pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2018

Ms. Kelly Vaccaro
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of South Hills
License #: 441450

Dear Ms. Vaccaro:

As a result of the Department of Human Services' annual licensing inspection on September 25, 2017; September 29, 2017; October 13, 2017 and December 13, 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 THE SOUTH HILLS	License Number: 44145
Address: 1300 BOWER HILL ROAD, MT LEBANON, PA 15243	County: Allegheny
Administrator: Kelly Vaccaro	Region: WEST

Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH

Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243

Certificate(s) of Occupancy
C-2 LP
08/19/2002
Dept L & I

Staffing Hours

Resident Support: 0	Total Daily Staff: 79	Waking Staff: 59
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Renewal, Complaint

On-Site Inspections Dates and Department Representatives On-Site
09/25/2017: Barry, Courtney; Pfaff, Vicki
09/29/2017: Barry, Courtney; Pfaff, Vicki
10/13/2017: Barry, Courtney

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: 70	Number of Residents who:
Number of Residents Served: 60	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 60
Area: First Floor	Have Mental Illness: 0
Secured Dementia Unit Capacity, If Applicable: 12	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, If applicable: 10	Have a Mobility Need: 19
Number of Current Hospice Residents: 4	Have a Physical Disability: 0
Number of Hospice Residents in past year: 12	

Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

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
On 9/25/17, the following poisons were found, unlocked, unattended and accessible to residents in the Secured Dementia Care Unit (SDCU):

-At approximately 10:40 a.m., a bottle of antifungal powder, with a manufacturer's label indicating "If swallowed get medical help or contact poison control center right away," was in the bathroom to the left of the janitor room.

-At approximately 11:00 a.m., a spray bottle of all-purpose cleaner with bleach, with a manufacturer's label indicating "If swallowed - do not induce vomiting. Drink a full glass of water. Immediately contact a physician," in a cabinet in the kitchenette.

-At approximately 3:15 p.m., skin protectant paste with zinc oxide, with a manufacturer's label indicating "If swallowed, get medical help or call a poison control center right away," inside resident #1's bedroom.

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.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

IMMEDIATELY - A designated staff person daily and on each shift will monitor the home to ensure poisons are locked

The Personal Care Administrator removed all items listed from the SDUC on 9/25/2017. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/25/2017 to assure that there were no other places where poisonous materials were located and staff was educated with emphasis on continued compliance with the poisonous materials in SDUC. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of SDUC for poisonous materials. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

2/5/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Kelly Vaccaro

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

Date 11-20-17

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

The above plan of correction is approved as of 2/5/18 (Date)

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

Plan of correction implementation status as of 2/5/18 (Date)

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

Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

DEC 07 2017

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The glucometer labeled for resident #2 was used to measure blood glucose levels for resident #1 on the following dates:

Date	Blood Glucose Reading
9/13/17 at 8:00 a.m.	168
9/14/17 at 8:00 a.m.	172
9/15/17 at 5:30 p.m.	229
9/16/17 at 8:00 a.m.	244
9/16/17 at 5:30 p.m.	160
9/20/17 at 5:30 p.m.	130
9/21/17 at 8:00 a.m.	220
9/22/17 at 8:00 a.m.	174
9/22/17 at 5:30 p.m.	148
9/25/17 at 5:30 p.m.	153
9/26/17 at 8:00 a.m.	138

The glucometer labeled for resident #1 was used to measure blood glucose levels for resident #2 on the following dates:

Date	Blood Glucose Reading
9/27/17 at 8:00 p.m.	238
9/29/17 at 12:00 p.m.	173

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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IMMEDIATELY - A designated staff person will monitor glucometers daily. 2/5/18

The Personal Care Administrator provided two new glucometers for both residents immediately on 9/29/2017. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the glucometers in the facility was completed on 9/29/2017 to assure that there were no other glucometers that needed to be replaced and staff was educated with emphasis on continued compliance with glucometers. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of glucometers. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

Signature of Legal Entity Representative (Required on EVERY Page) Kelly Vaccaro

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

Date 11-20-17

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Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
On 9/25/17, at approximately 11:00 a.m., there was an uncovered garbage can, approximately 1/3 full, in the SDCU kitchenette.

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.

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The Personal Care Administrator provided a lid for the garbage can in the kitchenette-under counter- to the secure dementia care unit on 9/25/2017 To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/25/2017 to assure that there were no other places where trash in kitchens and bathrooms was not kept in covered receptacles and the staff was educated with emphasis on continued compliance with keeping all trash receptacles covered. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all kitchen and bathroom trash receptacles. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/12/2016 et al		

Signature of Legal Entity Representative (Required on EVERY Page) Kelly Vaccaro

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

Date 11-30-17

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Violation Report: 44146 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
On 9/25/17, at approximately 11:42 a.m., the hot water temperature measured 123.2 degrees Fahrenheit, at the sink in the bathroom next to room A346.

On 9/25/17, at approximately 11:45 a.m., the hot water temperature measured 123.9 degrees Fahrenheit, at the sink in the bathroom next to room A246.

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.

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The Maintenance Director adjusted temperature on hot water system on 9/25/2017. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/25/2017 to assure that there were no other places that the hot water temp needed to be addressed and Maintenance was educated with emphasis on continued compliance with hot water temp. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of hot water temp. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

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 9/25/17, at approximately 11:40 a.m., the exterior door in stairwell 8 was propped open approximately 2"; with a rock. There was no screen on this door.

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.

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The door was closed immediately during tour by the PC/PD coordinator on 9/25/2017. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/25/2017 to assure that there were no other places where doors or windows were opened without screens and staff was educated with an emphasis on continued compliance with doors and windows that are opened having to be screened. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all windows and doors that need to have screens are screened. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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Violation Report: 44146 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

DEC 07 2017

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

WEST REGION FIELD OFFICE
(Human Services Licensing)

2a. DESCRIPTION OF VIOLATION
On 9/25/17, at approximately 10:00 a.m., a 46 ounce can of thickened orange juice, with a use-by date of 6/6/17 and an opened sticker dated 8/20, was in the walk-in refrigerator.

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.

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The Executive Chef disposed on thickened orange juice on the tour on 9/25/2017. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/25/2017 to assure that there were no other places where there was outdated items and staff was educated with an emphasis on continued compliance with checking dates on items for expiration. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all kitchen areas and food storage areas. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.131(c) - A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in § 2600.131(a).

2a. DESCRIPTION OF VIOLATION
On 9/25/17, there is no fire extinguisher in the activity room kitchen.

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.

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The Maintenance director replaced the fire extinguisher on 9/25/2017 while surveyor was still in the activity room. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/25/2017 to assure that there were no other places where kitchens that needed addressed and staff was educated with an emphasis on continued compliance with checking that the fire extinguisher is present in kitchen areas. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all kitchen areas fire extinguishers. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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

Date 11-2017

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Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
Nine staff persons participated in fire drills conducted on 10/11/16 at 12:05 a.m., 3/13/17 at 5:13 a.m., and 6/28/17 at 5:26 a.m. The typical number of staff working from 11:15 p.m. to 6:30 a.m. is three. The home has not had a sleeping hours fire drill with the minimum number of staff participating.

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.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

As noted in the above description of the violation the fire drills were all conducted at different times during sleeping hours of the facility. The number of staff quoted as 3 is only direct care staff for PC that is counted, when in fact there are ancillary staff, for example, floor tech, security, kitchen, and supervisors from HC that are building responsible not noted in this information, therefore. I do not feel that this is a deficiency or is violation of the regulation.

