



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 11 2019

Ms. Jill Treglia
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Franklin Park
1600 Georgetown Drive
Sewickley, Pennsylvania 15143
Certificate #: 443630

Dear Ms. Treglia:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 1, 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 44363 - 11/01/2018 - Pfaff, Vicki
 PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 On 11/1/18 when resident #1 returned to his/her room from the dining room after having lunch, he/she found staff person A, the director of nursing from a different facility owned by the legal entity, going through the bottom drawer in the resident's dresser and the drawer in the nightstand. Staff person A informed the resident that he/she had found over the counter (OTC) medications in the resident's room and was taking them to determine if the resident had a doctor's order for the medications and because all medications need to be secured. Resident #1 expressed that he/she was angry because the staff person was going through his/her drawers and taking items while the resident was not in the room. Staff person A acknowledged to the Department that the resident was not in his/her room when it was searched nor was the resident notified of any search or need to look through the resident's belongings.

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.

This particular employee was reminded of resident rights and how staff need to ask permission before going through a resident's belongings. In the future, any staff who do room rounds or building rounds will be reminded of this fact as well by the administrator or designee.

A general training will also be done with all staff to ensure resident privacy. This training will be completed by March 1, 2019.

A copy of the training will be kept on file.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Treglia</i>	Date <i>2-12-19</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>2/13/19</u> (Date)	Plan of correction implementation status as of <u>2/13/19</u> (Date)
The above plan of correction was approved by <u><i>JST</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>eg</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44363 - 11/01/2018 - Pfaff, Vicki
 PCH Name: CONCORDIA OF FRANKLIN PARK

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

2a. DESCRIPTION OF VIOLATION
 At 1:30 p.m., the shared bathroom for resident bedroom #E207 shared by residents #2 and #3 had approximately 7 bunched up wads of wet, yellowed toilet paper around the platform of the raised toilet seat and numerous torn pieces of toilet paper lying on the floor around the toilet.

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.

This particular resident takes herself to the bathroom. Nearly every time she goes to the bathroom, she rips apart toilet paper and tosses it in the toilet to clog it and all around the bathroom. Staff clean it up regularly, but will have to check more frequently to make sure the bathroom is not in this messy state.

Staff will be reminded by the Administrator and Resident Care Coordinator to check in on this resident's bathroom more frequently to stay ahead of the mess. Housekeeping will also check as often as possible.

The Administrator, Resident Care Coordinator or designee will make it a point to check the room once a day as well. Record of these checks will be kept on file.

Immediately: The administrator or designated staff person shall check resident #2's bathroom every two hours to ensure sanitary conditions are maintained. 2/13/19 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jill S. Treglia*

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Violation Report: 44363 - 11/01/2018 - Pfaff, Vicki
 PCH Name: CONCORDIA OF FRANKLIN PARK

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
 Hot water temperatures in areas accessible to residents measured in excess of 120 degrees Fahrenheit (F) as follows:
 * The sink in public restroom near resident care coordinator's office measured 124.3F at 10:22 a.m.
 * The sink in dining area in the second floor North and West halls – 122.5F at 10:29 a.m.
 * The sink in shared bathroom near bedroom #205 of West hall – 122.9F at 10:33 a.m.
 * The sink in shared bathroom near room #205 in the second floor South hall – 123.2F at 10:48 a.m.
 * The sink in dining area for Garden North and West halls – 123.0F at 10:59 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.

During the time of the inspection, we were having a new hot water tank installed. This caused some issues with the temperatures. We have since continued with our regular temperature logs and the temperatures have been below 120 degrees.

The facility Maintenance Director will continue with his regular monthly temperature logs in eight different areas of the building.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Joel S. Streglia* Date *2-12-19*

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Violation Report: 44363 - 11/01/2018 - Pfaff, Vicki
 PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 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
 The main exit from the "memory care" unit exits to an enclosed covered patio approximately 5'X6' requires passage through a metal slatted gate. The gate has a lever-type latch located only on the outside of the gate that needs to be disengaged in order to open the gate. Residents interviewed in the "memory care" unit did not express knowledge that they would need to reach through the gate to open it.

There is a pink sign taped to the exit door leading from the Activities Room that indicates "This is not a fire exit." However, there is a standard "Exit" sign above the door, and the door is indicated as part of the emergency evacuation route on the evacuation diagram posted in the Activities Room.

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.

We will be placing a sign on the gate that reads, "Reach through gate to open". This will alert anyone passing through the gate that he or she must look on the other side of the gate for the latch. The latch is visible from any height if the person looks through the posts.

The sign will be placed by the administrator by March 31, 2019.

The pink "This is not a fire exit" sign was removed from the door immediately. This will be a fire exit and will be treated as such.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jill S. Treglio</i>	Date <i>2-12-19</i>
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Violation Report: 44363 - 11/01/2018 - Pfaff, Vicki
 PCH Name: CONCORDIA OF FRANKLIN PARK

1. REGULATION 55 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
 At 1:43 p.m., there was tube of Preparation H setting unlocked and accessible on resident #4's nightstand. Resident #4 has not been identified by the home to be able to self-administer medications.

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 Preparation H was removed from the resident's room immediately. Staff were reminded that any over the counter medication or cream must be kept locked in the med cart and/or med room with the medications unless the resident has a "self-administer" order. If the resident does have an order, any medications in his or her room must be locked as well.

Regular weekly rounds will be done by the Administrator and Resident Care Coordinator to ensure there are no OTC medications unlocked in the residents' rooms. Any self-administer residents will be reminded to keep their medications locked at all times. A record will be kept of these rounds.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/26/2017		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jill S. Treglia*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jill S. Treglia* Date *2-12-19*

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 (Date)

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

Plan of correction implementation status as of 2/13/19
 (Date)

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