



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 02 2018

Ms. Laura L. Thompson, LPN  
Administrator  
Concordia Lutheran Ministries of Pittsburgh  
1300 Bower Hill Road  
Pittsburgh, Pennsylvania 15243

RE: Concordia at the Cedars  
4363 Northern Pike  
Monroeville, Pennsylvania 15146  
Certificate #: 446240

Dear Ms. Thompson:

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

|  |  |  |
|--|--|--|
| PCH Name: CONCORDIA AT THE CEDARS  |  | License Number: 44624  |
| Address: 4363 NORTHERN PIKE, MONROEVILLE, PA 15146   |  | County: Allegheny  |
| Administrator: Laura Thompson  |  | Region: WEST   |
| Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH   |  |  |
| Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243   |  |  |
| Certificate(s) of Occupancy<br>C-2 LP<br>10/21/1998<br>L&I   |  | <b>RECEIVED</b><br><br>OCT 30 2017<br>WEST REGION FIELD OFFICE<br>Human Services Licensing |
| Staffing Hours<br>Resident Support: 0                      Total Daily Staff: 82                      Working Staff: 62  |  |  |
| Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced  |  |  |
| Reason(s) for Inspection(s)<br>Renewal, Complaint  |  |  |
| On-Site Inspections Dates and Department Representatives On-Site<br>09/07/2017; Marini, Michael; Hoover, Josh  |  |  |
| Off-Site Inspection Dates and Inspectors, if Applicable  |  |  |
| Other Details<br>Partial or Full Triggers:                      Random Indicators:   |  |  |
| Resident Demographic Data as of Inspection Dates   |  |  |
| Licensed Capacity: 87<br>Number of Residents Served: 72<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 4<br>Number of Hospice Residents in past year: 15 | Number of Residents who:<br>Receive Supplemental Security Income: 0<br>Are 60 Years of Age or Older: 72<br>Have Mental Illness: 1<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 10<br>Have a Physical Disability: 2 |  |

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Violation Report: 44624 - 09/07/2017 - Marini, Michael  
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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, resident #2, resident #3, resident #4, and resident #5 did not sign their resident-home contracts.

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.

Administrator will reeducate admissions staff about regulation related to resident signature on contract within 24<sup>hrs</sup> of admission. Designee will audit contract in 24<sup>hrs</sup> to ensure compliance to meet. Staff will be reeducated on regulation 25B by November 3rd, 2017.

Resident #5 is no longer served in the home. BS 12/18/17  
On 12/18/17, the home submitted updated contracts with resident signatures for residents #1, #2, #3, and #4. BS 12/18/17

Repeat Violation: None Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Laura Thompson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Thompson LPN/PCHA Date 10/29/17

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

The above plan of correction is approved as of 12/18/17 (Date)  
The above plan of correction was approved by BS (Initials)  
Plan-of correction implementation status as of 12/18/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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Violation Report: 44624 - 09/07/2017 - Marini, Michael

PCH Name: CONCORDIA AT THE CEDARS

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

At 10:08 AM, the following poisons, with a manufacturer's label indicating, "If swallowed get medical help or contact a poison control center," were unlocked and accessible to residents in the second floor utility closet:

- Lysol Disinfectant
- Lysol Bathroom Cleaner
- Clorox Disinfecting Spray
- Easy Off Bathroom Cleaner

Residents of the home, including resident #4 and resident #5, have not been assessed capable of recognizing and using poisons safely.

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 lock to closet was changed on the day of survey to correct the violation & ensure residents of the home do not have access. Please see attached dated photo.

Immediately and at least weekly thereafter - A designated staff person will check the home to ensure that poisonous materials are kept locked and inaccessible to residents. BB 12/18/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Laura Thompson

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

Laura Thompson LPN/PCHA

Date 10/29/17

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The above plan of correction is approved as of 12/18/17  
(Date)

Plan of correction implementation status as of 12/18/17  
(Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

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

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Violation Report: 44624 - 09/07/2017 - Marini, Michael  
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
No fire monthly fire drill was conducted in September 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.

Administrator will ensure designee conducts monthly fire drills. Documentation of drill will be monitored monthly. See attached. Designee from maintenance will be reeducated on regulation 55 Pa. Code 2600 relating to an unannounced fire drill shall be held @ least once a month. See attached training form. Designee will be reeducated by 10/31/17.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Laura Thompson

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

Laura Thompson LNA/PCHA

Date

10/29/17

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(Date)

Plan of correction implementation status as of 10/18/17  
(Date)

- Fully Implemented
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Violation Report: 44624 - 09/07/2017 - Marini, Michael  
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's 2016 monthly fire drill records do not include any exit routes for the following drills:

- 10-30-16 at 11 AM
- 11-30-16 at 2:45 PM
- 12-10-16 at 10:15 AM

The home's 2017 monthly fire drill records do not specify the exit routes and only indicate that the residents were evacuated to a safe zone/place for the following drills:

- 1-10-17 at 8 AM
- 2-28-17 at 2:45 PM
- 3-31-17 at 5 AM
- 4-19-17 at 11 AM
- 5-31-17 at 2 PM
- 6-29-17 at 6 AM
- 7-31-17 at 10 AM
- 8-23-17 at 3 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.

