



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

Mr. Eric Peat
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Cranberry
10 Adams Ridge Boulevard
Mars, Pennsylvania 16046
Certificate #: 442580

Dear Mr. Peat:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 22, 2018 and August 23, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

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VIOLATION REPORT - WEST REGIONAL FIELD OFFICE
 PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

Page 1 of 2

PCH Name: CONCORDIA OF CRANBERRY		License Number: 44258
Address: 10 ADAMS RIDGE BOULEVARD, MARS, PA 16046		County: Butler
Administrator: Eric Peal		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		
Certificate(s) of Occupancy C-2 LP 03/12/1998 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 92 Waking Staff: 69		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/22/2018: Georgoulis, Karen; Roser, Ashley 08/23/2018: Georgoulis, Karen; Roser, Ashley		
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: 84 Number of Residents Served: 73 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: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 19 Have a Physical Disability: 0

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Violation Report: 44256 - 08/22/2018 - Georgoula, Karen
PCH Name: CONCORDIA OF CRANBERRY

WEST REGION FIELD OFFICE
Homes Care and Licensing

1. REGULATION 55 Pa. Code §2800

2800.185(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 8/5/18 at 8:00 a.m., resident #8's glucometer indicated a blood glucose reading of 174. However, a reading of 172 was documented in the August 2018 MAR.

On 8/7/18 at 8:00 a.m., resident #8's August 2018 MAR has a blood sugar reading documented of 203. However, the reading is not indicated on the resident's glucometer.

On 8/8/18 at 7:00 p.m., resident #9's glucometer indicated a blood glucose reading of 87. However, a reading of 86 was documented in the August 2018 MAR.

Resident #9's glucometer indicates blood sugar readings on 8/1/18 at 7:31 p.m. - 59 and 8/1/18 at 8:38 p.m. - 91. However, the blood sugar readings are not documented in the August 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.

Attached Teaching form to be completed with nurses and med techs by 11/12/2018.

Immediately: The administrator or designee qualified to administer insulin medications shall audit all resident glucometers weekly for 3 months then monthly thereafter to ensure to ensure all recorded blood glucose readings coincide with the residents glucometers.

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

Signature of Legal Entity Representative (Required on EVERY Page) *E O Peart*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Peart, administrator* Date *11/5/2018*

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

The above plan of correction is approved as of 12/24/18 (Date)

Plan of correction implementation status as of 12/24/18 (Date)

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

The above plan of correction was approved by *[Signature]* (Initials)