



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 19 2018

Ms. Bonnie Stapchuck
Administrator
Concordia Lutheran Ministries of Pittsburgh
931 Route 910
Cheswick, Pennsylvania 15024

RE: Concordia of Fox Chapel
Certificate #: 442470

Dear Ms. Stapchuck:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 18, 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 that reads "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

10/9/2018

Violation Report: 44247 - 07/18/2018 - Garrigan, Laurie PCH Name: CONCORDIA OF FOX CHAPEL	Western Region Field Office Bureau of Human Services Licensing
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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
 The resident privacy coding document, including the names of residents #1 and #2, was attached to the license inspection summary, dated 7/14/17, and posted in the unlocked front entryway cabinet.

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 resident privacy coding document page of the license inspection summary was immediately removed on the day of inspection. To prevent the violation from reoccurring, the Administrator will be responsible to remove this page before posting the license inspection summary.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Stapcheck</i>	Date <i>10-9-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/12/18
 (Date)

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

Plan of correction implementation status as of 10/12/18
 (Date)

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

Violation Report: 44247 - 07/18/2018 - Garrigan, Laurie PCH Name: CONCORDIA OF FOX CHAPEL	Western Region Field Office Bureau of Human Services Licensing
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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 #3's most recent medical evaluation was completed on 10/11/17; however, the previous medical evaluation was completed on 5/18/16.

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.

Facility disputes this violation. Resident #3 medical evaluation was in fact completed in a six month window and must have been overlooked during the inspection. I have enclosed a copy of the medical evaluation dated 11/23/16.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has a medical evaluation, completed in its entirety, at least annually. *IM*

Immediately: The home shall develop and implement a system to ensure access to resident records is provided to the Department, immediately upon request, in accordance with 2600.5a(1). *IM*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Donnie Spahr</i>	Date <i>10-9-18</i>
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Violation Report: 44247 - 07/18/2018 - Garrigan, Laurie PCH Name: CONCORDIA OF FOX CHAPEL	Western Region Field Office Bureau of Human Services Licensing
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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 #3's most recent assessment was completed on 10/20/17; however, the previous assessment was completed on 5/18/16.

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 Facility disputes this violation. The assessment was in fact completed in a six month window (same as violation noted for the medical evaluation on the same resident) and was overlooked during the time of the inspection. I have enclosed a copy of the RASP for this resident dated 11/23/16. The previous Resident Care Coordinator had been doing updates every six months.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has an assessment, completed in its entirety, at least annually. *JH*

Immediately: The home shall develop and implement a system to ensure access to resident records is provided to the Department, immediately upon request, in accordance with 2600.5a(1). *JH*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Steadlock</i>	Date <i>10-9-18</i>
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Violation Report: 44247 - 07/18/2018 - Garrigan, Laurie
PCH Name: CONCORDIA OF FOX CHAPEL

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the secured dementia care unit (SDCU) on 5/18/16; however, his/her cognitive preadmission screening was completed on 5/17/18.

Resident #4 was admitted to the SDCU on 7/10/18; however, his/her cognitive preadmission screening is not signed or dated. These sections of the form are blank.

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 regarding preadmission screenings were errors. In the future the Administrator and Staff Development Coordinator will cross check each other's work during chart audits and upon admission.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all current resident records to ensure a written cognitive preadmission screening is completed in its entirety for each resident. *LM*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bonnie Stapelwack*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *BONNIE Stapelwack* Date *10-9-18*

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The above plan of correction is approved as of 10/12/18
(Date)

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

Plan of correction implementation status as of 10/12/18
(Date)

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

Violation Report: 44247 - 07/18/2018 - Garrigan, Laurie
 PCH Name: CONCORDIA OF FOX CHAPEL
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1. REGULATION 55 Pa.Code §2600
 2600.231(e) - Each resident record shall have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the SDCU on 5/18/16; however, there is no documentation the resident or the resident's designated person did not object to the admission.

Resident #4 was admitted to the SDCU on 7/10/18; however, there is no documentation the resident or the resident's designated person did not object to the admission.

Resident #5 was admitted to the SDCU on 1/26/18; however, there is no documentation the resident or the resident's designated person did not object to the admission.

Resident #6 was admitted to the SDCU on 6/21/18; however, there is no documentation the resident or the resident's designated person did not object to the admission.

Resident #7 was admitted to the SDCU on 6/22/17; however, there is no documentation the resident or the resident's designated person did not object to the admission.

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.

Regulation 2600.231(e) Facility had the IT department immediately correct the agreement for placement in a secured environment form to include signature lines for the resident and the residents designated person. This form is automatically built into our electronic admission so it will not be an issue in the future. I have enclosed a copy of this form.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure documentation is present that the resident, and the resident's designated person, have not objected to the admission to the secured dementia care unit. *IM*

Resident #3 has passed away. Signatures were obtained from resident's #4, #5, #6 and #7. *IM*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Bonnie Stapelchuck*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *BONNIE Stapelchuck* Date *10-9-18*

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Violation Report: 44247 - 07/18/2018 - Garrigan, Laurie
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Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #4 was admitted to the SDCU on 7/10/18; however, a support plan was not completed.

Resident #5 was admitted to the SDCU on 1/26/18; however, a support plan was not completed until 2/1/18.

Resident #6 was admitted to the SDCU on 6/21/18; however, a support plan was not completed until 6/28/18.

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 new Resident Care Coordinator was trained by personnel in regular PC and erroneously thought he had 15 days to complete the support plan. He has been retrained on the secured dementia care unit regulations. In the future the Administrator and the Staff Development Coordinator will audit each resident's chart to ensure compliance. Resident #4 we are disputing this violation. This resident was admitted on 7/10/18 and her RASP was completed on 7/13/18, however, it was not in the resident's chart at the time of the inspection. I have enclosed a copy of this record.

Within 15 days of receipt of the plan of correction: A designated staff person shall review all resident records to ensure each resident has a support plan completed within 72 hours of admission, or within 72 hours prior to admission to the home. *LM*

Immediately: The home shall develop and implement a system to ensure access to resident records is provided to the Department, immediately upon request, in accordance with 2600.5a(1). *LM*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bonnie Stapchuck

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

BONNIE Stapchuck

Date

10-9-18

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