



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 21, 2019

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 November 29, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", written in a cursive style.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Violation Report

**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: Anne 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 Department of Health		RECEIVED FEB 18 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 239	Waking Staff: 179
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/29/2018: McConnell, Deb		
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: 203 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: 15 Number of Hospice Residents in past year: 40	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 200 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 36 Have a Physical Disability: 9	

Violation Report: 44762 - 11/29/2018 - McConnell, Deb
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 10/2/18, in the afternoon, staff administered the wrong prescribed medication cream to resident #1. The home did not report the incident to the Department.

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.

All staff re-educated on reportable incidents and that they must be completed and faxed to DHS within 24 hours of incident

Administrator / designee will be notified @ time of all incident & will monitor and make sure report is completed and faxed to DHS within 24 hours after each incident.

Immediately - The administrator will ensure that all reportable incidents and conditions as indicated in Chapter 2600.16a are reported to the Department within the required time frame and by the required reporting method.

See teaching form attached


-JRW 2/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny LPN / Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anne Denny, LPN Administrator</i>	Date <i>2-14-19</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>2/19/19</u> (Date)	Plan of correction implementation status as of <u>2/19/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44762 - 11/29/2018 - McConnell, Deb
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 10/2/18, resident #1 was administered Diclofenac 1% topical cream prescribed for and belonging to resident #2.

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.

All staff re-educated that residents should only be receiving medications/creams, prescribed for them.

Unit manager / designee will monitor on a daily basis + every shift as part of their regular duties to ensure compliance.

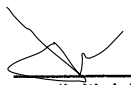
See tracking form attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/16/2018 et al
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny, LPW/Administrator*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anne Denny, LPW/Administrator* Date *2-14-19*

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Violation Report: 44762 - 11/29/2018 - McConnell, Deb
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person A has not successfully completed the Department-approved medication administration course or passed the Department's performance -based competency test; however, on 10/2/18, staff person A administered Desonide 0.05% topical cream and Diclofenac 1% topical cream to resident #1.

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.

Staff person "A" was Coached and re-educated that medications/creams can only be administered by a staff person who has successfully completed a department approved medication administration course and passing the departments performance-based competency test in past 2 years.

Unit manager / designer will monitor on a daily basis and every shift as part of their regular duties to ensure compliance.

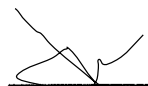
Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Anne Penny, CPW / Administrator* Date *2-14-19*

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 (Date)

The above plan of correction was approved by 
 (Initials)

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

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44762 - 11/29/2018 - McConnell, Deb
 PCH Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING

1. REGULATION 55 Pa.Code §2600
 2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
 The support plan for resident #1, dated 5/30/18 and the support plan for resident #2, dated 3/16/18, do not address how the home will meet the residents' needs for all medical diagnoses. The support plans only indicate "medication as per physician ordered."

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.

Staff re-educated that a written support plan must address how they will meet the residents' medical needs for all medical diagnoses.

Administrator / designee will monitor support plans once completed to ensure compliance

Immediately - The support plans for residents #1 and #2 will be updated to address how the home will meet the residents' needs relating to medical diagnoses. -JRW 2/19/19

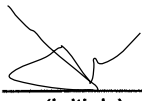
Within 30 days of receipt of this plan of correction - The administrator or designee will review the support plans of all current residents to ensure all care needs are indicated. - JRW 2/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Anne Perry, LSW / Administrator*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Anne Perry, LSW / Administrator</i>	Date <i>2-14-19</i>
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