



pennsylvania

DEPARTMENT OF HUMAN SERVICES

FEB 02 2018

Ms. Jill Treglia
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Franklin Park
1600 Georgetown Drive
Sewickley, Pennsylvania 15143
Certificate #: 443630

Dear Ms. Treglia:


As a result of the Department of Human Services' annual licensing inspections on October 26, 2017 and October 27, 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

RECEIVED

NOV 20 2017

Violation Report: 44363 - 10/26/2017 - Barone, Barbara
PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600
2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION
On 10/26/17 at approximately 10:45 AM, there were two food steam wells in the counter next to the sink that were unattended and accessible in the garden dining room. The surface of the metal lid of the well closest to the sink measured 162.8 degrees Fahrenheit and resident #2 was sitting alone in the dining room.

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.

We will discontinue the use of the steam wells. A Cambro Cart will now be used to transport the food from the upper kitchen to the dining room for the Garden level residents. The cart, which has a heating element in it to keep food warm, will be taken down by a dietary person, emptied, and taken back up to be stored in the kitchen. This will eliminate any chance of a resident begin injured by the hot steam wells.

Use of the Cambro Cart will begin by December 1, 2017.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia, Administrator* Date *11-20-17*

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

The above plan of correction is approved as of 11/3/18
(Date)

Plan of correction Implementation status as of 1/3/18
(Date)

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

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

RECEIVED

NOV 20 2017

Violation Report: 44363 - 10/26/2017 - Barone, Barbara
PCH Name: CONCORDIA OF FRANKLIN PARK

FRANKLIN COUNTY OFFICE
Harrisburg, Pennsylvania

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 10/26/17, the municipality's emergency preparedness plan was kept inside the Administrator's office and was not posted in a conspicuous and public place.

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 municipality's Emergency Preparedness Plan was placed on the bulletin board immediately while the inspector was still in the building. Although it had been placed there prior to the inspection, someone had removed it. The administrator will do weekly rounds to make sure everything required on the bulletin board is in place and that nothing is removed.

These rounds will begin immediately.

A copy of the rounds will be kept on file.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bill S. Treglia

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

Bill S. Treglia, Administrator

Date

11-20-17

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The above plan of correction is approved as of 1/3/18
(Date)

Plan of correction implementation status as of 1/3/18
(Date)

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

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RECEIVED
JAN 03 2018

Violation Report: 44363 - 10/26/2017 - Barone, Barbara
PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION
On 10/26/2017 at approximately 10:30 AM, the outside storage shed was unlocked, unattended and accessible and it contained the following flammable materials:

- A 5 gallon gasoline container approximately 1/8th full
- A 12 ounce can of WD40 approximately 1/2 full
- 5 propane tanks
- A box containing 15 cans of Sterno chafing fuel.

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 was placed on the shed door while the inspector was still there in front of the shed. (The lock was in the shed, so whomever was the last to be in the shed did not put it back on the door).

The Maintenance Coordinator will do regular safety rounds ensuring that the lock is in place to keep the combustibles safely locked up.

The Maintenance Coordinator is the only person with a key to this shed. The Maintenance Coordinator or designee will do rounds daily to ensure that all combustibles are in the shed and that the lock is always in place.

Immediately and daily thereafter - The administrator, resident care coordinator, or designee will check the home to ensure that combustible materials are inaccessible to residents. BB 1/3/18

During the next quality management plan review and evaluation - The home will place an increased emphasis on this plan of correction. BB 1/3/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/21/2016 et al
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Signature of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Treglia, Administrator</i>	Date <i>1-3-18</i>
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The above plan of correction is approved as of <u>1/3/18</u> (Date)	Plan of correction implementation status as of <u>1/3/18</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

JAN 03 2018

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Violation Report: 44363 - 10/26/2017 - Barone, Barbara
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 10/26/2017, there was a tube of Proctozone HCL 2.5% Hydrocortisone cream, unlocked and accessible on resident #3's nightstand. Resident #3 is assessed as not able to self-administer medications.

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 medication was removed from the resident's room immediately following the inspection. Medication passers will be reminded through a training that anyone without the ability to self-administer medications should never have medications of any kind left in their rooms.

This training will be completed by December 15th. A copy of the training will be kept on file.
(2017)

Immediately and daily thereafter - The administrator, resident care coordinator, or designee will check the home to ensure that prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. BB 1/3/18

During the next quality management plan review and evaluation - The home will place an increased emphasis on this plan of correction. BB 1/3/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/21/2016 et al

Signature of Legal Entity Representative (Required on EVERY Page) *Joe Stangle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dill S. Treglia Administrator* Date *11-20-17*

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Plan of correction implementation status as of 1/3/18 (Date)

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

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