



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 13 2019

Ms. Melissa Weichey
Interim Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of South Hills
License #: 441450

Dear Ms. Weichey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on September 11, 2018 and September 25, 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

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

PCH Name: CONCORDIA OF THE SOUTH HILLS		License Number: 44145
Address: 1300 BOWER HILL ROAD, MT LEBANON, PA 15243		County: Allegheny
Administrator: KELLY VACCARO		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH		RECEIVED
Legal Entity Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA 15243		DEC 12 2018
Certificate(s) of Occupancy C-2 LP 08/19/2002 Dept. of Labor and Industry		WEST REGIONAL OFFICE SENIOR Support Services Unit
Staffing Hours		
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2018: Cutter, Jan; Georgoullis, Karen; Graziano, Belinda 09/25/2018: Cutter, Jan; 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: 70 ✓ Number of Residents Served: 55 ✓ Secured Dementia Care Unit In Home: Yes Area: First Floor Rooms 161 to 173 Secured Dementia Unit Capacity, if Applicable: 12 ✓ Number of Residents Served in Secured Dementia Care Unit, if applicable: 9 ✓ Number of Current Hospice Residents: 3 ✓ Number of Hospice Residents in past year: 16 ✓	Number of Residents who: Receive Supplemental Security Income: 0 ✓ Are 80 Years of Age or Older: 55 ✓ Have Mental Illness: 0 ✓ Have an Intellectual Disability: 0 ✓ Have a Mobility Need: 18 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 44145 - 09/11/2018 - Cutter, Jan
 PCH Name: CONCORDIA OF THE SOUTH HILLS

DEC 12 2018

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

On 9/11/2018 at approximately 11:20 am, documents regarding resident #1's medical assistance eligibility were accessible on the desk in staff person A's unlocked and unattended office.

On 9/11/2018 at approximately 12:35 pm, the narcotic count binder was unlocked and accessible in a pocket on the left side of the medication cart in the hallway adjacent to the diningroom. This binder included count sheets for Tramadol for resident #2, and Lorazepam for residents #3 and #4.

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.

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 for the purpose of providing services to the resident, agent of the Department and the long-term 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 designated person, or if a court order disclosure.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator removed the documents on 9/11/2018 which contained resident information from the bulletin board in the hallway where they were found to be unattended and accessible. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/11/2018 to assure that there were no other places where resident information could be accessed by unauthorized parties. The staff has been educated with emphasis on continued compliance with keeping all resident records confidential. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of keeping resident records confidential. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vaccaro, PCHA* Date *12-10-18*

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

The above plan of correction is approved as of 2/14/19
 (Date)

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

Plan of correction implementation status as of 2/14/19
 (Date)

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

DEC 12 2018

Violation Report: 44145 - 09/11/2018 - Cutter, Jan
 PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 65 Pa.Code §2800
 2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 On 9/11/2018, there were 2 missing pieces of drywall by the doorway by the refrigerator/freezer in the memory care kitchen. The sections measure 6" by 1 1/2" and 12" by 5".

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.

2600.88(a)-Floors, walls, ceilings, windows, doors and other surfaces must clean, in good repair and free of hazards

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator notified Maintenance director immediately of area in need of repair on 9-11-2018. On 9/25/2018 the area was shown to be repaired and education and pictures are attached of repaired area. Work order system is in place for the above noted areas.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Vaccaro, pcha</i>	Date <i>12-10-18</i>
--	-------------------------

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

The above plan of correction is approved as of <u>2/14/19</u> (Date)	Plan of correction implementation status as of <u>2/14/19</u> (Date)
The above plan of correction was approved by <u>JW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44146 - 09/11/2018 - Cutter, Jan
 PCH Name: CONCORDIA OF THE SOUTH HILLS

RECEIVED
 DEC 12 2018
 WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 9/11/2018, the hot water temperature in the following areas, accessible to residents, exceeded 120 degrees Fahrenheit:

- * at 11:35 am the hot water temperature in resident #5's bathroom sink measured 123.4 degrees Fahrenheit.
- * at 11:45 am the hot water temperature in resident #6's kitchenette sink measured 123.8 degrees Fahrenheit.
- * at 11:50 am, the hot water temperature at resident #7's kitchenette sink measured 122.3 degrees Fahrenheit. The hot water temperature in the bathroom sink measured 122.5 degrees Fahrenheit.
- * at 12:10 pm, the hot water temperature in the sink in the first floor activity room measured 123.6 degrees Fahrenheit.

