

Department of Human Services
Bureau of Human Service Licensing

July 1, 2021

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

RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2021, 05/05/2021, 05/07/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

July 1, 2021

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RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/04/2021, 05/05/2021, 05/07/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

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 AT THE CEDARS **Licen e #:** 44624 **Licen e Expiration Date:** 05/15/2022
Addr e : 4363 NORTHERN PIKE, MONROEVILLE, PA 15146
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 4123733900 **Email:** [REDACTED]

Legal Entity

Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
Address: 1300 BOWER HILL ROAD, PITTSBURGH, PA, 15243
Phone: 4123733900 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-1 **Date:** 08/19/1998 **Issued By:** Department of Health

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 68 **Waking Staff:** 51

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 06/10/2021

Inspection Dates and Department Representative

05/04/2021 - On-Site: [REDACTED]
05/05/2021 - On-Site: [REDACTED]
05/07/2021 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 87 **Residents Served:** 52

Secured Dementia Care Unit

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

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 52
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 16 **Have Physical Disability:** 1

Inspections / Reviews

05/04/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *07/01/2021*

7/1/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/06/2021*

7/1/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 5/5/2021 at 2:15 p.m., there was an unlabeled 32-ounce spray bottle containing an unknown clear liquid which had a chemical odor, stored with other poisons in the washer room inside of the laundry room. According to staff person D, the housekeeping manager, she was unaware of what the liquid was.

Plan of Correction

Accept

The bottle of unknown liquid was disposed of on 5/5 by the Housekeeping Manager. An initial audit was performed on 5/6/21 and trainings on appropriate containers for chemicals and the importance of ensuring every chemical is labeled with manufacturer's label was completed with housekeeping and laundry staff on 5/6/21. Copies of manufacturer's labels were made and placed with chemical supplies on 5/11/21 (Attachment A). The Housekeeping Manager or designee will perform weekly audits of chemical bottles to ensure proper labeling of bottles beginning 5/17/21 for 4 weeks and then monthly thereafter. Audit is ongoing, however photo of audit attached as Attachment B.

Completion Date: 06/30/2021

Document Submission

Implemented

Documentation provided

82c Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Repeat Violation

On 5/5/2021 at 1:50 p.m., there were multiple unlocked, unattended, and accessible poisons in the activity storage room, with manufacturer's labels indicating "contact poison control center or doctor" if ingested, including:

- An 8 ounce can of air freshener,
- A 19 ounce can of disinfectant spray
- Two 1-quart spray bottles of disinfectant with bleach

On 5/5/2021 at 2:20 p.m., there were multiple unlocked, unattended, and accessible poisons in a lower cabinet in the dining room, with manufacturer's labels indicating "contact poison control center or doctor" if ingested, including:

- Two 1-quart spray bottles of Diversy Oxivir TB General Virucide

Not all of the residents in the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 2/21/20

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept

Poisons were removed from the areas in which they were found on 5/5/21. Locks were installed in the activities storage room on 5/6/21 (Attachment C). An audit of areas with resident access was completed on 5/10/21 to identify any additional accessible poisons. Education and training on the importance of controlling access to poisons was provided to activities, dietary, housekeeping and direct care staff by 5/21/21. Dietary department changed disinfectant product as of 6/2 to a product that does not have poison center warning on 6/2/21 (Attachment D) The Activities Director, Dietary Manager, and Housekeeping Manager or designees will complete audits of resident accessible areas daily for a week, weekly for 8 weeks, and then monthly thereafter beginning 5/10/21 to ensure poisonous materials are not within access to residents within their departments. Audits are ongoing, however photo of audits attached as Attachments E, F, and G.

Completion Date: 06/30/2021

Document Submission

Implemented

Documentation provided

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Repeat Violation

The medical evaluation, dated 1/11/21, for resident #2 indicates the level of care needed for the resident is a secured dementia care unit (SDCU), however, the home does not have a SDCU.

Repeat Violation: 2/21/20

Plan of Correction

Accept

The resident was evaluated by facility doctor on 4/26/21 and a new DME was completed on 5/8/21 to reflect that the resident does not require a SDCU (Attachment H). Doctor evaluated resident on 5/9/21 to determine appropriateness of resident #2 placement within the facility. The doctor noted that no wandering behavior has been exhibited by the resident (Attachment I). Contact was made with the resident's previous PCP and a letter was submitted 5/17/21 stating [redacted] does not believe resident #2 requires a SDCU (Attachment J). An initial audit was performed on 5/11/21 to identify any additionally affected residents. The Administrator educated the Resident Care Coordinator on the importance of ensuring completion and accuracy of DMEs on 5/10/21. RCC and Administrator will review each DME for completion and accuracy within 30 days of each new admission. Any necessary corrections will be made within DHS regulation timelines. New Admission Audit sheet attached as Attachment K.

Completion Date: 06/30/2021

Document Submission

Implemented

Documentation provided

184a - Labeling OTC/CAM

1. Requirements

2600.

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

184a - Labeling OTC/CAM (continued)

Description of Violation

Resident #2 is ordered Risperidone 0.25mg daily, The medication label indicates Risperidone 0.25mg twice a day.

Plan of Correction

Accept

The MAR was reviewed to ensure resident #2 received medication as ordered on 5/5/21. An Initial Audit was completed on 5/14/21 to identify any other affected residents. Corrective actions were taken on any additionally identified affected residents. Education was provided to Medtech and Nursing staff on regulation 184.a. on 5/17/21. The RCC or designee will perform medication cart audits of atleast 10% of resident census to ensure pharmacy labels and medication orders are accurate and matching weekly for 6 weeks beginning 5/17/21 and then monthly thereafter. Corrective actions will be taken for any discrepancies found. Copy of Audit sheet used for medication audit is attached as Attachment L.

Completion Date: 06/30/2021

Document Submission

Implemented

Documentation provided