

Department of Human Services
Bureau of Human Service Licensing

March 16, 2021

██████████ EXECUTIVE DIRECTOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
1300 BOWER HILL ROAD
PITTSBURGH, PA 15243

RE: CONCORDIA OF FRANKLIN PARK
1600 GEORGETOWN DRIVE
SEWICKLEY, PA, 15143
LICENSE/COC#: 44363

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/24/2020, 08/25/2020, 08/26/2020, 08/27/2020, 09/08/2020, 09/10/2020, 09/18/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: CONCORDIA OF FRANKLIN PARK **Licen e #:** 44363 **Licen e Expiration Date:** 03/15/2021
Addr e : 1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7249351075 **Email:** [REDACTED]

Legal Entity

Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA, 15243
Phone: 7243521571 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/04/1999 **Issued By:** Labor and Industry

Staffing Hours

Re ident Support Staff: **Total Daily Staff:** 82 **Waking Staff:** 62

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 08/27/2020

Inspection Dates and Department Representative

08/24/2020 - On-Site: [REDACTED]
08/25/2020 - Off-Site: [REDACTED]
08/26/2020 Off Site [REDACTED]
08/27/2020 - Off-Site: [REDACTED]
09/08/2020 - Off-Site: [REDACTED]
09/10/2020 - Off-Site: [REDACTED]
09/18/2020 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 68

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Residents: 5

Resident Demographic Data as of Inspection Dates *(continued)*

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 68

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 14

Have Physical Disability: 0

Inspections / Reviews

08/24/2020 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/16/2021*

1/26/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/30/2021*

2/10/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow Up Date *03/01/2021*

3/16/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's assessment dated 10/18/19, indicates that the resident has a diagnosis of Dementia, is totally immobile, requires assistance with transferring in/out of bed/chair, ambulating, bladder management, turning and repositioning and personal hygiene. The assessment also indicates that resident #1 gets irritable when [redacted] in not able to comprehend the situation. The resident's support plan, dated 10/18/19, indicates that direct care staff will redirect the resident and give [redacted] space when needed to calm down. However, according to multiple staff interviews, the resident was not provided p.m. care or assistance on several occasions and was left sitting in [redacted] recliner in the living area of the Memory Care Unit for entire shifts because the resident was combative with care and did not cooperate with staff. Staff indicated that at times resident #1 was left in the recliner even after [redacted] was being treated for a sacral pressure ulcer that was unstageable from 7/24/20 until 8/19/20, when it was determine to be a stage IV pressure ulcer.

Plan of Correction

Accept

Resident needs will be met by facility caregivers. If resident behavior impairs meeting of needs, shift supervisor will address with staff, family and physician as needed to find a safe solution. Any resident requiring behavior ntervention as documented on RASP/support plan will also have an order to document any behaviors and appropriate interventions. If interventions are unsuccessful, [redacted] and family will be notified. Nurse aide competencies completed on 10/13/20 and 10/15/20. RASP/support plan training will be completed with staff by 1/30/21 and annually. Administrator and RCC will audit all resident's behavior need by 2/20/21 to ensure all RASP's/support plans are accurate and appropriate monitors in place. Designee will review resident behaviors monthly to ensure appropriate monitors are in place.

Completion Date: 02/20/2021

Document Submission

Implemented

RASP/support plan training conducted on 1/14/21. See attachment
Chart audits completed, including resident behaviors and RASP/support plan. See attachment

201 - Positive Interventions

1. Requirements

2600.

201. Safe Management Techniques - The home shall use [redacted] interventions to modify or eliminate a behavior that endangers the resident himself or others. Safe interventions include improving communications, reinforcing appropriate behavior, redirection, conflict de-escalation, praise, deescalation techniques and [redacted] techniques or methods to identify and defuse potential emergency situations.

WITHDRAWN

[Signature] 3/16/21

201 - Positive Interventions (continued)

Description of Violation

Resident #1's assessment dated 10/18/19, indicates that the resident has a diagnosis of Dementia, is totally immobile, requires assistance with transferring in/out of bed/chair, ambulating, bladder management, turning and repositioning and personal hygiene. The assessment also indicates that resident #1 gets irritable when [redacted] in not able to comprehend the situation. The resident's support plan, dated 10/18/19, indicates that direct care staff will redirect the resident and give [redacted] space when needed to calm down. However, according to multiple staff interviews, the resident was not provided p.m. care or assistance on several occasions and was left sitting in [redacted] recliner in the living area of the Memory Care Unit for entire shifts because the resident was combative in care and did not cooperate with staff. Staff indicated that at times resident #1 was left in the recliner even after [redacted] was being treated for a sacral pressure ulcer that was unstageable from 7/24/20 until 8/19/20, when it was determine to be a stage IV pressure ulcer.