Administrator will reeducate designee from maintenance on fire drill log and it's requirements by 10/31/17. Log will be monitored for completeness every month, for 6 months then every 2 months. For please see attached training form. Documentation of monitors is also attached.

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

Signature of Legal Entity Representative (Required on EVERY Page)      *Laura Thompson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      *Laura Thompson LPN / PLHA*      Date      *10/29/2017*

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|--|---|
| The above plan of correction is approved as of <u>12/18/17</u><br>(Date) | Plan of correction implementation status as of <u>12/18/17</u><br>(Date)  |
| The above plan of correction was approved by <u>BB</u><br>(Initials)     | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 44624 - 09/07/2017 - Marini, Michael  
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home's letter from a fire safety expert, dated 5-31-17, only indicates that fire-safe areas are, "1 on each floor," and does not specify which areas. Fire drill records indicate that residents are evacuated to a safe zone/place for the following 2017 fire drills:

- 5-31-17 at 2 PM
- 6-29-17 at 6 AM
- 7-31-17 at 10 AM
- 8-23-17 at 3 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.

Administrator will have fire safety expert conduct a drill, indicating the home's fire safe areas, & will send letter to DHS by 11/26/2017.

Immediately - The administrator will implement procedures that ensure compliance with Chapter 2600.132(d). The procedures will include monthly fire drill record reviews by the administrator. BB 12/21/17

within 15 days of receipt of the plan of correction - All staff persons will be educated on the home's evacuation procedures. BB 12/21/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Thompson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Thompson LPN / PCHA*      Date *10/29/2017*

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The above plan of correction is approved as of *12/21/17* (Date)

Plan of correction implementation status as of *12/21/17* (Date)

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

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

Page 7 of 9

Violation Report: 44624 - 09/07/2017 - Marini, Michael  
PCH Name: CONCORDIA AT THE CEDARS

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

Resident #4's glucometer was not set to the current date and time.

[Redacted] Violation withdrawn *BS*

Resident #7 is prescribed Lorazepam 0.5mg-1 tablet by mouth twice a day. On 9-7-17 there were 46 tablets available. However, the narcotics count sheet indicated there were 47 tablets.

*12/18/17*

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.

*Staff will be trained on setting the current date + time on all glucometers. See attached training material. All glucometers will be monitored monthly for correctness. New admissions will also be monitored. All staff will be trained by November 3rd, 2017. Staff will be reeducated on medication administration + narcotic count policy + procedures by November 3rd, 2017. Medication counts will be monitored daily for 2 weeks weekly for 6 weeks, biweekly for 4 weeks then monthly. Staff will be continuing to receive additional training as needed.*

[Redacted Signature Area]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Thompson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura Thompson LPN/PCHA* Date *10/29/2017*

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Violation Report: 44624 - 09/07/2017 - Marini, Michael  
PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #8 is prescribed Hydrochlorothiazide 25mg-2 tablets daily. However, resident #8's September 2017 medication administration record (MAR) indicates resident #8 was prescribed Hydrochlorothiazide 50mg-1 tablet daily.

Resident #8 is also prescribed Magnesium Oxide-250mg-1 tablet at bedtime. However, resident #8's September 2017 MAR indicates resident #8 was prescribed Magnesium Oxide 500mg-1/2 tablet daily.

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 will be reeducated on regulation 2600.187a + medication administration record requirements per home's policy. Designated staff will be auditing medication records / meds weekly for four weeks then monthly. Staff will be reeducated by November 3, 2017. See cart audit.

Resident #8 is no longer served in the home. BS 12/18/17

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

|  |  |
|--|--|
| Signature of Legal Entity Representative<br>(Required on EVERY Page) <i>Laura Thompson</i> |  |
|--|--|

|  |                        |
|--|------------------------|
| Printed Name and Title of Legal Entity Representative<br>(Required on EVERY Page) <i>Laura Thompson LPN/PCHA</i> | Date <i>10/29/2017</i> |
|--|------------------------|

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(Date)

Plan of correction implementation status as of 12/18/17  
(Date)

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(Initials)

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Violation Report: 44624 - 09/07/2017 - Marini, Michael  
PCH Name: CONCORDIA AT THE CEDARS

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
Resident #3 is prescribed Novolog on a sliding scale. At 8:00 PM on 9-6-17, staff administered 2 units of Novolog. However, resident #3's September 2017 MAR does not include the initials of the staff person who administered the Novolog at that 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.

Staff will be reeducated on home's policy related to medication administration & documentation by Nov. 3, 2017.  
See attached training material.

Immediately - The administrator will implement procedures that ensure compliance. Procedures will at least include monthly medication administration observations and monthly medication administration record reviews by the administrator. *BS 12/18/17*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Laura Thompson*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Laura Thompson LPN/PCHA*      Date *10/29/17*

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(Date)

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

Plan of correction implementation status as of 12/18/17  
(Date)

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