

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

March 13, 2023

[REDACTED]
CONCORDIA LUTHERAN HEALTH AND HUMAN CARE
134 MARWOOD ROAD
CABOT, PA, 16023

RE: CONCORDIA LUTHERAN HEALTH
AND HUMAN CARE - LUND
BUILDING
134 MARWOOD ROAD
CABOT, PA, 16023
LICENSE/COC#: 44762

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2022, 05/05/2022, 05/06/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CONCORDIA LUTHERAN HEALTH AND HUMAN CARE - License #: 44762 License Expiration: 10/27/2022*
LUND BUILDING

Address: *134 MARWOOD ROAD, CABOT, PA 16023*

County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH AND HUMAN CARE*

Address: *134 MARWOOD ROAD, CABOT, PA, 16023*

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *11/25/1998* Issued By: *Dept of Health*

Staffing Hours

Resident Support Staff: Total Daily Staff: *233* Waking Staff: *175*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:

Reason: *Incident* Exit Conference Date: *05/06/2022*

Inspection Dates and Department Representative

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

05/05/2022 - Off-Site: [REDACTED]

05/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *220* Residents Served: *197*

Secured Dementia Care Unit

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

Hospice

Current Residents: *21*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *197*

Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *36* Have Physical Disability: *4*

Inspections / Reviews

05/04/2022 - Partial

Lead Inspector: *Courtney Barry* Follow-Up Type: *POC Submission* Follow-Up Date: *06/06/2022*

Inspections / Reviews (*continued*)

12/20/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/12/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/22/2022

01/12/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 01/12/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 01/19/2023

03/13/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 01/12/2023
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

Staff person A was made aware of the allegations, on [REDACTED] at approximately [REDACTED] that resident #1 was left on a bedpan for an extended period of time leading to a red indentation; however, the local Area Agency on Aging was not notified of the allegations until [REDACTED] at approximately [REDACTED]

Plan of Correction

Accept (JW - 01/12/2023)

Allegation was reported to local AAA on [REDACTED] by unit manager.

Act 13 report was submitted on 4 [REDACTED] by unit manager.

Investigation of incident was completed on [REDACTED] unit manager

initial reportable incident was completed and submitted by unit manager on [REDACTED] 2 and final reportable incident was submitted by unit manager on [REDACTED]

Education was provided to staff person A that any report of suspected abuse of a resident must be reported immediately to AAA and an Act 13 form must be completed as well as notifying the Administrator or designee immediately.

unit manager provided education to all staff on 5/12/22

administrator/designee will follow up on all reported abuse allegations immediately to ensure compliance at time of occurrence.

Licensee's Proposed Overall Completion Date: 12/21/2022

Implemented (JW - 03/13/2023)

15c - Supervision

2. Requirements

2600.

15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

An allegation of abuse was reported to the home on [REDACTED] against direct care staff person B, who was notified of their suspension on [REDACTED]. An approved plan of supervision was not provided to the Department until [REDACTED] 2, at approximately [REDACTED].. Staff person B continued to provide direct care services both before and after the plan of supervision was approved by the Department. Staff person B, without having direct supervision in the same room and under the direction of another direct care staff person, as provided in the approved supervision plan, continued to provide direct care services to multiple residents, in multiple sections of the home, on multiple dates and times, to include:

[REDACTED]

15c - Supervision (continued)

Additionally, staff person B was not notified of their suspension until [REDACTED]

Plan of Correction

Accept (JW - 01/12/2023)

Counseling was completed with staff member on 4/26/22 by unit manager.
 a plan of supervision was provided to department on 4/27/22 by unit manager
 staff person B resigned from position as DCS person on [REDACTED]

Education was provided to all nursing staff on 6/1/22 regards to submitting a plan of supervision to the department of human services and employee can not work as a DCS until plan is approved by the department.

Administrator/designee will remove any DCS involved in allegation of abuse immediately at time of occurrence until plan of supervision is approved by department

Licensee's Proposed Overall Completion Date: 12/21/2022

Implemented (JW - 03/13/2023)

42b - Abuse

3. 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 the [REDACTED] shift, beginning on [REDACTED], resident #1 was placed on a bedpan, for a duration of time to leave a thin red line consistent with a bed pan that was still visible, on 4 [REDACTED] around [REDACTED] p.m.; approximately 12 hours later when staff person A completed a skin assessment on resident #1 after learning of the allegations. The resident indicated [REDACTED] remained on the bedpan for 1 hour, 17 minutes.

Resident #1 recounted [REDACTED] inability to get up independently and being fearful that no one would ever come. The resident felt that if [REDACTED] attempted to move that it would either result in further injury to herself or spill the contents of the bedpan on the bed and/or [REDACTED]. Resident #1 explained that "the bedpan was so painful and it was piercing my skin."

Plan of Correction

Accept (JW - 01/12/2023)

A skin assessment was completed on resident #1 by staff person A on [REDACTED] and findings were a thin red area line across top of buttocks.

DCS were educated on 4/24/22 by staff person A to remove resident #1 from bed pan in a timely manner and apply barrier cream to buttocks/coccyx for redness

Education on "effects of skin changes in the elderly/toileting and bed pan usage was provided to staff on 5/12/22 by unit manager as well as the importance of knowing the time a resident was toileted and to let another staff member know so resident can be checked on in a timely manner (see attached).

DCS will make sure all resident care needs are met in a timely manner daily and every shift as part of their regular duties to ensure compliance.

Managers/designee will monitor call bell response time monthly and follow up with any concerns/issues to ensure compliance is being met.

Administrator/designee will report on call bell audits quarterly at Q.A. mtgs.

Licensee's Proposed Overall Completion Date: 12/21/2022

42b - Abuse (*continued*)

Implemented (JW - 03/13/2023)