pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAILING DATE: September 25, 2019

Ms. Melissa Weichey
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of Franklin Park
1600 Georgetown Drive
Sewickley, Pennsylvania 15143
Certificate #: 443630

Dear Ms. Weichey:

As a result of the Department's Bureau of Human Services Licensing inspection on July 30, 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,

Jon B Kimberland

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Violation Report

Received BHSL
9/17/19

Violation Report

Facility Information

Name: *CONCORDIA OF FRANKLIN PARK* License Number: *44363*
Address: *1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: *Jill S. Treglia* Phone: *7249351075* Email: *BHORTERT@CONCORDIALM ORG*

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*
Address: *1300 BOWER HILL ROAD, PITTSBURGH, PA, 15243*

Certificate(s) of Occupancy

Type: *Other* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *94* Waking Staff: *71*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

07/30/2019 - On-Site: Karen Georgoulis

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *73*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0*
Are 60 Years of Age or Older: *73*
Diagnosed with Mental Illness: *1*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21*
Have Physical Disability: *4*

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 requires the assistance of two persons with a Sara lift for all transfers. On 7/5/19, at approximately 9:30 a.m., the fire alarm was activated (for a fire drill), and direct care staff person A attempted to transfer resident #1 from the bed to a wheel chair, without the assistance of a second staff person and without the use of the Sara lift. Staff person A dropped the resident on the floor while trying to transfer her to a wheelchair. Staff person B responded to the resident's room after hearing the residents screams over the fire alarm. Resident #1 was on the floor with one leg bent underneath her and the other leg out in front. Staff person B assisted staff person A with moving the resident's leg. The resident was transferred to a wheelchair and assessed by a med tech. The resident was taken to North Hills Passavant Hospital by ambulance. Resident #1 sustained a closed nondisplaced fracture of femoral condyle, a fracture of right tibial plateau, and a non-displaced fracture of proximal end of left fibula with routine healing. The home did not report the incident to the department until 7/7/19.

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 are trained upon hire and annually on reportable incidents and abuse & neglect. All staff were re-educated on abuse and neglect on 7/30/19 & 7/31/19 (see attachment A). Refresher training initated on reportable incident policy,including what constitues a reportable incident and timeliness of completion . Refresher training also initiated on abuse and neglect policy (attachment B &C). Administrator or designee will be notified at time of incident and ensure that reporting is timely. Adminstrator or designee will audit all incidents weekly to ensure compliance.

Legal Entity Representative

Melissa Weichey
Signature

Administrator - Melissa Weichey 9/16/19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/18/19 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 9/18/19 (Date)

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

42b - Abuse

Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 requires the assistance of two persons with a Sara lift for all transfers. On 7/5/19, at approximately 9:30 a.m., the fire alarm was activated (for a fire drill), and direct care staff person A attempted to transfer resident #1 from the bed to a wheel chair, without the assistance of a second staff person and without the use of the Sara lift. Staff person A dropped the resident on the floor while trying to transfer her to a wheelchair. Staff person B responded to the resident's room after hearing the residents screams over the fire alarm. Resident #1 was on the floor with one leg bent underneath her and the other leg out in front. Staff person B assisted staff person A with moving the resident's leg. The resident was transferred to a wheelchair and assessed by a med tech. The resident was taken to North Hills Passavant Hospital by ambulance. Resident #1 sustained a closed nondisplaced fracture of femoral condyle, a fracture of right tibial plateau, and a non-displaced fracture of proximal end of left fibula with routine healing.

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Training completed on abuse and negelct on 7/30/19 & 7 /31/19.(Attachement A) Staff re-educated on RASP, meeting the care needs of the resident (attachment D) While the aide had no intention of harming the resident, ultimately she tried to rush and transferred the resident without appropriate assistance resulting in injury. Administrator/ Designee will audit staff training on hire and annually to ensure proper training has taken place on RASP- meeting the needs of the resident and safe lifting and Transfers.

By 10/15/19: all direct care staff persons shall be educated on each of the residents' needs and the care and services as indicated in the assessments and support plans. Documentation of education shall be kept. 9/18/19

Legal Entity Representative

Signature

Melissa Weichey - Administrator 9/16/19

Printed Name and Title Date

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81a - Accomodation

Regulations

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

On 7/30/19, the home had three residents requiring the use of four assistive devices to transfer residents from bed. The home had four devices, however, two were of the devices inoperable.

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.)

Respectfully ask that this violation be removed from the report. The facility had 2 proper working/operable devices available to meet the safety needs of residents for transfers.

9/17/19: The administrator indicated the two devices were fixed. 9/18/19

Immediately: The administrator or designated staff person shall check weekly to ensure there are enough working devices available to meet the health and safety needs of the residents including during evacuation. 9/18/19

Legal Entity Representative

Melissa Weichey

Signature

Melissa Weichey- Administrator 9/16/19

Printed Name and Title Date

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202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

Resident #2 is a 96-year-old with a diagnosis Alzheimer's and receiving hospice services. The resident it a total assist for all personal care needs to include body positioning /movement and the assist of two staff for all transfers. On 7/25/19 at approximately 5:25 a.m., direct care staff person C was called to resident #2's room to assess a head injury. Upon arrival direct care staff person C found resident #2 to have a 1cm laceration on the top left side of his/her head. Direct care staff person C noticed resident #2's arms were bound with a ted hose and crossed over the resident's chest. The single ted hose was knotted and tied at each wrist, wrapped around the resident's forearms and hands then tucked in. Direct care staff person D indicated the ted hose was "only used as an emergency, a one-time thing" because she could not find any socks to put on the resident's hands. Direct care staff person D indicated "resident #2 has a strong grip, and puts his/her hands down brief" while staff provide incontinence care. The ted hose was immediately removed by direct care staff D.

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.)

Employee was terminated. All staff are trained upon hire and annually on abuse, neglect and resident rights. Refresher training completed on 7/30/19 & 7/31/19 (attachment A) Training initiated on 9/16/19 as refresher for safe management techniques, positive interventions, re-direction, de-escalation techniques (attachment E). Administrator/Designee will monitor daily to ensure compliance. Administrator/designee will work with direct care staff and families to care plan appropriate interventions for behaviors as needed. RASP will be updated appropriately.

Legal Entity Representative

Melissa Weichey — Signature

Melissa Weichey - Administrator — Printed Name and Title

9/16/19 — Date

202 - Prohibitions *(continued)*

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