



JUL 10 2018

Ms. Emily Stumpner
Administrator
Concordia Lutheran Ministries of Pittsburgh
125 Brown Road
Wexford, Pennsylvania 15090

RE: Concordia of Wexford
Certificate #: 443620

Dear Ms. Stumpner:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 4, 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.

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,

A handwritten signature in black ink, appearing to read "J. Rowe", is written over a faint, larger version of the signature.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA OF WEXFORD		License Number: 44382
Address: 125 BROWN ROAD, WEXFORD, PA 15090		County: Allegheny
Administrator: Emily Stumpner		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 125 BROWN ROAD, WEXFORD, PA 15090		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/15/1994 PA L&I		JUN 18 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Working Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/04/2018: Barlett, Patricia; Mulick, Cindy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 Number of Residents Served: 37 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 5		Number of Residents who: Receive Supplemental Security Income: 2 Are 80 Years of Age or Older: 40 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 0

Violation Report: 44382 - 04/04/2018 - Bartlett, Patricia
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 3/21/18. However, direct care staff person A does not have a high school diploma, GED or active status on the Pennsylvania nurse aide registry.

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 person A was terminated on 4/13/2018. Payroll change form was faxed to Department of Human Services on 4/19/2018 (please see attached). All current staff members employee files were reviewed and all high school diplomas are in compliance. Both Administrator and Human Resources to check each high school diploma once an employee is hired to ensure compliance for regulation 2600.54(a).

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *EMILY STUMPNER* Date *6/18/18*

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

The above plan of correction is approved as of <u>6-25-18</u> (Date)	Plan of correction implementation status as of <u>6-25-18</u> (Date)
The above plan of correction was approved by <u>[initials]</u>	<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

Violation Report: 44362 - 04/04/2018 - Bartlett, Patricia
PCH Name: CONCORDIA OF WEXFORD

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual assessment, completed on 1/19/18, does not include an assessment of the resident's orientation to time, place, or person.

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.

Resident A assessment on resident's orientation to time, place, or person was checked D (please see attached). All resident assessments have been checked to ensure completion. Both Administrator and Resident Care Coordinator to monitor further resident assessments to ensure completion for regulation 2600.225(c).

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

Emily Stumpner

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

6/18/18

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