



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 15, 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 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jon Kimberland', with a large, sweeping flourish at the end.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing 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: ANN DENNY		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE		
Legal Entity Address: 134 MARWOOD ROAD, CABOT, PA 16023		
Certificate(s) of Occupancy C-1 11/25/1998 Dept. of Health		Received BHSL Western 9/28/18
Staffing Hours Resident Support: 0 Total Daily Staff: 241 Waking Staff: 181		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 07/18/2018: Georgoullis, Karen		
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: 209 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: 7 Number of Hospice Residents in past year: 11		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 208 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 32 Have a Physical Disability: 8

Violation Report: 44762 - 07/18/2018 - Georgoulis, Karen
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident #1 is assessed as being independent with bladder/bowel with no incontinence and toileting needs. However, resident #1's support plan, dated 1/23/18, does not address the recent reports of occasional incontinence that mostly occur at night. The resident's support plan does not address the resident's behaviors related to taking medications such as: "cheeking" medications, observed dropping the medication into the cup of water or taking medications out of mouth placing into a Kleenex where medications were found throughout the residents' bedroom.

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.

An update was made to residents support plan (RASP) on 7/18/18 to reflect the residents care needs/behaviors. (See attached)

Management team was re-educated that all medical, dental, vision, hearing, mental health or other behavioral care services needed must be documented on RASP/Support plan

Managers/ directors will review the RASP/Support plan of all current residents monthly to ensure they are complete & accurate

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny, LSW / Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anne Denny, LSW / administrator</i>	Date <i>9-27-18</i>
--	---------------------

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

The above plan of correction is approved as of <u>9/28/18</u> (Date)	Plan of correction implementation status as of <u>9/28/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented