

Department of Human Services
Bureau of Human Service Licensing

February 15, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/29/2021, 11/30/2021, 12/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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 FRANKLIN PARK* License #: *44363* License Expiration: *03/15/2023*
Address: *1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *12/03/2021*

Inspection Dates and Department Representative

11/29/2021 - On-Site: Trish Bartlett

11/30/2021 - On-Site: Trish Bartlett

12/01/2021 - On-Site: Trish Bartlett

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *48*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *1*

Inspections / Reviews

11/29/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/17/2022*

01/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/21/2022*

02/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/07/2022*

02/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

Resident #1’s October 2021 medication administration record was stapled to the Fire Alarm System Inspection Report dated 10/7/21 of the Fire information tab in the white DHS Walkthrough Binder in the administrator’s office. The resident’s confidential information included date of birth, date of admission, diagnoses, physician name, contact information, and advance directives.

Plan of Correction

Accept

Respectfully, no HIPPA violation occurred. The document while inappropriately filed was never accessible to any other parties. The document was destroyed immediately. Teaching was completed with all staff whose duties involve filing. Annual HIPPA and compliance training was presented in January is completed with all all staff. This concern will be presented and discussed at the next copliance meeting.

Document Submission

Implemented

See attached teaching sheet

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

On Thursday 11/25/21, there were 44 residents in the home, 9 with mobility needs requiring assistance of 1 staff person to evacuate in an emergency, and 2 residents who require the assistance of 2 staff persons to evacuate in the event of an emergency and 4 residents who require the assistance of a mechanical lift to evacuate in an emergency. However, on these dates, there were only 2 direct care staff persons working in the home to assist residents to evacuate in the event of an emergency from 10:30 p.m. to 6:00 a.m.

*On Saturday 11/20/21, staff person B and staff person C were the only two direct care staff persons working in the home from 10:00 p.m. to 6:30 a.m. to evacuate all 44 residents in the event of an emergency.

*On Thursday 11/25/21, staff person B and staff person C were the only two direct care staff persons working in the home from 10:00 p.m. to 6:30 a.m. to evacuate all 44 residents in the event of an emergency.

Plan of Correction

Accept

Due to census changes the number of immobile residents has decreased to 11; 6 needing assistance of 1 staff, 3 needing assistance of 2 staff and 2 needing full body mechanical lift. Hiring efforts continue for recruitment of direct care staff. Re-education of Emergency evacuation plan including review of fire safe areas to be completed with all staff. Administrator and RCC will monitor staffing on a daily basis to ensure adequate staffing on all shifts to ensure the needs of the residents are being met.

60a - Staff/Support Plan *(continued)*

Document Submission

Implemented

see attached teaching sheet- teaching continues with more staff

62 - Contact List

1. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home's administrator indicated that staff person D is a manager-in-training and worked on 11/18/21 from 10:00 p.m. to 11/19/21 at 6:30 a.m. However, staff person D was not indicated as an employee on the staff roster.

Plan of Correction

Accept

Staff person D is a manger in training based out of our corporate headquarters. Contact information has been added to facility staff roster. Human resources maintains current roster updates with new hires and terminations. Roster will be reviewed monthly by Human resources.

Document Submission

Implemented

see attached staff roster

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 11/29/21, at 10:30 a.m. there was a hole in the concrete exit ramp measuring approximately 12 inches by 2 inches and approximately ¾ inch deep at approximately the midpoint of the 30-foot concrete exit ramp of South Emergency Exit posing a tripping hazard.

Plan of Correction

Accept

The hole was patched on 12/2/21- picture attached. Maintanence staff will complete weekly exterior walk arounds to ensure building and grounds are in good repair and free of hazards. Any sidewalk damage will be repaired as weather permits.

Document Submission

Implemented

see attached photo of sidewalk

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2’s initial documentation of medical evaluation, dated 8/22/21 did not indicate the resident’s height or weight. The areas were blank.

Plan of Correction

Accept

Resident #2 DME was addended by nurse with consent from MD to include height and weight on 11/29/21. Resident care coordinator and/or Administrator will review all DME’s for completeness prior to due date. All current DME’s will be audited for completeness by 2/1/22.

Document Submission

Implemented

See attached teaching- audit of all DME’s was completed by 2/1/22-