



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 08 2019

Ms. Laura L. Thompson, LPN
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia at the Cedars
4363 Northern Pike
Monroeville, Pennsylvania 15146
Certificate #: 446240

Dear Ms. Thompson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 24, 2018 and September 12, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44824 - 08/24/2018 - Eveses, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 8/24/18, the Chapter 2600 regulation book was posted behind a locked glass cabinet and not accessible to residents.

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.

Personal Care home Chapter 2600 Regulation Book is now located on the First Floor and Second Floor beside the elevator in a holder and is accessible by all.

See Attachment # 1

Immediately and at least twice per month thereafter - The administrator will implement monitoring procedures that include a designated staff person checking to ensure the current license, a copy of the current license inspection summary and a copy of Chapter 2600 is posted conspicuously in the home. *BB* 4/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Melissa Sullivan</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Melissa Sullivan</i>	Date	<i>4-11-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u><i>4/19/19</i></u> (Date)	Plan of correction implementation status as of <u><i>4/19/19</i></u> (Date)
The above plan of correction was approved by <u><i>BB</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44624 - 08/24/2018 - Eweges, Joseph
 PGH Name: CONCORDIA AT THE CEDARS

1. REGULATION 56 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 8/24/18, in the "End Room" on the second floor next to room #209, approximately 24 boxes and 2 filing cabinets with various confidential and protected resident documents were unlocked, unattended and contained:
 *medical evaluation for resident #1, dated 2/23/13
 *medical evaluation for resident #2, undated
 *medication administration record (MAR) for resident #3.

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 end Room in question had a Key Pad added to the door to ensure it remains locked at all times.

Immediately and at least twice per month thereafter - The administrator will implement monitoring procedures that include a designated staff person checking to ensure resident records are kept confidential. *BS 4/19/19*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Sullwa*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Sullwa* Date *4-11-19*

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- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44624 - 08/24/2018 - Eveges, Joseph
 FCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 56 Pa.Code §2800

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff A, hired 3/30/18, provided unsupervised ADL services and did not complete the direct care competency test until 7/20/18.

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.

Direct Care Staff A has been terminated since inspection date. Complete Audit was completed by HR to ensure all DC S employees have completed the online competency test before working unsupervised. ongoing audits will be done by administrator of designee to ensure continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Melissa Sullivan

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

Melissa Sullivan

Date *4-11-19*

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BS
 (Initials)

Violation Report: 44624 - 08/24/2018 - Eveges, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 65 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff B, hired 3/12/16, only received 8 hours of annual training in 2017.

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.

Upon receipt of this report, DCS B's current file was reviewed to ensure staff member received required trainings in 2018. Monthly audits will be done by Administrator or designee to ensure all PC employees receive required trainings each year. By 12/31/19 - Direct care staff person B will receive at least 16 hours of annual training to make up for the hours not received in 2017.

BSB
 4/19/19

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Melissa Sullivan*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Melissa Sullivan* Date *4-11-19*

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Violation Report: 44624 - 08/24/2018 - Evages, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff B, hired 3/12/15, did not complete trainings on the following required training topics in 2017: medication self-administration, instructions on meeting the needs of the resident based on the preadmission screening, medical evaluation, assessment and support plan, personal care service needs of the resident, and infection control.

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.

Upon receiving violation report, DCS B's year 2018 was reviewed and confirmed employee has received all required training for the year 2018. Attachment #2 shows form that will be put into place to more easily view completed trainings by each employee.

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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
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Violation Report: 44024 - 08/24/2018 - Evages, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The training documents for direct care staff B's Older Adult Protective Services Act and falls and accident prevention trainings do not include the length of the course.

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 will begin using forms provided by DHS to ensure all areas of training is being addressed. Due to the delay in receiving the inspection report we will not be putting these forms into effect until May 1st. We will utilize them consistently moving forward.
 See Attachment # 3

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Sullivan* Date *4-11-19*

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Violation Report: 44624 - 08/24/2018 - Evages, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 66 Pa. Code §2800

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 8/24/18, the "End Room" on the second floor next to room #209 was unlocked, unattended and accessible to residents and contained eight 50 count boxes of povidone-iodine antiseptic swabsticks labeled "If swallowed get medical help or contact a poison control center."

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.

A Keypad was added to the door of this Room and will remain locked and will only be accessible by designated personnel.

Immediately and at least daily thereafter - The administrator will implement monitoring procedures that include a designated staff person checking to ensure poisonous materials are kept locked and inaccessible to residents. *BS 4/19/19*

Within 30 days of receipt of the plan of correction - All staff persons will be educated on Chapter 2600. 82(c). *BS 4/19/19*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2017	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Melma Sullivan</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nelson Sullivan</i>			Date <i>4-11-19</i>
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Violation Report: 44624 - 08/24/2018 - Eveges, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

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

2a. DESCRIPTION OF VIOLATION
 On 8/24/18, in the private bathroom in room # 215, there was an approximately 6 inch long smear of feces on the shower wall.

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.

