



August 19, 2019

Ms. Melissa Weichey  
Interim Administrator  
Concordia Lutheran Ministries of Pittsburgh  
125 Brown Road  
Wexford, Pennsylvania 15090

RE: Concordia of Wexford  
Certificate #: 443620

Dear Ms. Weichey:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 9, 2019, 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](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 "Kevin Hancock", is written over a faint, larger version of the signature.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

Violation Report

Facility Information

Name: *CONCORDIA OF WEXFORD* License Number: *443620*  
 Address: *125 BROWN ROAD, WEXFORD, PA 15090*  
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *EMILY STUMPNER* Phone: *7249351266* Email: *ESTUMPNER@CONCORDIALM.ORG*

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*  
 Address: *125 BROWN ROAD, WEXFORD, PA, 15090*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/15/1994* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*  
 Reason: *Renewal*

Inspection Dates and Department Representative

*04/09/2019 - On-Site: Lisa Flinner-Alman, Amy Duncan*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* Residents Served: *35*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *35*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *12* Have Physical Disability: *0*

*Emily Stumpner* PCHA 7/22/19

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The carbon monoxide detector that is present in the home, 3 feet from the kitchen gas stove, was not in accordance with The Care Facility Carbon Monoxide Alarms Standards Act.

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 carbon monoxide detector was taken down and moved 15 feet away from kitchen gas stove while inspectors were on site. Please see attached picture. Maintenance was also retained on carbon monoxide detectors. Please see attached.

Legal Entity Representative

*Emily Stumper*  
Signature

Emily Stumper PCHA  
Printed Name and Title

7/22/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

7/22/19  
(Date)

Plan of correction implementation status as of

7/22/19  
(Date)

The above plan of correction was approved by

*ES*  
(Initials)

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

225c - Additional Assessment

Regulations

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.

Description of Violation

The assessment, dated 11/7/18, for resident #1 indicates the resident has diagnoses of nausea, skin breakdown and insomnia that are not indicated on the medical evaluation, dated 11/5/18.

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.)

Diagnoses listed above were written on resident 1 support plan and faxed to lead inspector on 4/9/19. Please see attached. All Resident Assessment Support Plans (RASPs) and Documentation of Medical Evaluation (DME) completed on and after 7/22/19 will be reviewed by both Administrator and Resident Care Coordinator to ensure diagnoses are listed on both RASP and DME. To ensure compliance, both Administrator and Resident Care Coordinator's Signature will be listed on signature page of RASPs.

Legal Entity Representative

  
Signature

Emily Stumpner PCHA  
Printed Name and Title

7/22/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

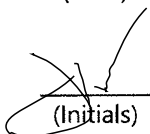
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