

Department of Human Services  
Bureau of Human Service Licensing

June 22, 2022

[REDACTED]  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
931 ROUTE 910  
CHESWICK, PA, 15024

RE: CONCORDIA OF FOX CHAPEL  
931 ROUTE 910  
CHESWICK, PA, 15024  
LICENSE/COC#: 44247

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Larry Mazza

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 FOX CHAPEL* License #: *44247* License Expiration: *07/14/2022*  
Address: *931 ROUTE 910, CHESWICK, PA 15024*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4127675808* Email: [REDACTED]

**Legal Entity**

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*  
Address: *931 ROUTE 910, CHESWICK, PA, 15024*  
Phone: *4127675808* Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: *106* Waking Staff: *80*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Incident* Exit Conference Date: *04/26/2022*

**Inspection Dates and Department Representative**

*03/29/2022 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *61* Residents Served: *53*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire License* Capacity: *61* Residents Served: *53*

**Hospice**

Current Residents: *9*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *53* Have Physical Disability: *0*

**Inspections / Reviews**

**03/29/2022 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2022*

**05/02/2022 - POC Submission**

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/06/2022*

Inspections / Reviews (*continued*)

05/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/12/2022*

06/15/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/15/2022*

06/22/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] between approximately 3:00 pm-4:00 pm, resident #1 notified staff member A that [redacted] had been physically abused by staff member B. However, the home did not report this incident to the local Area Agency on Aging until 3/21/22.

Plan of Correction

Directed

All staff was trained on: understanding dementia, resident rights, and abuse/neglect training. In addition, staff was given a timeline to assist them if this would happen again. The training was done on March 22, 2022. The training will be done upon hire and annually. In addition, we have added this topic to our quarterly corporate compliance meeting to review with all the department heads so that they then can in turn quiz their direct reports (specific departments)

Every newly hired nurse and or manager will be given this training on their fist day of orientation

DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily to ensure all allegations of abuse or neglect are immediately reported to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. LM 5/13/22

Completion Date: 05/11/2022

Document Submission

Implemented

LPN, administrator and physician have and will continue to review and electronically sign off on any and all incidents on a daily basis. In addition, will read the shift report in it's entirety on a daily basis to ensure that any suspicion of abuse or neglect are immediately reported.

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] between approximately 3:00 pm-4:00 pm, resident #1 notified staff member A that [redacted] had been physically abused by staff member B. However, the home did not report this incident to the Department until 3/21/22.

Plan of Correction

Directed

#1 staff member did not immediately report this residents accusation due to [redacted] limited cognition and history of paranoia and delusions. #1 staff member and other nurses were trained on abuse reporting, and reminded that

16c - Written Incident Report (continued)

regardless of the resident diagnosis or the nurses opinion it should still be reported within the 24 hour guideline. The training was completed on 3/22/22

This training will be done upon hire and annually as well as incorporated into our corporate compliance quarterly meetings. Each department head will then in turn quiz their employees on resident abuse and the proper procedures for reporting it.

*DIRECTED: Within 72 hours of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily to ensure all incidents and conditions specified in 2600.16a, including any allegations of abuse or neglect, are reported to the Department within 24 hours in accordance with 2600.16c. LM 5/13/22*

**Completion Date:** 05/11/2022

**Document Submission**

**Implemented**

LPN, administrator and physician have and will continue to review and electronically sign off on any and all incidents on a daily basis. In addition, will read the shift report in it's entirety on a daily basis to ensure that any suspicion of abuse or neglect are immediately reported.

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

On [redacted] at approximately 5:00 am, staff member B entered resident #1's bedroom and asked resident #1 to get up from bed. Resident #1 stated [redacted] did not want to get out of bed. Staff member B then pulled resident #1 out of bed by both of [redacted] wrists, causing [redacted] to fall to the floor. While on the floor, resident #1 was then kicked in [redacted] left leg by staff member B. Resident #1 was transported to the hospital for evaluation and treatment. According to hospital records, resident #1 had contusions to both forearms and lower left leg, and required pain medication.

**Plan of Correction**

**Directed**

The alleged perpetrator was immediately suspended and asked to come in for questioning which [redacted] did. Understanding Dementia training was done with all staff with a focus on communication and redirection. In addition, resident rights were reviewed with all staff. After conducting an investigation the alleged perpetrators employment was terminated. The training was completed on 3/22/22.  
We will continue to immediately suspend anyone when and if there is an accusation of abuse and or neglect. In addition they will not return to work until a complete investigation is done and DHS and or The Department of Aging make the decision for them to return.

*DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). Documentation of the review shall be kept. LM 5/13/22*

**42b - Abuse (continued)**

*DIRECTED: Within 30 calendar days of receipt of the plan of correction: All staff persons shall be educated on resident rights by a Department-approved source. The training shall include an increased emphasis on the residents' right to be free from abuse and neglect. Documentation of the education shall be kept. LM 5/13/22*

*DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall interview and observe at least 3 residents monthly to ensure residents are free from abuse and neglect. LM 5/13/22*

**Completion Date:** 05/11/2022

**Document Submission****Implemented**

*Our electronic medical record PCC has a task care record that documents on every shift any skin or mobility issues. These evaluations prompt more questions and flag to the nursing department who would then conduct the proper investigation and follow up depending on the individual residents cognition level.*

*bathing and showering twice a week will also prompt the caregivers to note and or report any concerns.*