



MAILING DATE: March 13, 2019

Ms. Bonnie Stapchuck
Administrator
Concordia Lutheran Ministries of Pittsburgh
931 Route 910
Cheswick, Pennsylvania 15024

RE: Concordia of Fox Chapel
Certificate #: 442470

Dear Ms. Stapchuck:

As a result of the Department's Bureau of Human Services Licensing inspection on January 3, 2019, 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 that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report: 44247 - 01/03/2019 - Bartlett, Patricia
PCH Name: CONCORDIA OF FOX CHAPEL

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 12/27/18 at approximately 6:50 p.m., staff person A allegedly slapped the left hip of resident #1 during evening bedside hygiene. However, the allegation of physical abuse was not reported to Area Agency on Aging until 12/28/18 at approximately 10:45 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 supervisor and the nurse that this allegation was reported to were re-trained on abuse reporting on 1/3/19 after this incident occurred. These two individuals had also been trained on abuse reporting on 3/15/18. On 1/9/19 all department managers and nurses were trained on abuse reporting. I have included all of the sign in sheets and the content of those trainings. On 3/21/19 we will be conducting training on abuse reporting again. The Staff Development Coordinator and the Administrator stressed the importance of timely reporting and taking every accusation seriously and conducting an investigation. In addition, they should call the Administrator

Immediately: The administrator shall monitor all allegations of abuse to ensure any allegation of abuse is immediately reported in Accordance with the Older Adult Protective Services Act. 3/4/19 *g*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Stapchuck</i>	Date <i>2-25-19</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>3/4/19</u> (Date)	Plan of correction implementation status as of <u>3/4/19</u> (Date)
The above plan of correction was approved by <u><i>g</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44247 - 01/03/2019 - Bartlett, Patricia
PCH Name: CONCORDIA OF FOX CHAPEL

1. REGULATION 55 Pa.Code §2600
 2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION
 On 12/27/18 at approximately 6:50 p.m., staff person A allegedly slapped the left hip of resident #1 during evening bedside hygiene. Staff person A remained on unsupervised duty from 12/27/18 at 6:50 p.m. to 12/28/18 at 7:00 a.m. and on 1/1/19 and 1/2/19 from 3:00 p.m. to 11:30 p.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 supervisor and the nurse that this allegation was reported to were re-trained on abuse reporting on 1/3/19 after this incident occurred. These two individuals had also been trained on abuse reporting on 3/15/18. On 1/9/19 all department managers and nurses were trained on abuse reporting. I have included all of the sign in sheets and the content of those trainings. On 3/21/19 we will be conducting training on abuse reporting again. The Staff Development Coordinator and the Administrator counselled on the importance of suspending/pending investigation of anyone being accused of abuse. In addition, they should call the Administrator.

Immediately: The administrator shall monitor all allegations of abuse to ensure any staff person who is alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department. 3/4/19 *g*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Stapchuck</i>	Date <i>2-25-19</i>
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Violation Report: 44247 - 01/03/2019 - Bartlett, Patricia
PCH Name: CONCORDIA OF FOX CHAPEL

1. REGULATION 55 Pa.Code §2600
 2600.15(d) - The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

2a. DESCRIPTION OF VIOLATION
 On 12/27/18 at approximately 6:50 p.m., staff person A allegedly slapped the left hip of resident #1 during evening bedside hygiene. The resident's designated person was not notified until 12/28/18 at approximately 11:57 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 supervisor and the nurse that this allegation was reported to were re-trained on abuse reporting on 1/3/19 after this incident occurred. These two individuals had also been trained on abuse reporting on 3/15/18. On 1/9/19 all department managers and nurses were trained on abuse reporting. I have included all of the sign in sheets and the content of those trainings. On 3/21/19 we will be conducting training on abuse reporting again. The Staff Development Coordinator and the Administrator counselled on the importance of timely reporting to the resident's family, which is included in the abuse reporting flowchart provided in the training. In addition, they should call the Administrator.

Immediately: The administrator shall monitor all allegations of abuse to ensure the resident and the resident's designated person are immediately notified of the allegation of abuse. 3/4/19 *g*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>BONNIE STARKHUCK</i>	Date <i>2-25-19</i>
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Violation Report: 44247 - 01/03/2019 - Bartlett, Patricia
PCH Name: CONCORDIA OF FOX CHAPEL

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1's assessment, dated 2/9/18 does not indicate the resident's prescription for a right hand splint for contracture. The assessment indicates the resident has no problem in the areas of irritability, agitation, and aggression. However, multiple direct care staff and medical staff indicate the resident cries out during hygiene and has a history of kicking, biting, or hitting others. The assessment indicates the resident needs some physical assist for toileting. However, multiple direct care staff and medical staff indicate the resident needs total physical assistance for toileting due to behaviors.

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 updates found during the investigation were completed on 1/9/19 upon the resident's annual assessment. I have attached a copy of the RASP with changes in the following areas: R hand splint, irritability, agitation and aggression. The Administrator has addressed the importance of timely changes to the RASP/RASP updates in that it is a living/changing document with the Resident Care Coordinator.

Immediately: The administrator or designated staff person shall review all resident assessments to ensure accuracy and completeness. 3/4/19 *g*

Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/18/2018	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Bonnie Stapelbeck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Bonnie Stapelbeck</i>	Date <i>2-25-19</i>
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