



pennsylvania

DEPARTMENT OF HUMAN SERVICES

MAR 08 2018

Ms. Anne Denny
Administrator
Concordia Lutheran Health and Human Care
134 Marwood Road
Cabot, Pennsylvania 16023

RE: Concordia Lutheran Ministries
Oertel Building
615 North Pike Road
Cabot, Pennsylvania 16023
License #: 424070

Dear Ms. Denny:

As a result of the Department of Human Services' annual licensing inspection on December 5, 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: 42407 - 12/05/2017 - Hoover, Josh
PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

WEST NEDONFIELD OFFICE
Human Services Licensing

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 #1 is ordered blood glucose monitoring at 3:00 a.m. ~~the~~ if the resident required a correction dose of Humulin R insulin at bedtime on the prior evening.

yw 1/11/18

On 12/1/2017, at bedtime, resident #1 received 2 units of Humulin R. The resident's blood glucose was tested at 3:00 a.m. on 12/2/2017, per prescriber's orders. However, the blood glucose measurement and initials of the staff person performing the test were not recorded.

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 staff reeducated that all glucometer tests will be recorded accurately in EMAR along with Staff Signature responsible for obtaining glucometer check.
12-6-17*

Unit manager / designs will perform weekly audits to ensure compliance

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Anne Denny*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anne Denny, CPN / administrator* Date *1-9-18*

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

The above plan of correction is approved as of <u>1/17/18</u> (Date)	Plan of correction implementation status as of <u>1/17/18</u> (Date)
The above plan of correction was approved by <u><i>AD</i></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

JAN 17 2018

Violation Report: 42407 - 12/05/2017 - Hoover, Josh
PCH Name: CONCORDIA LUTHERAN MINISTRIES OERTEL BUILDING

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 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

The support plan for resident #1, dated 11/1/2017, does not address how the home will meet the resident's needs for the following, as indicated by the assessment, dated 11/1/2017:

- Extensive supervision needs
- Total immobility
- Diagnoses of confusion and aphasia

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 staff persons involved in assessment process were re-educated on chapter 2600. 227.(d) (Additional training scheduled in March 2018)
 RASP update form completed 1-9-18 and attached to resident support plan.

Please see attached.

By 2/28/18 - The administrator or designee will review the support plans of all current residents to ensure they are complete and accurate.

AM 1/17/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Anne Denny

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

Anne Denny, LPN / Administrator

Date

1-9-18

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The above plan of correction is approved as of

1/17/18
(Date)

Plan of correction implementation status as of

1/17/18
(Date)

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

The above plan of correction was approved by

AM
(Initials)