Department of Human Services
Bureau of Human Service Licensing

July 6, 2021

[redacted] ADMINISTRATOR
CONCORDIA LUTHERAN HEALTH AND HUMAN CARE
134 MARWOOD ROAD
CABOT, PA 16023

RE: CONCORDIA LUTHERAN
MINISTRIES - OERTEL BUILDING
615 NORTH PIKE ROAD
CABOT, PA, 16023
LICENSE/COC#: 42407

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2021, 05/06/2021 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 LUTHERAN MINISTRIES - OERTEL BUILDING* **License #**: *42407* **License Expiration Date**: *06/22/2021*
Address: *615 NORTH PIKE ROAD, CABOT, PA 16023*
County: *BUTLER* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: *7243521571* **Email**: [redacted]

Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH AND HUMAN CARE*
Address: *134 MARWOOD ROAD, CABOT, PA, 16023*
Phone: *7243521571* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/24/2004* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *1* **Total Daily Staff**: *50* **Waking Staff**: *38*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal* **Exit Conference Date**: *05/06/2021*

Inspection Dates and Department Representative

05/05/2021 - On-Site: [redacted]
05/06/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *44*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *5* **Have Physical Disability**: *0*

Inspections / Reviews

05/05/2021 - Full

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *05/20/2021*

5/13/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/17/2021*

5/13/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/21/2021*

7/6/2021 - Document Submission

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

42s - Privacy

1. **Requirements**

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 5/6/21 at 11:40 a.m., notes were posted near the entrance door and on the closet door in resident #1's bedroom indicating that the resident is "very, very shy of his private's please have a washcloth or towel so [redacted] can cover [redacted]," [redacted] uses a [redacted] at night [redacted] pees a lot," and "[redacted] wants to do things for [redacted] [redacted] doesn't want anyone to think [redacted] is a baby."

Plan of Correction **Accept**

Notes on resident #1 room was removed at time of survey. Resident #1 family was educated on regulation 2600.42s and explained that all information on how to provide resident care is documented on resident assessment and support plan.
Staff will monitor resident room daily and on each shift as part of there regular duties. Unit manager/designee will conduct weekly audits to ensure compliance.

Completion Date: *05/10/2021*

Document Submission **Implemented**

Notes on resident #1 room was removed at time of survey. Resident #1 family was educated on regulation 2600.42s and explained that all information on how to provide resident care is documented on resident assessment and support plan.
Staff will monitor resident room daily and on each shift as part of there regular duties. Unit manager/designee will conduct weekly audits to ensure compliance.
Completion Date: 05/10/2021

85a - Sanitary Conditions

1. **Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/5/21 at 10:51 a.m., there were multiple brown drip marks, and black, brown, and green stains in the tub, as well as brown stains on the lower tile and grout surrounding the faucet area in the private bathroom for bedroom [redacted]

Plan of Correction **Accept**

disagree with violation. The tub in residents bathroom is not used. Resident receives bath in main tub room on first floor. Stain was scrubbed by housekeeping at time of survey.
Until resident's tub is removed staff will monitor resident bath tub daily and on each shift as part of their regular duties and remove any stains noted. Housekeeping was notified and educated on 5/5/21 on removing the stain. Unit manager/designee will conduct weekly audits to ensure compliance by making sure all stains are removed from tub.

Completion Date: *05/13/2021*

85a - Sanitary Conditions *(continued)*

Document Submission **Implemented**

Until resident's tub is removed staff will monitor resident bath tub daily and on each shift as part of their regular duties and remove any stains noted. Housekeeping was notified and educated on 5/5/21 on removing the stain.
Unit manager/designee will conduct weekly audits to ensure compliance by making sure all stains are removed from tub.

185a - Implement Storage Procedures

1. **Requirements**

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 5/6/21, resident #1's glucometer was not calibrated to the current date and time.

Plan of Correction **Accept**

Resident #1 was given a new glucometer on 5/10/21 and it was calibrated properly to date and time.
Unit manager/designee will monitor monthly to ensure compliance that machine is calibrated to correct date and time. see attachment.
All staff persons involved will be educated on regulation 185a by 5/21/21 see attachment

Completion Date: *05/21/2021*

Document Submission **Implemented**

Resident #1 was given a new glucometer on 5/10/21 and it was calibrated properly to date and time.
Unit manager/designee will monitor monthly to ensure compliance that machine is calibrated to correct date and time. see attachment.
All staff persons involved will be educated on regulation 185a by 5/21/21 see attachment

225a - Assessment 15 Days

1. **Requirements**

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1, admitted [redacted], did not have an initial assessment completed until [redacted].

Plan of Correction **Accept**

All initial assessments will be completed by unit manager/designee within 15 days of admission. Audits will be completed on all new admissions within 15 days of admission by administrator/designee to ensure they are complete and accurate. see attachment.
All staff persons involved in assessment process was reeducated on 2600. 225a.

Completion Date: *05/10/2021*

225a - Assessment 15 Days *(continued)*

Document Submission **Implemented**

All initial assessments will be completed by unit manager/designee within 15 days of admission. Audits will be completed on all new admissions within 15 days of admission by administrator/designee to ensure they are complete and accurate. see attachment.
All staff persons involved in assessment process was reeducated on 2600. 225a.
Completion Date: 05/10/2021