



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 13, 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' licensing inspection on February 6, 2018, 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.

Sincerely,


Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: CONCORDIA OF FRANKLIN PARK		License Number: 44363
Address: 1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143		County: Allegheny
Administrator: JILL TRAGLIA		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/14/1998 LABOR AND INDUSTRY		MAR 02 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 84	Waking Staff: 63
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/06/2018: Bartlett, Patricia		
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: 100	Number of Residents who:	
Number of Residents Served: 73	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 73	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 11	
Number of Current Hospice Residents: 10	Have a Physical Disability: 3	
Number of Hospice Residents in past year: 25		

Violation Report: 44363 - 02/06/2018 - Bartlett, Patricia
 PCH Name: CONCORDIA OF FRANKLIN PARK

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

On 1/13/18, resident #1 was prescribed Doxycycline hyclate 100mg oral tablet, take one tablet by mouth, twice daily, for 5 days. However, the resident's January 2018 medication administration record (MAR) indicated two separate orders as follows:
 * Doxycycline hyclate 100mg, take one tablet, 2 times daily for 5 days at 11:00 a.m. and 7:00 p.m. with a start date indicating 1/14/18, and
 * Doxycycline hyclate 100mg, take one tablet, 2 times daily for 5 days at 7:00 a.m. and 7:00 p.m.

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 two orders that show up on the January Medication Record are a current order and a discontinued order. The bottom order (7am and 7pm) states that it was discontinued on 1/16/2018. The orders do not overlap. Please see included January MAR. Although the second order says "1/14/18" it was only put into the system on 1/16/18. Instead of going forward, the person who put in the order started from the original date.

The nurse who put in the order will be re-trained on how to put in orders. Documentation of this training will be kept on file. The RCC will randomly check new orders weekly and keep a log of what was checked.

The re-training will be done by 3/16/18.

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 *3-1-18*

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

The above plan of correction is approved as of 3-6-18
 (Date)

Plan of correction implementation status as of 3-6-18
 (Date)

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

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

MAR 02 2018

Violation Report: 44363 - 02/06/2018 - Bartlett, Patricia
 PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 1/13/18, resident #1 was prescribed Doxycycline hyclate 100mg oral tablet, take one tablet by mouth, twice daily, for 5 days. However, on 1/15/18 at 7:00 p.m., the medication was not administered.

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 med tech who was to administer this medication states that the medication was administered, but since the medication was late getting in from the pharmacy, she forgot to mark it administered. This med tech will be reminded and re-trained on how she must make sure she signs off for all medications in the system and, if it was late, document exactly why. Documentation of this training will be kept. The RCC will check medication records ~~regularly~~ to ensure the medications are being signed off on as ordered.

At least monthly 3-6-18

The training will be completed by 3/16/18.

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 *3-1-18*

DEPARTMENT USE ONLY HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *3-6-18*
 (Date)

Plan of correction implementation status as of *3-6-18*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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

Violation Report: 44363 - 02/06/2018 - Bartlett, Patricia
PCH Name: CONCORDIA OF FRANKLIN PARK
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

On 1/15/18 at approximately 9:58 p.m. the home placed bilateral posy hand mitts and fasteners on resident #1's hands due to a left hand injury. Both mitts were taped on the resident's hands. This configuration prevented the resident from using either hand. The home did not obtain a physician's order for the devices until 1/18/18 at 3:24 p.m.

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.

These mitts were placed on the resident's hands as a nursing measure since the resident was trying to pick and bite at her injured finger. Being as that the resident has Dementia and has been known to touch and play with her own excrement, staff believed that it was in her best interest to put the mitts on her hands to protect her thumb from potential infection and further injury. Per the nursing staff, resident was able to remove the mitts and did so regularly. She would use her teeth to pull the tape off of the mitt. Once the mitt was off, she would begin chewing on her injured thumb.

The mitts have since been discontinued.

Please see the attached statements from staff members attesting that the resident was able to remove the mitts on her own - all are referring to when she had mitts on both hands.

Any potential restraints recommended by a hospital or previous facility in the future will be reviewed by the interdisciplinary team (including the Administrator) to determine if they are, in fact, a restraint. If it is determined that they are a restraint, the team will discuss possible alternative methods.

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* Date *3-1-18*

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

The above plan of correction is approved as of 3-6-18 (Date) Plan of correction implementation status as of 3-6-18 (Date)

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

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

Immediately: The home shall not restrain any resident in accordance with regulation 2600.202. The home shall use positive interventions to address resident care needs and services. *3-6-18*

Violation Report: 44363 - 02/06/2018 - Bartlett, Patricia
PCH Name: CONCORDIA OF FRANKLIN PARK

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

On 1/13/18 at approximately 6:30 p.m., resident #1 experienced an injury to the left thumb including a fracture, partial amputation, and closure with 6 sutures. The resident was ordered bilateral posy hand mitts on 1/18/18 and dressing changes two times daily, cleansing with NSS, application of Xeroform and covering with 4 x 4 with gauze, wrapping with secure cling. However, the resident's support plan, dated 5/1/17, was not updated to include care and services the home will provide to meet the resident's needs while the devices were in 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 staff members who update RASPs or complete RASPs will be re-educated on writing more comprehensive instructions for the aides. It will be explained that the RASP needs to include specific instructions on what to do, particularly with something that is not a normal occurrence within the facility. Any kind of issue like this will have to include the aides checking wraps for tightness to ensure the resident is not uncomfortable. Documentation of this training will be kept on file. The Administrator will check RASP updates ~~regularly~~ to ensure they are complete and thorough.

Bi Annually - 7-6-18 g

The re-education/training will be completed by 3/16/18.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jill Stuyke*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jill S. Treglia* Date *3-1-18*

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

The above plan of correction is approved as of *3-6-18*
(Date)

Plan of correction implementation status as of *3-6-18*
(Date)

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

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