



October 18, 2019

Ms. Heather Taylor
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia of South Hills
License #: 441450

Dear Ms. Taylor:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 27, 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".

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *CONCORDIA OF THE SOUTH HILLS*
Address: *1300 BOWER HILL ROAD,, MT. LEBANON, PA 15243*
County: *ALLEGHENY* Region: *WESTERN*

License Number: *44145*

Administrator

Name: *Heather Taylor* Phone: *4122781300* Email: *HTAYLOR@CONCORDIA-SOUTHILLS.ORG*

Legal Entity

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

RECEIVED

9/15/2019

Western Region Field Office
Bureau of Human Services Licensing

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/19/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *82* Waking Staff: *62*

Inspection

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

Inspection Dates and Department Representative

08/27/2019 - On-Site: Lauren Spagna, Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *First Floor* Capacity: *12* Residents Served: *10*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *23* Have Physical Disability: *1*

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's and the municipality's emergency procedures are not posted in a conspicuous and public place in the home.

Plan of Correction (POC)

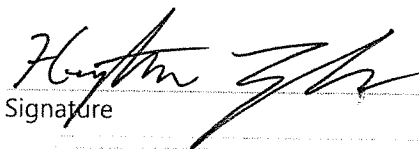
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600.123.b Copies of the emergency procedures as specified in 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 8/27/19 the emergency preparedness binder was being updated. As soon as it was brought to the personal care administrator's attention the binder was returned to the personal care entrance in a conspicuous and public place. Ongoing compliance will be assessed by the Personal Care Administrator or designee during weekly rounds, during random checking of compliance, and through a quarterly audit. Any deficiencies will be corrected on the spot and the findings of quarterly audit will be documented and reviewed.

Legal Entity Representative


Signature

Heather Taylor - PCHA
Printed Name and Title

9/15/19
Date

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

The above plan of correction is approved as of 9/17/19
(Date)

Plan of correction implementation status as of 9/17/19
(Date)

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

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

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:

8. Frequency of administration.

Description of Violation

Resident #1 is prescribed Haldol 5mg/mL-Inject 1mg IM (intermuscular) as needed for mood disorder, and also prescribed Haldol 5mg/mL-Inject 0.5mg IM (intermuscular) as needed for mood disorder. However, resident #1's August 2019 MAR does not indicate the frequency of administration for either prescription order.

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.)

1600.187.a A medication record shall be kept to include the following for each resident for whom medications are administered: 8. Frequency of administration.

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

Resident #1 Haldol orders were discontinued due to nonuse for over 90 days. LPN and med techs were educated to call MD for order clarification if any orders are missing a frequency. Ongoing compliance will be assessed by the Personal Care Administrator or designee during daily medication order audits. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed with staff. Please see attached evidence of education provided to staff.

Legal Entity Representative


Signature

Heather Taylor - PCHA
Printed Name and Title

9/15/19
Date

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(Date)

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9/17/19
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JM
(Initials)

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- Not Implemented

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the keypad at the exit door near bedroom #B-173 on the home's secure dementia care unit were unclear, causing staff person A, as well as an agent of the Department, to be unable to unlock the door for approximately 5 minutes, despite numerous attempts to operate the keypad.

Plan of Correction (POC)

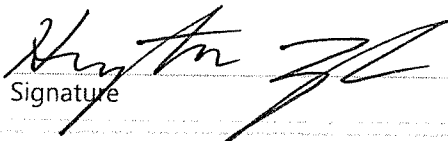
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

2600.233.c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions of the operation shall be conspicuously posted near the device.

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

The Personal Care Administrator immediately changed the directions for the operating keypad at both exit doors on the home's secure dementia care unit to ensure they are clear for visitors to read and operate. Direct Care Staff educated to notify Personal Care Administrator if any visitors have difficulty in operating the keypads. Please see attached photo of the new directions for operating the keypad.

Legal Entity Representative


Signature

Heather Taylor - PCHA
Printed Name and Title

9/15/19
Date

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