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.

2600.89(b)-Hot water temperature in areas accessible to the resident may not exceed 120F.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Maintenance Director adjusted temperature on hot water system on 9/11/2018. To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/11/2018 to assure that there were no other places that the hot water temp needed to be addressed and Maintenance was educated with emphasis on continued compliance with hot water temp. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of hot water temp. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/25/2017	
-----------------------	-----------------------------------	------------	--

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vaccaro, pcha* Date *12-10-18*

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

The above plan of correction is approved as of <u>2/14/19</u> (Date)	Plan of correction implementation status as of <u>2/14/19</u> (Date)
The above plan of correction was approved by <u><i>JW</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44145 - 09/11/2018 - Cutler, Jan
PCH Name: CONCORDIA OF THE SOUTH HILLS

WEST OF CONCORDIA OF THE SOUTH HILLS
Facility/Location/Rooming

1. REGULATION 55 Pa.Code 52600

2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION

On 9/11/2018 at 12:30 pm, the soap dispenser by the sink of the common bathroom in the memory care unit was inoperable. There was no other soap within reach of this sink.

On 9/11/2018 at 12:45 pm, the soap dispenser in the private bathroom in bedroom #163 was inoperable. There was no other soap within reach of this sink.

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.

2600.102(i)-A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

The Housekeeping Manager checked all soap dispensers in personal care to ensure that they were operable and that soap was available in all bathroom areas to ensure compliance. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Vaccaro, pcha* Date *12-10-18*

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

The above plan of correction is approved as of <u>2/14/19</u> (Date)	Plan of correction implementation status as of <u>2/14/19</u> (Date)
The above plan of correction was approved by <i>JW</i> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

DEC 12 2018

Violation Report: 44145 - 09/11/2018 - Cutter, Jan
 PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 56 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 9/11/2018 at 12:45 pm, the freezer section of the refrigerator/freezer in the kitchen of the memory care unit measured 4 degrees Fahrenheit.

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.

2600.103 (f)-Food requiring refrigeration shall be stored at or below 40 degrees Fahrenheit. Frozen food shall be kept at or below 0 degrees Fahrenheit. Thermometers are required in refrigerators and freezers.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/11/2018 to assure that there were no other places where refrigerator or freezer temperatures that were no within range and staff was educated with an emphasis on continued compliance with checking dates on items for expiration. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all kitchen areas and food storage areas. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Vaccaro, pcha</i>	Date <i>12-10-18</i>
--	----------------------

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

The above plan of correction is approved as of 2/14/19
 (Date)

Plan of correction implementation status as of 2/14/19
 (Date)

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

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

RECEIVED

Violation Report: 44145 - 09/11/2018 - Cutter, Jan
 PCH Name: CONCORDIA OF THE SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.
 DEC 12 2018
 WEST VIRGINIA STATE UNIVERSITY
 Human Services Building

2a. DESCRIPTION OF VIOLATION
 On 9/11/2018 the meat freezer in the main kitchen contained 3 bags of breaded mushrooms and 2 bags of tater tots that were not in their original packaging and were not labeled or dated.

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.

2600.103(i)-Outdated or spoiled food or dented cans may not be used.

This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

To enhance currently compliant operations and under the direction of the Personal Care Administrator, an inspection of the rest of the facility was completed on 9/11/2018 to assure that there were no other places where there was outdated items and staff was educated with an emphasis on continued compliance with checking dates on items for expiration. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance and through a quarterly audit of all kitchen areas and food storage areas. Any deficiencies will be corrected on the spot and the findings of quarterly audits will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

Repeat Violation: Yes	Data(s) of Previous Violation(s):	09/25/2017
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Vaccaro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Vaccaro, pcha</i>	Date <i>12-10-18</i>
--	-------------------------

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

The above plan of correction is approved as of <u>2/14/19</u> (Date)	Plan of correction Implementation status as of <u>2/14/19</u> (Date)
The above plan of correction was approved by <i>JW</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented