



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 01 2018

Ms. Rachel Hortert  
Administrator  
Concordia Lutheran Health & Human Care  
104 Concordia Way  
Butler, Pennsylvania 16001

RE: Concordia at the Orchard  
Certificate #: 425060

Dear Ms. Hortert:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 13, 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](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".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: CONCORDIA AT THE ORCHARD		License Number: 42505
Address: 104 CONCORDIA WAY, BUTLER, PA 16001		County: Butler
Administrator: Rachel Hortert		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN HEALTH & HUMAN CARE		
Legal Entity Address: 104 CONCORDIA WAY, BUTLER, PA 16001		
Certificate(s) of Occupancy C-2 LP 10/21/1999 Department of L & I		<b>RECEIVED</b>  AUG 03 2018  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0                      Total Daily Staff: 63                      Waking Staff: 47		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/13/2018: Garvey, Jody; Pfaff, Vicki		
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: 60 Number of Residents Served: 55 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: 2 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 54 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 8 Have a Physical Disability: 1	

AUG 03 2018

Violation Report: 42506 - 06/13/2018 - Garvey, Jody  
PCH Name: CONCORDIA AT THE ORCHARD

1. REGULATION 55 Pa.Code §2600  
2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION  
There was no grab bar, hand rail or assist bar in the shared bathroom of bedroom #214.

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.

Because of the layout of this bathroom a permanent fixture is not in reach of the toilet. Upon inspection handrails were immediately placed around the toilet. Both residents in this apartment are currently independent with toileting. One of the residents sought out the DHS inspector and stated that they did not need or want this on their toilet. In advocacy of the resident rights and safety I respectfully request for this violation to be removed. We have demonstrated that we will immediately place handrails on the toilet if this becomes a need for either residents safety and/or assistance with ability to remain independent with toileting.

*Immediately and monthly thereafter - A designated staff person will monitor all toilet and bath areas, to include the bathroom of bedroom #214, to ensure grab bars, hand rails or assist bars are present. ms 9/24/18*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Rachel Houtart*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Rachel Houtart - Administrator*      Date *8.2.18*

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

The above plan of correction is approved as of 9/24/18  
(Date)

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

Plan of correction implementation status as of 9/24/18  
(Date)

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

Violation Report: 42506 - 06/13/2018 - Garvey, Jody  
PCH Name: CONCORDIA AT THE ORCHARD

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1's Novolog U-100 Insulin aspart 100 unit/ml Flexpen was opened on 4/29/18. According to the manufacturer's instructions, the Novolog expires 28 days after opening; however, this insulin was administered on several dates to include the following:

- \*6/13/18 at 12:00 PM, 2 units
- \*6/12/18 at 8:00 PM, 2 units
- \*6/12/18 at 4:00 PM, 3 units
- \*6/11/18 at 12:00 PM, 2 units
- \*6/11/18 at 8:00 AM, 2 units
- \*6/10/18 at 8:00 PM, 4 units

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 expired insulin pen was immediately discarded. Physician was notified of incident. No new orders were received. New insulin received same day. Verification of all above sent to DHS via fax on 6/14/18 as instructed. Facility adopted practice of marking insulin with expiration date when opened. Teaching sheet completed with nurses and med-techs re: the practice of continuing to mark with open date and additionally expiration date. Teaching included reminder that dates need verified upon administration of medication. Additionally, night shift med techs will audit insulin weekly.

*staff training was completed on 6/14/18. ms 9/24/18*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

06/07/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachel Hartant*

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

*Rachel Hartant - Administrator*

Date

*8/2/18*

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PCH Name: CONCORDIA AT THE ORCHARD

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

At approximately 4:00 PM, resident #3 was sitting in his/her wheelchair with a seatbelt style lap belt latched around his/her waist. The resident was unable to independently release the lap belt.

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 is an immobile resident. The safety belt does not restrict her movement, her physical and cognitive limitations restrict her ability to be mobile.

A medical evaluation was completed on 9/11/18 for resident #3 indicating a lap belt is a medical necessity for the resident who is at risk for falls due to poor core strength. ms 9/24/18

Immediately - the administrator will assess all residents who use a lap belt to ensure the resident can independently unlatch the lap belt or a physician has considered the lap belt a medical necessity, if the resident is at risk for falls due to a physical lack of trunk support/core strength, which is indicated on the resident's medical evaluation. At no time shall a lap belt be used as a restraint. ms 9/24/18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Rachel Herbert*

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

Rachel Herbert - Administrator

Date

8/2/18

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