

Department of Human Services
Bureau of Human Service Licensing

May 18, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/03/2022, 05/04/2022 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

Facility Information

Name: *CONCORDIA OF WEXFORD* License #: *44362* License Expiration: *08/27/2022*
Address: *125 BROWN ROAD, WEXFORD, PA 15090*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *05/04/2022*

Inspection Dates and Department Representative

05/03/2022 - On-Site: [REDACTED]
05/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *56* Residents Served: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

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: *5* Have Physical Disability: *0*

Inspections / Reviews

05/03/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

Inspections / Reviews (*continued*)

05/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/20/2022*

05/18/2022 - 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 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act. The home has two gas dryers, a hot water tank and a gas furnace on the lower level of the home.

On 5/3/22, the "Furnace Room" houses the natural gas hot water tank and furnace on the Garden level (LL) of the home. There were two carbon monoxide detectors, one inside the room at the right side of the door measuring approximately 12' from the hot water tank. The second carbon monoxide detector is installed above the outside of the door to the Furnace Room, measures approximately 13' from the hot water tank.

The Garden level (LL) of the home hallway has a laundry room across from the kitchenette that houses two natural gas clothes dryers. Just past the laundry room is a hallway with three resident bedrooms. There is no carbon monoxide detector in close proximity of the resident bedrooms by the laundry room.

Plan of Correction

Accept

Carbon monoxide detectors were moved into a proper location immediately with inspector representative helping to measure appropriate distance. Carbon monoxide that was in furnace room was moved over 15 feet away outside the room. Carbon monoxide detector that was outside the furnace room was moved into home hallway by the resident bedrooms and is greater than 15 feet away from the 2 gas dryers in the laundry room. Administrator and maintenance staff will check detectors monthly to ensure proper working condition.

Please see attached document for clarification with guidelines provided by inspector representative and updated RCG guidelines from 2021. Also see attached manufacturers guidelines from manufacturer. It was communicated that we should follow the Care Facility Carbon Monoxide Act. Our main focus is to be in compliance and for our resident's to be safe. We had assumed these were in the appropriate locations as previous inspections found no problems with their location and following what the updated RCG states as well as manufacturers guidelines.

Completion Date: 05/04/2022

Document Submission

Implemented

Accepted POC

20b8 - Quarterly Account

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home provides financial management of petty cash funds for several residents, to include; resident #1 and #2. The home has not provided an itemized account of the financial transactions on a quarterly basis to the resident's or the

20b8 - Quarterly Account (continued)

resident's designated person.

Plan of Correction

Accept

A quarterly letter with an attachment of itemized account of financial transactions will be sent on the resident's behalf. Administrator will conduct quarterly audits to ensure letters and itemized list are provided to resident or designated person. Administrator will continue to review itemized account of transactions monthly.

Attached letter includes the letter that is provided and an example transaction log that would be sent to resident or designated person.

Completion Date: 05/11/2022

Document Submission

Implemented

Accepted POC

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 5/3/22, at approximately 10:25 a.m., there was no lock to afford a resident privacy in the common single use bathroom by the dining room on the Garden Level (LL) of the home.

Plan of Correction

Accept

A lock was added to the common bathroom door on Wednesday May 4th. This lock will remain on the door to allow privacy for the residents using this bathroom. A facility check on other bathroom doors was performed to ensure that all common bathrooms have a lock on them. Inspector representative saw lock was placed on door on Wednesday. See attached photo for new lock on door.

Completion Date: 05/04/2022

Document Submission

Implemented

Accepted POC

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 5/3/22, the following conditions a=were found:

- The exterior sidewalk of the home has two areas where the concrete is distressed, deteriorating and crumbling.
- The concrete ramp at the front of the home from the emergency exit by room #1B is deteriorating between the third and fourth pad measuring approximately 30" by 3'.
- The concrete ramp at the front entrance to left of first railing is deteriorating measuring approximately 25"by 6".

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Accept

Concrete areas that were distressed and crumbling were repaired so that there is a smooth and complete area with no hazards. Work was started on 5/6/22 and completed on 5/11/22. Administrator and maintenance team will continue to monitor building grounds on a monthly basis for any changes.

Please see attached photos of repairs and new concrete that was added.

Completion Date: 05/11/2022

Document Submission

Implemented

Accepted POC

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/3/22, the home serves 36 residents; however, only 40 gallons of emergency drinking water were stored on site. The home has a contractual agreement, dated 1/21/22, with a contractor for water delivery; however, the letter does not include the amount of water to be delivered.

Plan of Correction

Accept

The water company edited the letter to include the appropriate amount of water to be on hand of a 150 gallons. See attached water letter from [redacted] Dairy. New letter was obtained on Wednesday May 4th. Inspector viewed letter with included gallons of water available.

See attached photo of corrected water amount on letter.

Completion Date: 05/04/2022

Document Submission

Implemented

Accepted POC

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/3/22, the secondary emergency exit door in hall C, D's stairwell, needs force to push open the door. When opening the door approximately 1" to 43", the door hangs up, drags on the concrete pad, then opens rest of way with ease to the exterior of home. The concrete pad appears to have been raised over time from weather. There is a rubber stripping on the bottom of the exterior side of the door that is currently preventing the door from opening with ease.

Plan of Correction

Accept

The rubber stripping on the bottom of the door was removed to prevent any dragging. Door opens with ease after removal. Rubber stripping was removed on Wednesday 5/4/22. Inspector did check door after removal on Wednesday and found that it opened with ease. Administrator and maintenance staff will check during monthly

121a - Unobstructed Egress (continued)

fire drills for all doors to be unlocked and unobstructed.

See attached photo of bottom of door where rubber strip has been removed.

Completion Date: 05/04/2022

Document Submission

Implemented

Accepted POC