



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 18 2018

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

RE: Concordia Lutheran
Health and Human Care
Lund Building
Certificate #: 447620

Dear Ms. Denny:


As a result of the Department's Bureau of Human Services Licensing annual inspection on May 16, 2018; May 17, 2018 and May 21, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: Concordia Lutheran Health and Human Care Lund Building		License Number: 44762
Address: 134 Marwood Road, Cabot, PA 16023		County: Butler
Administrator: Anne Denny		Region: WEST
Legal Entity Name: Concordia Lutheran Health and Human Care		RECEIVED
Legal Entity Address: 134 Marwood Road, Cabot, PA 16023		
Certificate(s) of Occupancy C-1 11/25/1998 Department of Health		JUL 25 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 235	Waking Staff: 176
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 05/16/2018: Garvey, Jody; Bartlett, Patricia; Mulick, Cindy 05/17/2018: Garvey, Jody; Bartlett, Patricia; Mulick, Cindy 05/21/2018: Garvey, Jody; 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: 220 Number of Residents Served: 202 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: 8 Number of Hospice Residents in past year: 34		Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 196 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 33 Have a Physical Disability: 8

Violation Report: 44762 - 05/16/2018 - Garvey, Jody
PCH Name: Concordia Lutheran Health and Human Care Lund Building

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 5/16/18 at approximately 11:10 AM, resident #1's medical information including medications was visible on the screen of the unlocked, unattended and accessible computer at the nurse's station in Streitman Hall.

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.

^{on 6/20/18 MS 2/7/18}
All staff were re-educated on "All Residents Records must be confidential & inaccessible to anyone other than the resident, Resident designated person, if any, & staff persons for the purpose of providing services to resident."

"See attached teaching"

^{Twice MS 9/7/18}
Staff will monitor daily & on each shift as part of their regular duties making sure all resident information is inaccessible to anyone other than listed above.

^{Twice MS 9/7/18}
Unit managers / Designees will conduct weekly audits to ensure compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/23/2017 et.al.

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 *7-24-18*

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

The above plan of correction is approved as of 9/7/18 (Date)

Plan of correction implementation status as of 9/7/18 (Date)

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

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

Violation Report: 44762 - 05/16/2018 - Garvey, Jody
PCH Name: Concordia Lutheran Health and Human Care Lund Building

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The following residents did not sign the addendum to their resident-home contract reflecting a rate increase for room and board due to an increased level of care:

- * Effective 3/1/17, resident #2 daily rate increase per day from \$120 to \$150; increase to level 3
- * Effective 5/7/18, resident #3 daily rate increase per day from \$122 to \$162; increase to level 4
- * Effective 5/24/17, resident #5 daily rate increase per day from \$101 to \$131; increase to level 3
- * Effective 3/28/17, resident #6 daily rate increase per day from \$120 to \$160; increase to level 4

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.

Administrators team, management team & designee were all reeducated that all addendums to resident-home contract reflecting a rate change of any type must be signed by resident, as well as the payer, if different from resident, administrator or a designee & co-signed by resident's designated person if any, if resident agrees.

Residents #2, #3 and #5 signed the addendums to their contracts indicating a daily rate increase. Resident #6 ceased to breathe. MS 9/7/18

Administrator/designee will audit all addendums to contract within 24 hours to insure compliance. prior to placing in the resident's record. MS 9/7/18

Within 60 days of receipt of the plan of correction - the administrator or designated staff person will review all current resident records to ensure all required signatures & include that of the resident have been obtained for each resident-home contract and addendums to the resident-home contracts. Documentation of audit shall be kept. MS 9/7/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/23/2017 et. al.

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 *7-24-18*

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

The above plan of correction is approved as of 9/7/18 (Date)

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

Plan of correction implementation status as of 9/7/18 (Date)

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

Violation Report: 44762 - 05/16/2018 - Garvey, Jody
PCH Name: Concordia Lutheran Health and Human Care Lund Building

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 5/16/18 at approximately 10:35 AM, there were at least 34 cigarette butts on the ground in the outdoor smoking area on the Lund side of the building. Staff were not utilizing the cigarette butt disposal tower.

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.

It has been reviewed with all staff & residents as to where the designated smoking area is with special "fire proof" receptacles that is the only place to be disposing of cigarette butts.

"See attached"

Maintenance will monitor grounds w/klly & empty receptacle to maintain compliance.

All staff taking breaks in this area will monitor daily & on each shift as part of their regular duties

Unit manager / designer will conduct weekly audits by monitoring grounds to ensure compliance

The cigarette butts indicated have been removed. MS 9/7/18

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, LSW / Administrator

Date

7-24-18

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

The above plan of correction is approved as of

9/7/18
(Date)

Plan of correction implementation status as of

9/7/18
(Date)

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

The above plan of correction was approved by

MS
(Initials)

JUL 25 2018

Violation Report: 44762 - 05/16/2018 - Garvey, Jody
PCH Name: Concordia Lutheran Health and Human Care Lund Building

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #9's most recent medical evaluation was completed on 4/17/17.