Housekeeping immediately sanitized shower area in Room 215 day of inspection.
 Room Rounds will continue to be conducted by designee and sanitary conditions of Rooms will continue to be monitored as well. The Rounds will be conducted on a weekly basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Sullway* Date *4-11-19*

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 Not Implemented

Violation Report: 44824 - 08/24/2018 - Evoges, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 56 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 8/24/18, the second floor fire doors between the business office and short hallway did not fully close.

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.

Fire door in question was adjusted the day of inspection so it functioned properly.

See Attachment # 4

Fire doors will be monitored during fire drills to ensure they are functioning properly.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Melissa Sullivan
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Melissa Sullivan	Date	4-11-19
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- Not Implemented

Violation Report: 44824 - 08/24/2018 - Evesges, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 56 Pa. Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION
 On 8/24/18, the home's first aid kit did not contain eye protection.

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.

Eye protection was added to the first aid kit the day of inspection
 Audits will be done by the administrator or designee to ensure all materials are available in the first aid kit at all times.
 The first aid kit audits will occur at least weekly. BB 4/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Melissa Sullivan	4-11-19

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Violation Report: 44624 - 08/24/2018 - Evogas, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 On 9/12/18, there was no bedside light source within reach of the resident's bed in room #105.

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.

A bedside lamp was put in Room #105 that is accessible by the resident day of inspection. Room audit was done in all PC rooms to ensure all required furnishings are present. Ongoing Room Audits will be conducted by administrator or designee to ensure compliance. Operable bedside lighting audits will occur at least weekly. *BB 4/19/19*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melissa Sullivan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Sullivan* Date *4-11-19*

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Violation Report: 44824 - 08/24/2018 - Eveses, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 66 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 8/24/18, there was a wooden baby gate blocking the doorway to room #205.

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.

Wooden gate; removed day of inspection
 From room #205. Regulation on restraints
 reviewed with staff at monthly meeting.
 See Attachment #5

Immediately and at least daily thereafter - The administrator will implement
 monitoring procedures that include a designated staff person checking to ensure
 stairways, hallways, doorways, passageways and egress routes from rooms and
 from the building are unlocked and unobstructed. BB 4/19/19

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Sullivan* Date *4-11-19*

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Violation Report: 44624 - 08/24/2018 - Eveses, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 56 Pa.Code §2800

2800.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record does not record the fire drill times in hours and minutes on the following dates: 3/31/17 at 6 a.m., 8/27/17 at 3 p.m., 11/29/17 at 5 p.m., 2/27/18 at 7 p.m., 3/27/18 at 12 a.m.

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 Fire expert conducting monthly drills was re-educated on importance of filling out form completely to show compliance. Administrator or Designee will review log monthly to ensure compliance each month.

During the next quality management plan review and evaluation - The administrator will ensure the home places an increased emphasis on these plans of correction to ensure long-term compliance. *BB 4/19/19*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2017
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Melissa Sullivan</i>
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<i>Melissa Sullivan</i>	<i>4-11-19</i>

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(Initials)

Violation Report: 44624 - 08/24/2018 - Evesges, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 66 Pa. Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

According to resident and staff interviews, during fire drills, resident #4 is not evacuated from his/her bedroom to a fire-safe area. Rather, staff check on the resident, who is assessed totally immobile and is unable to transfer from bed and shut the resident's bedroom door until the fire drill is complete.

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 #4 is no longer served in the home. *BS 4/19/19*

A teaching will be done with all PC staff members reviewing the regulation on evacuating residents during drills

See Attachment #6

Immediately and at least monthly thereafter - The administrator will either observe monthly fire drills or review fire drill records and interview residents and staff to ensure residents evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing. *BS 4/19/19*

During the next quality management plan review and evaluation - The administrator will ensure the home places an increased emphasis on these plans of correction to ensure long-term compliance. *BS 4/19/19*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/07/2017
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Violation Report: 44624 - 08/24/2018 - Eveses, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 65 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 8/24/18, in the "End Room" on the second floor next to room #209 there was a refrigerator that was unlocked, unattended and accessible to residents and contained the following resident medications:
 *6 Novolog Insulin pens for resident #5
 *1 Humalog Insulin pen for resident #6
 *1 Tresiba Insulin pen for resident #7.

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.

A lock was added to refrigerator in question. Only designated personnel will have access.
 See Attachment #7

Immediately and at least twice per week thereafter - The administrator will implement monitoring procedures that include a designated staff person checking to ensure that medications are locked. BB 4/19/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa Sullivan* Date *4-11-19*

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

The above plan of correction is approved as of <u>4/19/19</u> (Date)	Plan of correction implementation status as of <u>4/19/19</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44624 - 08/24/2018 - Eveses, Joseph
 PCH Name: CONCORDIA AT THE CEDARS

1. REGULATION 65 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
 There was no open date documented on resident #8's Lantus Solostar insulin pen. The pen was dispersed on 7/17/18 and according to manufacturer's instructions expires 28 days after opening.

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 insulin pen was destroyed day of inspection and a new insulin pen was ordered. During Cart audits, Resident Care Coordinator or designee will monitor for date open on all medications to maintain compliance. Cart audits will occur at least weekly. BB 4/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Melissa Sullivan
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Melissa Sullivan	Date	4-11-19
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