

Department of Human Services
Bureau of Human Service Licensing

October 4, 2021

[REDACTED] YLOR, PERSONAL CARE HOME ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: CONCORDIA OF THE SOUTH HILLS
1300 BOWER HILL ROAD
MT. LEBANON, PA, 15243
LICENSE/COC#: 44145

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 09/13/2021, 09/14/2021 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,
[REDACTED]

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 THE SOUTH HILLS* License #: *44145* License Expiration Date: *03/08/2022*
Address: *1300 BOWER HILL ROAD, MT. LEBANON, PA 15243*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/19/2002* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/14/2021*

Inspection Dates and Department Representative

09/13/2021 - On-Site: [REDACTED]
09/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *First floor* Capacity: *12* Residents Served: *11*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

09/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/26/2021*

9/27/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/01/2021*

10/4/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/08/2021*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Influenza Awareness Act standards of July 2016, homes are required to post a copy of the Influenza Awareness Poster in a public and conspicuous place. However, on 9/13/21, a copy of the Influenza Awareness Poster was not posted in the home.

Plan of Correction

Accept

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 9/13/21 it was brought to the administrator's attention that a copy of the Influenza Awareness Poster was not posted. The administrator immediately posted the Influenza Awareness Poster. Starting on 9/24/2021, ongoing compliance will be assessed by the Personal Care Administrator during weekly rounds for 1 month, then monthly for 4 months, and then quarterly. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly.

Completion Date: 09/24/2021

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/13/21 at 11:14 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of safe hand drying in resident #1's bathroom.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 9/13/21 it was brought to the administrator's attention that there were no paper towels or cloth towels available in resident #1's bathroom. The administrator immediately had housekeeping refill resident #1's paper towel dispenser. Starting on 9/24/2021, ongoing compliance will be assessed by the housekeeping supervisor during weekly rounds for 1 month, then monthly for 4 months, and then quarterly. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly.

See attached staff education.

Completion Date: 09/24/2021

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 9/13/21, resident #1's bedside lamp was inoperable. No other source of lighting was present that the resident could turn on/off from bedside.

Plan of Correction

Accept

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 9/13/21 it was brought to the staff's attention that resident #1's lamp was unplugged. It was immediately plugged back in. Starting on 9/24/2021, ongoing compliance will be assessed by the Personal Care Supervisor during weekly rounds for 1 month, then monthly for 4 months, and then quarterly. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly.

See attached staff education.

Completion Date: 09/24/2021

102i - Soap Dispenser

1. Requirements

2600.

102i - Soap Dispenser (continued)

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 9/13/21 at 11:37 a.m., there was no soap available at the bathroom sink for bedroom #337.

Plan of Correction

Accept

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 9/13/21 the battery for the automatic soap dispenser in bedroom #337 was dead. It was immediately replaced by housekeeping staff. Starting on 9/24/2021, ongoing compliance will be assessed by the housekeeping supervisor during weekly rounds for 1 month, then monthly for 4 months, and then quarterly. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly.

See attached staff education.

Completion Date: 09/24/2021

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 9/13/21, a current weekly activity calendar was not posted in a public and conspicuous place in the home.

Plan of Correction

Accept

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 9/13/21 it was brought to the administrator's attention that a monthly activity calendar was not posted. Instead, we had a day of the week activity list posted for the week. The Activities Director immediately posted the monthly activity calendar. Starting on 9/24/2021, ongoing compliance will be assessed by the Personal Care Administrator during weekly rounds for 1 month, then monthly for 4 months, and then quarterly. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly.

See attached staff education.

Completion Date: 09/24/2021

234a - Admission Support Plan

1. Requirements

2600.

- 234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the home's secured dementia care unit on [REDACTED]; however, the resident's initial support plan was not completed until [REDACTED]

Plan of Correction**Accept**

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 9/13/21 resident #2's support plan was not completed within 72 hours of admission. On 9/13/21, all current secure dementia care resident charts were reviewed and in compliance. Starting on 10/1/2021, ongoing compliance will be assessed by the Personal Care Administrator and designees by using an admission checklist to verify completion of required forms in compliance with DHS regulations. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly.

See attached staff education.

See attached SDCU admission checklist.

Completion Date: 10/01/2021