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 #9 had an "in person evaluation" Completed on 3/16/18
By CRNP which was in compliance but the wrong evaluation date
was documented on the "DME" that was Completed on 5/25/18

All staff reeducated that all residents must have an
"in person evaluation" by a physician, physician assistant
or CRNP annually and document "date resident evaluated"
on the DME.

Administrator / designee will do monthly audits on DME'S
to make sure all are in compliance which will include
"in person evaluation date" checks for accuracy.

Monthly audits will include checks for signatures & in person
evaluation checks. for accuracy. ms 9/7/18

Tracking form implemented for staff. "See attached"

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/23/2017 et al.

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, LPA / Administrator* Date *7-25-18*

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

The above plan of correction is approved as of 9/7/18
(Date)

Plan of correction implementation status as of 9/7/18
(Date)

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

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

Violation Report: 44762 - 05/16/2018 - Garvey, Jody
PCH Name: Concordia Lutheran Health and Human Care Lund Building
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #3 is prescribed Simvastatin, 10 mg - take 1 tablet orally each day. However, the pharmacy label on the medication indicates Simvastatin 10 mg - take 1 tablet via G-Tube at bedtime.
The Novolog Flexpen U-100 Insulin aspart 100 unit/ml, prescribed for and belonging to resident #10, was not labeled with the resident's name.
Resident #11 is prescribed Tramadol, 50 mg - take 1 tablet twice daily and 1 tablet every 12 hours as needed (prn) However, the pharmacy label on the medication does not include the prn order.

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 #3 - "direction change" strikes placed on Simvastatin label and all additional mail order meds. Updated scripts have been sent to "Express Meds" Co. to make change on labels of meds to match "EMAR" script.

Resident #10 = All resident flex pens are placed in bags individually with label containing Resident name, med, date issued, instructions + prescriber. "See attached"

Resident #11 = Order for Tramadol Clarified on 7-13-18. Pharmacy made aware of change in direction. "See attached "EMAR" with updated script. The pharmacy label reflects the prescription. ms 9/7/18

Unit managers / designee will monitor weekly to make sure correct instructions are on pharmacy labels for administration, as well as resident name - med & date issued. Nursing staff will monitor daily & on each shift as part of their regular duties.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Anne Perry*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Anne Perry, LPW / Administrator* Date *7-25-18*

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

The above plan of correction is approved as of 9/7/18
(Date)

Plan of correction implementation status as of 9/7/18
(Date)

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

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

Violation Report: 44762 - 05/16/2018 - Garvey, Jody
PCH Name: Concordia Lutheran Health and Human Care Lund Building

WEST REGION FIELD 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
On 5/15/18 at 6:16 AM, resident #12's blood glucose level was 163 as indicated on the resident's glucometer. However, the resident's May 2018 medication administration record (MAR) indicates a blood glucose level of 168.
On 5/15/18 at 10:31 AM, resident #12's blood glucose level was 139 as indicated on the resident's glucometer. However, the blood glucose level was not recorded on the resident's May 2018 MAR.

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 LPN & Med. Techs. were re-educated on Reg. 2600.185a.
"See attached training"*

*Unit Managers/charge will audit glucometers & "EMAR" weekly to make sure there is proper documentation and ensure compliance. and accuracy. ms 9/7/18
LPN's/Med. Techs. will monitor daily & on each shift as part of their regular duties to ensure compliance. monitoring shall include accurate recording of blood sugar levels on the MAR. ms 9/7/18*

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/23/2017 *et al.*

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 *7-25-18*

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

The above plan of correction is approved as of 9/7/18
(Date)

Plan of correction implementation status as of 9/7/18
(Date)

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

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

JUL 25 2018

Violation Report: 44762 - 05/16/2018 - Garvey, Jody
PCH Name: Concordia Lutheran Health and Human Care Lund Building

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

Resident #12 is prescribed Novolog Flexpen U-100 Insulin aspart 100 unit/ml - inject subcutaneously twice daily on a sliding scale as follows:

Blood Glucose	Insulin
70 - 140	0 units
141 - 180	1 unit
181 - 220	2 units
221 - 260	3 units
261 - 300	4 units
301 - 340	5 units
> 340	6 units

On 5/15/2018, at 6:16 AM., resident #12's blood glucose level was 163 as indicated on the resident's glucometer and 168 as documented on the resident's May 2018 MAR. The resident should have been given 1 unit of insulin; however, no insulin was 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.

*Resident #12's sliding scale of insulin was discontinued on 5/30/18. MS 9/7/18
All LPN/med Techs were re-educated on documentation of correct glucometer reading and following the direction of the prescriber for insulin sliding scale*

Unit managers/charge will do weekly audits to ensure compliance by making sure glucometer reading matches EMAR documentation and that sliding scale is followed per subscriber direction.

LPNs/med Techs will monitor daily & on each shift as part of their regular duties to ensure compliance by double checking "EMAR" with glucometer reading & insulin scale.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Anne Perry*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Anne Perry, COW/Administrator* Date *7-25-18*

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

The above plan of correction is approved as of <u>9/7/18</u> (Date)	Plan of correction implementation status as of <u>9/7/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented