



October 29, 2019

Ms. Rachel Hortert
Administrator
Concordia Lutheran Health & Human Care
104 Concordia Way
Butler, Pennsylvania 16001

RE: Concordia at the Orchard
Certificate #: 425060

Dear Ms. Hortert:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 25, 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.

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, light-colored signature line.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *CONCORDIA AT THE ORCHARD*
Address: *104 CONCORDIA WAY, BUTLER, PA 16001*
County: *BUTLER* Region: *WESTERN*

License Number: *42506*

Administrator

Name: *Rachel Hortert* Phone: *7242854490* Email: *BHORTERT@CONCORDIALM.ORG*

Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH & HUMAN CARE*
Address: *104 CONCORDIA WAY, BUTLER, PA, 16001*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/21/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: Total Daily Staff: *69* Waking Staff: *52*

Inspection

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

Inspection Dates and Department Representative

07/25/2019 - On-Site: Laurie Garrigan, Barbara Barone, Belinda Graziano

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *57*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

184a - Labeling OTC/CAM

Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation


Resident #1 was prescribed Gabapentin 100 mg capsule-take 2 capsules (200 mg) daily at 2 p.m. and (200 mg) oral as need two times a day. However, the prescription label does not include the order of (200 mg) oral as needed two times a day.

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.)

Change of direction sticker was immediately added to the card. All orders were correct on MAR and medication was available. Implemented audit process to run resident orders report for each day and audit that all changes are received/implemented correctly including pharmacy label and order matching. Teaching initiated on 9/19/19 with nurses and medtechs. RCC will audit Order report audits weekly for 3 months.

Legal Entity Representative



Signature

Rachel Herten Administrator

Printed Name and Title

9-19-19

Date

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

The above plan of correction is approved as of 9/20/19 (Date)

Plan of correction implementation status as of 9/20/19 (Date)

The above plan of correction was approved by [Handwritten initials] (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

Resident #2 was prescribed Hydrocodone 5 mg-Acetaminophen 325 mg tablet- 1 tablet orally, as needed, every six hours for pain. However, this medication was not present on the medication cart.

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.)

Medication was previously ordered- Residents outside physician was not timely in authorizing refill. This particular medication was discontinued at physician recommendation.

Nurse/ Medtech will audit PRN medications weekly and order refills as needed. Nurse/medtech will also take note of #of refills left in order to request scripts in a timely fashion.

Staff teaching initiated 9/19/19 as reminder of current process.

Legal Entity Representative

Rachel Hart
Signature

Rachel Hart - Administrator
Printed Name and Title

9-19-19
Date

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The above plan of correction is approved as of 9/20/19
(Date)

Plan of correction implementation status as of 9/20/19
(Date)

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

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

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 was admitted to hospice services on 7/11/19. However, the resident's support plan, dated 7/11/19, does not include the services provided by hospice.

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.)

New RASP was completed on 7/11/19 because hospice services were initiated. RASP updated immediately during inspection 7/25/19 specifying services provided by GSH.

Facility maintains 24/7 responsibility for all care needs of residents. Hospice provides supplemental services.

RASP of all residents receiving hospice services will include specifically name of the hospice providing services and what specific services will be offered.

Audit RASPS of residents currently receiving hospice services was completed. In future Administrator and RCC will both review and sign off on RASPS of residents receiving hospice services.

Within 30 days of receipt of this plan of correction, all staff responsible for completing RASPs will be educated on §2600.227(d) with specific emphasis on hospice services.

JY 9/20/16

Legal Entity Representative

Signature *Paul Hart*

Rachel Hart - Administrator
Printed Name and Title

9-19-19
Date

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