

Department of Human Services
Bureau of Human Service Licensing

June 15, 2021

██████████ ADMINISTRATOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
125 BROWN ROAD
WEXFORD, PA 15090

RE: CONCORDIA OF WEXFORD
125 BROWN ROAD
WEXFORD, PA, 15090
LICENSE/COC#: 44362

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jon Kimberland

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *CONCORDIA OF WEXFORD* License #: 44362 License Expiration Date: 08/27/2021
Address : 125 BROWN ROAD, WEXFORD, PA 15090
County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: 7249351266 Email: [REDACTED]

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*
Address: 125 BROWN ROAD, WEXFORD, PA, 15090
Phone: 7249351266 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/15/1994 Issued By: Dept of L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

Inspection

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]
Reason: Renewal Exit Conference Date: 05/24/2021

Inspection Dates and Department Representative

05/24/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 56 Residents Served: 36

Secured Dementia Care Unit

In Home:	Area:	Capacity:	Residents Served:
No			

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 1	Are 60 Years of Age or Older: 36
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 9	Have Physical Disability: 0

Inspections / Reviews

05/24/2021 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/06/2021

Inspections / Reviews *(continued)*

6/1/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *06/04/2021*

6/15/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #1's insulin indicates - Insulin Aspart U-100 100 unit/mL subcutaneous solution (Sliding Scale): 0-69= 0 units and call MD 70-89= 5 units 90-119= 6 units 120-150= 7 units 151-200= 8 units 201-250= 9 units 251-300= 10 units 301-350= 11 units 351-400= 12 units 401-450= 13 units 451-500 and great = 14 units 501-550=16 units 551= 20 units and call MD. However, resident #1 is ordered Insulin Aspart U-100 100 unit/mL subcutaneous solution (Sliding Scale): 0-69= 0 units and call MD 70-89= 5 units 90-119= 6 units 120-150= 7 units 151-200= 8 units 201-250= 9 units 251-300= 10 units 301-350= 11 units 351-400= 12 units 401-450= 13 units 451-500 and great = 14 units and call MD 501-550=16 units 551= 20 units per DR.

Plan of Correction

Accept

Resident's insulin order was clarified by physician on 5-25-21 and corrected by nurse practitioner to match the pharmacy label which was correct order. A training on redlining for labeling/checking medications was held on 5-25 and 5-26-21 to go over how we check to make sure that all medications brought into the facility match the physician order. Our nurses are trained to check the orders daily for any new orders and will complete audits daily using our redlining binder to ensure that the orders match and are entered properly. If clarification is needed will reach out to physician or pharmacy immediately. Please see attached documentation for corrected order and label as well as the education training for our nurses at the facility. Ongoing audits will be conducted to ensure no further violations.

Completion Date: 05/26/2021

Document Submission

Implemented

See attached documentation submitted previously