



August 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 annual inspection on July 10, 2019 and July 11, 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", written over a white background.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

7/24/19

## Violation Report

### Facility Information

Name: *CONCORDIA LUTHERAN HEALTH AND HUMAN CARE LUND BUILDING*License Number: *44762*Address: *134 MARWOOD ROAD, CABOT, PA 16023*County: *BUTLER*Region: *WESTERN*

### Administrator

Name: *Anne Denny*Phone: *7243521571*Email: *adenny@CONCORDIALM.ORG*

### Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH AND HUMAN CARE*Address: *134 MARWOOD ROAD, CABOT, PA, 16023*

### Certificate(s) of Occupancy

Type: *C-1*Date: *11/25/1998*Issued By: *Department of Health*

### Staffing Hours

Resident Support Staff: *0*Total Daily Staff: *242*Waking Staff: *182*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*Reason: *Renewal*

### Inspection Dates and Department Representative

07/10/2019 - On-Site: *Scott Klein, Barbara Barone, Mike Marini, Lisa Flinner-Alman*07/11/2019 - On-Site: *Scott Klein, Barbara Barone, Mike Marini, Lisa Flinner-Alman*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *220*Residents Served: *202*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *23*

#### Number of Residents Who:

Receive Supplemental Security Income: *3*Are 60 Years of Age or Older: *200*Diagnosed with Mental Illness: *0*Diagnosed with Intellectual Disability: *7*Have Mobility Need: *40*Have Physical Disability: *10*

82c - Locking Poisonous Materials

Regulations

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/10/19 at approximately 10:10 a.m. the custodial room near the library in Rogge Hall was open and accessible with two 32oz spray bottles of Lysol Bleach Multipurpose cleaner with a manufacturer's label that states "If swallowed contact a poison control center or doctor immediately for treatment advice." Not all residents are assessed as safe around poisons to include resident #1 and resident #2 who both live in Rogge Hall.

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.)

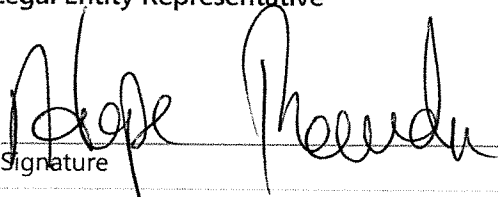
All staff reeducated on regulation requiring poisonous materials being kept locked and inaccessible to residents living in the home that are unable to safely use or avoid. (see attached training)


All staff persons will monitor the home daily to ensure poisonous materials are locked and inaccessible to residents.

Housekeeping supervisor will conduct monthly audits to ensure compliance.

The Poisonous materials cited in the violation were secured. 7/24/19

Legal Entity Representative

  
Signature


  
Hope Renda Executive Director  
Printed Name and Title

Date 7-24-19

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The above plan of correction is approved as of 7/24/19  
(Date)

Plan of correction implementation status as of 7/24/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 7/3/19 at 5:39 p.m. the medication administration record (MAR) for resident #3 indicates a glucometer reading of 143, however, the glucometer indicates a reading of 146.

On 7/8/19 at 8:53 p.m. the MAR for resident #3 indicates a glucometer reading of 93, however, the glucometer indicates a reading of 96.

On 7/7/19 at 4:13 p.m. the MAR for resident #4 indicates a glucometer reading of 146, however, the glucometer indicates a reading of 174.

On 7/8/19 at 7:05 a.m. the MAR for resident #5 indicates a glucometer reading of 176, however, the glucometer indicates a reading of 138.

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.)

Med Techs and LPNs reeducated on regulation 185.a. (see attached training)

Unit manager/designee will conduct monthly audits between glucometer machines and EMAR to ensure proper documentation and compliance.

Immediately: Audits of glucometers and documentation of blood glucose levels shall be completed at least weekly. 7/24/19

Legal Entity Representative


  
Signature

Hope Prouden Executive Director 7-24-19  
Printed Name and Title Date

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187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation


Resident #5 is prescribed Mirtazapine 15mg - 1/2 tablet (7.5mg) by mouth at bedtime. However, the medication administration record indicates Mirtazapine 7.5mg - 1 tablet oral hour of sleep.


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.)

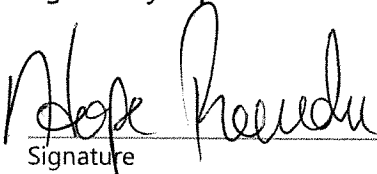
Disagree with violation.

Resident #5 was administered correct dose of medication prescribed. Per communication with DHS compliance hotline it is acceptable if the script does not exactly match the EMAR as long as the total dose administered is correct. (see attached email communication)

Immediately: Resident #5's MAR shall be updated to reflect the resident's current prescription. 7/24/19. 

Immediately: The administrator or designated staff person shall review all resident MARs to ensure all prescriptions are accurately documented on each resident's MAR, 7/24/19 

Legal Entity Representative



Signature

Hope Prouty Executive Director 7-24-19


Printed Name and Title

Date

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