



MAILING DATE: November 15, 2019

Ms. Kimberly Ley
Administrator
Concordia Lutheran Ministries of Pittsburgh
1300 Bower Hill Road
Pittsburgh, Pennsylvania 15243

RE: Concordia at the Cedars
4363 Northern Pike
Monroeville, Pennsylvania 15146
License / COC #: 446240

Dear Ms. Ley:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 24, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is fluid and cursive.

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
<Licensing Inspection Summary>

Violation Report

Facility Information

Name: *CONCORDIA AT THE CEDARS*

Address: *4363 NORTHERN PIKE,, MONROEVILLE, PA 15146*

County: *ALLEGHENY*

Region: *WESTERN*

License Number: *44624*

Administrator

Name: *Kimberly Ley*

Phone: *4123733900*

Email: *kley@concordialm.org*

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*

Address: *1300 BOWER HILL ROAD, PITTSBURGH, PA, 15243*

Certificate(s) of Occupancy

Type: *C-1*

Date:

Issued By:

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *89*

Waking Staff: *67*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

10/24/2019 - On-Site: Debora McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *87*

Residents Served: *67*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *nm*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *67*

Diagnosed with Mental Illness: *6*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *22*

Have Physical Disability: *2*

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 8/13/19, resident #1 had an urinalysis to test for a urinary tract infection (UTI). On 8/15/19, the resident's test was positive for a UTI and the physician ordered Macrobid twice daily for 7 days. However, the home did not obtain the medication until 8/18/19 in the evening.

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.)

SEE PAGE 2A OF 3

See Attached

Legal Entity Representative

Kimberly Ley
Signature

Kimberly Ley RCHIA
Printed Name and Title

11-6-19
Date

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

The above plan of correction is approved as of

11/13/19
(Date)

Plan of correction implementation status as of

11/13/19
(Date)

Implemented

The above plan of correction was approved by

[Handwritten Initials]
(Initials)

Not Implemented

2600.185.a

Fix Problem

Who: RCC/Administrator

What: Inservice Staff on Regulation 2600.185.a

When: By November 8, 2019

Prevent from happening again


Who: RCC/Administrator

What: Will Institute a TRIPLE CHECK FORM to ensure all of the daily orders have been addressed. The results of the Triple Check intervention and any issues found will be reported on during QA&A.

When: By November 8, 2019 By 11/15/19 - The administrator or designee will monitor the system at least weekly. - JRW 11/13/19

Staff of the home were educated on the new procedures on 11/4/19. - JRW 11/13/19

LaLey 11-6-19

 11/13/19

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 for resident #1, dated 7/11/19, does not address the diagnosis of chronic kidney disease, as indicated in a physician order, dated 6/17/19.

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.)

SEE PAGE 3A OF 3

See Attached

Legal Entity Representative

Kimberly Ley
Signature

Kimberly Ley PCIA
Printed Name and Title

11-6-19
Date

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

The above plan of correction is approved as of 11/13/19
(Date)

Plan of correction implementation status as of 11/13/19
(Date)

Implemented

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

Not Implemented

2600.225.c

Fix Problem

Who: RCC/Administrator

What: Update Resident #1 RASP to reflect all Diagnosis


When: By November 8, 2019


How to Prevent

Who: RCC/ Administrator

What: Inservice all Med Technicians and LPN's on Regulation 2600.225.c. An Audit has already been initiated for our DME's and RASPS. A Diagnosis check will be added to this Audit going forward and we will report on findings and issues during quarterly QA&A Report. Inservice was completed on 11/4/19. - JRW 11/13/19

When: By November, 8, 2019

 11/13/19

 11-6-19