

Department of Human Services  
Bureau of Human Service Licensing

May 16, 2022

[REDACTED], EXECUTIVE DIRECTOR  
[REDACTED]  
[REDACTED]

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 01/27/2022, 01/28/2022 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 LUTHERAN MINISTRIES - OERTEL BUILDING* License #: *42407* License Expiration: *06/22/2022*  
Address: *615 NORTH PIKE ROAD, CABOT, PA 16023*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *09/29/2004* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *01/28/2022*

**Inspection Dates and Department Representative**

01/27/2022 - On-Site: [REDACTED]  
01/28/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *60* Residents Served: *53*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *53*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *11* Have Physical Disability: *1*

**Inspections / Reviews**

**01/27/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/26/2022*

Inspections / Reviews (*continued*)

03/14/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/21/2022*

03/31/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/07/2022*

05/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance. The home has two gas fired hot water heaters and one gas boiler located in the home's boiler room and a gas forced air furnace located in the storage area below the activities room. However, on 1/27/22, the carbon monoxide detector in the boiler room was affixed to the wall approximately 18 inches from the two hot water heaters. Additionally, on 1/27/22, there was no carbon monoxide detector installed in or near the activities storage area furnace.

Plan of Correction

Accept

Carbon monoxide detector was installed on 1/27/22 in activities storage area furnace.

Education was provided to all maintenance personnel on 2/4/22. (see attached teaching)

Maintenance staff will monitor weekly to ensure compliance.

Unit Manager/designee will monitor monthly during building rounds to ensure compliance and report any concerns to maintenance director.

carbon monoxide detector was placed outside the door of boiler room 1/27/28.

(will not let me attach pic)

Completion Date: 01/27/2022

Document Submission

Implemented

see attachment

101j3 - Bed/Linens/Pillows/Blankets

1. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 1/27/22, there were two reddish brown bloodstains measuring approximately 3 x 1 inches and 1 x 1 inches on resident #1's bedsheet and one bloodstain measuring approximately 1 x 2 inches in the center of the resident's pillowcase.

Plan of Correction

Accept

disagree with violation.

DCS make beds and change linens after breakfast.

Resident was seen by M.D. on 1/26/22 for ear pain. Resident has a history of recurrent Otitis externa (outer ear infection), Resident was ordered [REDACTED] for ear infection.

Resident bed was pulled down and [REDACTED] laid down for a nap before lunch when resident got out of bed for lunch there was blood on the sheets

N.A. did not get a chance to change linens prior to surveyor entering room

DCS changed linens immediately after being notified.

DCS will change bed linens weekly and as needed

DCS will monitor linens daily and every shift as par of their regular duties

101j3 - Bed/Linens/Pillows/Blankets (continued)

Unit manager/designee will monitor on a weekly basis to ensure compliance and follow up with DCS with any concerns

Completion Date: 01/27/2022

Document Submission

Implemented

see attachment

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 1/27/22, there were 5 undated plastic containers containing various dry cereals on the shelf in the kitchen.

Plan of Correction

Accept

The 5 undated containers were labeled with date on 1/27/22.

Education was provided to dietary staff on 2/21/22 (see attached teaching)

Dietary staff will monitor left over foods/containers daily and every shift as part of their regular duties.

Dietary manager will monitor weekly to ensure compliance

Unit manager/designee will monitor monthly during building rounds to ensure compliance

Completion Date: 02/21/2022

Document Submission

Implemented

see attachment

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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #3 is prescribed



Resident #3 is prescribed [redacted] inject subcutaneously every morning 50 units in the AM and 38 units at 4pm. However, the resident's medication label indicates Novolog mix 70-30 – inject 50 units

184a - Labeling OTC/CAM (continued)

subcutaneously – AM, Inject 38 units subcutaneously PM.

**Plan of Correction**

**Accept**

M.D. order clarified with M.D. on 1/27/22

Direction change sticker was placed on medication label

Nursing staff will monitor daily and every shift to as part of their regular duties to ensure correct instructions are on pharmacy label for administration

Unit manager/designee will monitor monthly to ensure compliance

**Completion Date:** 01/27/2022

**Document Submission**

**Implemented**

see attachment

187a - Medication Record

**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

**Description of Violation**

Resident #2 is prescribed [REDACTED]. However, the resident #2's January 2022 medication administration record indicates the resident received 2 units on 1/1/22 and 1/2/22 at 8:00 a.m., 3 units on 1/3/22 at 5:00 p.m., 1 unit on 1/10/22 at 8:00 a.m. and 1 unit on 1/12/22, 1/13/22 and 1/14/22 at 5:00 p.m.

**Plan of Correction**

**Accept**

Resident received correct dose in A.M. and P.M. of 26 units

insulin units documented in EMAR was the amount of insulin given per sliding scale in addition to the 26 units (see attached EMAR)

Order was clarified 1/27/22.

all nursing staff will monitor dosage documented daily and on each shift as part of their regular duties

Unit manager/designee will monitor weekly to ensure compliance

**Completion Date:** 01/27/2022

**Document Submission**

**Implemented**

see attachment

225c - Additional Assessment

**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident #2 has a bed halo attached to [REDACTED] bed to assist with transferring in and out of bed. However, the resident's initial assessment and support plan, dated [REDACTED], indicates the resident is independent with transferring and ambulating.

**225c - Additional Assessment (continued)**

*The support plan does not address this device or indicate what need it will fulfill and how the resident and staff will care for and maintain for this device.*

**Plan of Correction**

**Accept**

*M.D. order received 1/28/22 for resident to have bed cane/Halo for positioning. RASP update form corrected 1/28/22 at time of survey to reflect use of enabler. (see attached)*

*Unit manager/designee will monitor resident rooms/bed monthly during building rounds and make sure all enablers are addressed on M.D. orders and RASP or RASP update form (see attached audit form)*

*all current resident Rasps were audited by unit manager and updated as needed to ensure compliance.*

**Completion Date:** 03/16/2022

**Document Submission**

**Implemented**

*see attachment*