V voluntary withdrawn
3/5/18

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

Signature of Legal Entity Representative (Required on EVERY Page) Kelly Vaccaro

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelly Vaccaro — Date 11-20-17

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Plan of correction implementation status as of _____ (Date)

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Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

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 #2's glucometer was not calibrated to current 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.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care home Administrator provided a new glucometer immediately for resident on 9/29/2017. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the glucometers in the facility was completed on 9/29/2017 to assure that there were no other glucometers that needed to be replaced and staff was educated with emphasis on continued compliance with glucometers. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of glucometers. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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

Signature of Legal Entity Representative (Required on EVERY Page): Kelly Vaccaro

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Kelly Vaccaro — Date: 11-20-17

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Violation Report: 44145 - 09/26/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

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 #3 is ordered Lisinopril 10mg, ½ tablet, 5mg, daily. However, the resident's September 2017 medication administration record (MAR) indicates Lisinopril 10mg, one tablet daily.

Resident #4 is ordered Norco 5-325mg, 1 tablet every 6 hours as needed. However, the September 2017 MAR indicates Norco 5-325mg, 1 tablet every 12 hours as needed.

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.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Clinical coordinator spoke with MD of resident's and received new orders for medication clarification on 9/29/2017. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the orders of the residents for accuracy was completed on 9/30/17 to 10/3/2017 to assure that there were no other orders that need clarification and staff was educated with emphasis on continued compliance with order accuracy. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of orders accuracy. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kelly Vaccaro

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

Date 11-20-17

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The above plan of correction is approved as of 12/5/18 (Date)

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Plan of correction implementation status as of 2/5/18 (Date)

- ☐ Fully Implemented
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Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 55 Pa.Code §2600

2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

2a. DESCRIPTION OF VIOLATION

On 9/29/17, the home does not have the written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority for the locking mechanism used on the exit door from SDCU.

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.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care home Administrator and Maintenance director have reached out to both the manufacturer and the local authority for the letters for information requested and information will be attached once received.

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Plan of correction implementation status as of 2/5/18 (Date)

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

Violation Report: 44145 - 09/25/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST REGION FIELD OFFICE
(Human Services Licensing)

1. REGULATION 55 Pa.Code §2600

2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:

(1) Upon a signal from an activated fire alarm system, heat or smoke detector.
(2) Power failure to the home.
(3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

2a. DESCRIPTION OF VIOLATION

The home does not have a written statement from the manufacturer, verifying that the electronic or magnetic locking system for the SDCU will release when the fire alarm system is activated, the home's power fails and when the lock releasing device is operated.

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.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care home Administrator and Maintenance director have reached out to both the manufacturer and the local authority for the letters for information requested and information will be attached once received.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kelly Vaccaro

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

Date 11-20-17

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

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Violation Report: 44145 - 09/26/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
The directions for operating the locking mechanism for the exterior gate in the SDCU courtyard were not posted.

The code for operating the locking mechanism at the main entrance of the SDCU was not clear, as it was posted backwards above the key pad.

The code for operating the locking mechanism, near the far end of the SDCU, was posted in an outside window of the door to the stairwell upside down. There were no directions to indicate the numbers were posted upside down and backwards.
(Observed on 9/26/17)

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. *completed*

Per description: "The directions for the operating the locking mechanism for the exterior gate in the SDUC courtyard were not posted"-directions were re-posted and showed to surveyor on 9/25/17, and re-observed on 9/29/2017 that they were present.

Per description: "The code for operating the locking mechanism at the main entrance of the SDUC was not clear, as it was posted backwards above the key pad."-directions were added an arrow to show that the numbers were posted backwards and an additional set of directions was pointed out to surveyor during observation to show that there is an arrow and numbers backwards to the right of the locking mechanism.

Per description: "the code for operating the locking mechanism, near the far end of the SDUC, was posted in an outside window of the door to the stairwell upside down. There were no directions to indicate the numbers were posted upside down or backwards. –directions are posted on the outside of the glass to the door facing into the unit in order to keep resident from removing it-(this was a suggestion by a previous surveyor during a previous inspection)-also the numbers are not upside down, they are only backwards and there is an arrow present. This was pointed out to the surveyor during the inspection on 9/25/2017. No change was made for this posting of the key pad instructions due to the instructions were posted properly.

Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of the postings for the key-pads for the locking of the SDUC doors. Staff was educated on the importance of the key pad codes being posted correctly. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Kelly Vaccaro		Date	11-20-17

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

PCH Name: CONCORDIA OF THE SOUTH HILLS | License Number: 44145

Address: 1300 BOWER HILL ROAD, MT LEBANON, PA 15243 | County: Allegheny

Administrator: Kelly Vaccaro | Region: WEST

Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH

Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243

Certificate(s) of Occupancy
C-2 LP
08/19/2002
Dept L & I

Staffing Hours
Resident Support: 0 | Total Daily Staff: 76 | Waking Staff: 58

Type of Inspection: Interim - POC | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)
Monitoring

On-Site Inspections Dates and Department Representatives On-Site
12/13/2017: Barry, Courtney; Pfaff, Vicki

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: 70

Number of Residents Served: 57

Secured Dementia Care Unit in Home: Yes

Area: First Floor

Secured Dementia Unit Capacity, if Applicable: 12

Number of Residents Served in Secured Dementia Care Unit, if applicable: 8

Number of Current Hospice Residents: 4

Number of Hospice Residents in past year: 12

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 57

Have Mental Illness: 0

Have an Intellectual Disability: 0

Have a Mobility Need: 18

Have a Physical Disability: 0

Violation Report: 44146 - 12/13/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

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
There were 2 glucometers on a shelf in the 1st floor medication room, both belonging to former residents of the home.

At approximately 11:00 a.m., 3 unlabeled glucometers were in the medication cart in the secured dementia care unit (SDCU). Only 1 resident in the SDCU is prescribed blood glucose monitoring.

On 12/3/17, at 11:31 a.m., resident #2's blood glucose level was169; however, 171 was recorded on the December 2017 medication administration record (MAR).

Resident #1's glucometer is not calibrated to the current 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.

All glucometers from former residents' families and glucometers disposed of properly on all units and med carts.

Resident glucometers are being checked for current date and time by Administrator and/or Designee on a weekly basis.

Resident glucometers are being checked with MARs for accuracy of numbers entered in compared to glucometer by Administrator and/or Designee on a weekly basis.

Medication Error reports sent to DHS on 12/14/2017. Staff responsible for errors counseled.

Education from diabetic educator scheduled for med techs and nurses. 2/1/18

Education on MAR entry scheduled for med techs and nurses. 2/1/18

All findings will be reviewed at QA meetings.

Audit sheet attached and Training for MARs attached.

Repeat Violation: No	Date(s) of Previous Violation(s):			
Signature of Legal Entity Representative (Required on EVERY Page)	Kelly Vaccaro			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Kelly Vaccaro pcha	Date	1-31-18	

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Violation Report: 44146 - 12/13/2017 - Barry, Courtney
PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 55 Pa.Code §2800
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed insulin on a sliding scale. On 12/8/17, at 10:36 a.m., resident #3's blood glucose level was 329, according to the resident's glucometer. The sliding scale indicates the resident should have received 5 units of insulin. However, according to the December 2017 MAR, the glucose level was incorrectly recorded as 349, and the resident was administered 6 units of insulin.

Resident #4 is prescribed insulin on a sliding scale. On 12/10/17, at 5:51 p.m., resident #4's blood glucose level was 314, according to the glucometer. The sliding scale indicates the resident should have received 5 units of insulin. However, according to the December 2017 MAR, the glucose level was incorrectly recorded as 341 and the resident was administered 6 units of insulin.

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 glucometers from former residents' families and glucometers disposed of properly on all units and med carts.

Resident glucometers are being checked for current date and time by Administrator and/or Designee on a weekly basis.

Resident glucometers are being checked with MARs for accuracy of numbers entered in compared to glucometer by Administrator and/or Designee on a weekly basis.

Medication Error reports sent to DHS on 12/14/2017. Staff responsible for errors counseled.

Education from diabetic educator scheduled for med techs and nurses. 2/1/18

Education on MAR entry scheduled for med techs and nurses. 2/1/18

All findings will be reviewed at QA meetings.

Audit sheet attached and Training for MARs attached.

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