Plan of correction implementation status as of

1/18/18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pu*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

pu
(Initials)

Violation Report: 44268 - 09/07/2017 - Bedford, Katie
PCH Name: CONCORDIA OF CRANBERRY

1. REGULATION 85 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services. If the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #3's assessment, dated 5/31/17, indicates the resident requires total physical assistance for transferring in or out of bed or chair. However, the resident's support plan, dated 5/31/17, does not include a plan to meet this service need. This area of the form is blank.

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 #3's support PLAN WAS corrected on 9-8-2017 by Resident Care Coordinator [redacted] and then re-checked by Administrator Eric Peat. Moving forward as of 1-2-2018, After STAFF finish a residents support plan, they will notify Administrator Eric Peat which will then do a second check on the support plan to see if it is accurate and complete. Within 15 days of receipt of the plan of correction: A designated staff person will review all current support plans for accuracy and completion including a plan to meet any service needs identified on the assessment. J.E. 1/18/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Eric Peat

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

Eric Peat Administrator

Date

1-2-2018

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

The above plan of correction is approved as of

1/18/18
(Date)

Plan of correction Implementation status as of

1/18/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.E.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

J.E.
(Initials)