Plan of Correction

Directed

Resident requiring behavior intervention will be documented in RASP/support plan and have behavior monitor order to document such behaviors and appropriate interventions. Staff will complete [redacted] including monitors and process.

WITHDRAWN

3/16/21

Staff re-education on sensitivity training, positive approach, and communication techniques conducted on 10/6/20. Refresher training will be reviewed with [redacted] by 1/30/21.

(Directed)

Beginning 2/20/21, the administrator or designated staff will conduct monthly reviews of behavior monitoring for residents requiring behavior interventions to ensure compliance with §2600.201. Documentat on will be kept. (J.G.

2/10/21)

Completion date: 01/30/2021

Document Submission

Implemented

Behavior monitor documentation added for appropriate residents.

Training completed. See attached.

Monthly review of behavior monitors. See attached

223a - Description of Service

1. Requirements

2600.

223.a. The home shall have a current written description of services and activities that the home provides including the following:

- 1. The scope and general description of the services and activities that the home provides.

Description of Violation

On 8/19/20 resident #1 was diagnosed with a stage IV sacral pressure wound that measured 4X4X2.5 centimeters with a surface area of 16 square centimeters. The home began treating the unstageable wound on 7/24/20. On 8/24/20, the resident remained in the home. However, the home's written description of services did not include the care and treatment of stage IV pressure wounds.

223a - Description of Service (continued)

Plan of Correction

Directed

Needs are addressed in house as appropriate with properly credentialed staff. Utilize physicians and homecare including wound nursing and hospice. Discuss all needs and interventions with family and physician. Staff will be trained/credentialed as needed when new service needs arise. Training on wound staging, assessment and documentation conducted 9/18/20. Circumstances will be reviewed individually. Policy #101 revised reflecting the following changes: Specific Services that the home does not provide: Wound care beyond facility capability as determined by physician and facility leadership. Discharge Criteria: If a home determines that a resident's functional or behavioral level had advanced or declines so that a residents needs cannot be met. See attachment for revised policy.

(Directed)-

By 2/28/21, the administrator or designated staff person will update the home's description of services to address specific levels of wound care that the home provides, or does not provide, but will arrange or coordinate. (J.G. 2/10/21)

Completion Date: 02/05/2021

Document Submission

Implemented

See updated description of services policy.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

225c - Additional Assessment (continued)

Description of Violation

On 8/24/20, resident 1's most recent assessment dated 10/18/19; was not updated to include the following significant changes:

Resident #1 was assessed as independent with eating and drinking; however; on 7/14/20, the Home Health Visit Note Report indicated that the resident rarely eats a complete meal. On 8/3/20, the Nurse Practitioner's progress notes include that the resident has dehydration, decreased oral intake, patient to get out of bed for meals, staff to assist with feeding and monitor weights and oral intake. On 8/12/20, staff indicated in the 24-hour staff report that the resident repeatedly refuses meals including not eating/pocketing food, spits food out and on 8/13/20, the resident refused meals all day.

Resident #1 was assessed as needing Prompting/Cueing assistance when turning and positioning in bed/chair. However, on 8/4/20, the Home Health Visits Note Report indicated, if the patient is restricted to the bed, implement a turning schedule which restricts the patient's time in one position to 2 hours or less, limit chair sitting to 2 hours at a time.

Resident #1 is assessed as requiring some physical assistance for transferring in/out of bed/chair and ambulating. However, the Visit Note Report from home health, dated 7/14/20 assessed [redacted] transfer need as substantial/maximal assistance and indicated that the other person does more than half the effort. Staff interviews also indicated that the resident often requires 2 person assistance.

Resident #1 is assessed as having a minimal problem with irritability and no problem with agitation. However, multiple staff interviews indicated that the resident was combative with care, spit out medications and refused to eat. Resident #1's Home Health Visit Note Report for admission, dated [redacted], indicated that at least once a week resident #1 demonstrated impaired decision making, verbal disruption and physical aggression.

Plan of Correction

Accept

New RASP/support plan was completed on 8/27/20 that addressed all changes including initiation of hospice services. New RASP will be completed within 5 days of any significant change and RASP update will be completed for any change in resident need.

Nurse Aide competency training on 10/13/20 and 10/15/20.

Dementia and positive approach training completed with nursing staff on 10/6/20. Refresher will be completed with staff by 1/30/21.

Nursing staff will receive training on dehydration and malnutrition, RASP/support plan and RASP updates by 1/30/21.

Administrator and RCC have already begun auditing RASPs and will complete all current resident audits by 2/20/21. Any changes in condition will be updated within 5 days.

Completion Date: 02/20/2021

Document Submission

Implemented

All trainings completed. See attachment.

Chart audits for February completed. See attachment for dates.