

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

February 4, 2023

[REDACTED]
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA AT VILLA ST. JOSEPH
PERSONAL CARE
1040 STATE STREET
BADEN, PA, 15005
LICENSE/COC#: 45300

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2022, 05/19/2022, 05/20/2022, 05/23/2022, 06/22/2022, 06/30/2022 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 AT VILLA ST JOSEPH PERSONAL CARE **License #:** 45300 **License Expiration:** 08/16/2022
Address: 1040 STATE STREET, BADEN, PA 15005
County: BEAVER **Region:** WESTERN

Administrator

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

Legal Entity

Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I 1 **Date:** 07/09/2021 **Issued By:** Baden Borough
Type: I 2 **Date:** 07/09/2021 **Issued By:** Baden Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 161 **Working Staff:** 121

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 06/30/2022

Inspection Dates and Department Representative

05/18/2022 On Site [REDACTED]
05/19/2022 On Site [REDACTED]
05/20/2022 On Site [REDACTED]
05/23/2022 Off Site [REDACTED]
06/22/2022 On Site [REDACTED]
06/30/2022 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 127	Residents Served: 104		
Secured Dementia Care Unit			
In Home: Yes	Area: 1st Floor Memory Care Wing	Capacity: 33	Residents Served: 25
Hospice			
Current Residents: 8			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 104		
Diagnosed with Mental Illness: 77	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 57	Have Physical Disability: 1		

Inspections / Reviews

05/18/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *07/30/2022*

08/25/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *10/20/2022*
 Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *09/01/2022*

09/29/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *10/20/2022*
 Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *10/06/2022*

02/04/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: *10/20/2022*
 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] 22 at approximately [redacted] p.m., resident #1 told staff person A that staff person B and staff person C hid [redacted] call button behind the head of [redacted] bed and yelled at [redacted] for using the call button. Resident #1 indicated [redacted] was afraid of staff person B and staff person C and had to wait to use the bathroom. However, the home did not report this allegation of abuse to the local Area Agency on Aging.

POC Submission

Accept [redacted] - 09/29/2022)

This allegation was reported to local area agency on aging via email (please see attachment) on [redacted] 2022. Administrator reviewed procedure with Resident Care Coordinator, Social Worker, and Manager in Training on 7/21/2022.

Licensee's Plan Completion Date: 08/31/2022

Implemented [redacted] - 02/04/2023)

16c - Written Incident Report

2. 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]/22 at approximately [redacted] p.m., resident #1 told staff person A that staff person B and staff person C hid [redacted] call button behind the head of [redacted] bed and yelled at [redacted] for using the call button. Resident #1 indicated [redacted] was afraid of staff person B and staff person C and had to wait to use the bathroom. However, the home did not report this allegation of abuse to the Department until [redacted]/22 at approximately [redacted] p.m.

POC Submission

Accept [redacted] - 08/25/2022)

Staff members involved were immediately counseled and suspended, and are no longer employed with us. Education on timely reporting in accordance with regulations was conducted on 5/20/2022.

Licensee's Proposed Overall Completion Date: 05/20/2022

Implemented [redacted] - 02/04/2023)

17 - Record Confidentiality

3. 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.

17 - Record Confidentiality (continued)

Description of Violation

On 5/20/22 at 10:15 a.m., a laptop containing electronic medical records for multiple residents, to include resident #6, was unsecured, unattended and accessible on top of the PC3 medication cart.

On 5/20/22 at 10:15 a.m., Individual [REDACTED] Record sheets for multiple residents, to include resident #2 and resident #3, were unsecured, unattended and accessible on top of the PC2 and the PC3 medication carts.

On 5/20/22 at 10:15 a.m., documentation of resident vital signs for multiple residents, to include resident #4 and resident #5, were unsecured, unattended and accessible on top of the PC3 medication cart.

POC Submission

Accept [REDACTED] - 09/29/2022)

Education on Record Confidentiality was completed with staff on 7/28/2022, Record confidentiality audits will be completed by administrator or designee weekly for three weeks, starting on 7/29/2022.

Licensee's Plan Completion Date: 08/31/2022

Implemented [REDACTED] - 02/04/2023)

42c Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [REDACTED]/22 during the [REDACTED] p.m. to [REDACTED] p.m. shift, staff person B and staff person C hid resident #1's call button behind the head of [REDACTED] bed and yelled at [REDACTED] for using the call button. Resident #1 indicated [REDACTED] was afraid of staff person B and staff person C and had to wait to use the bathroom.

POC Submission

Accept [REDACTED] - 09/29/2022)

Education on dignity and resident rights was completed with staff on 7/28/22 & 7/29/22. All staff we given an additional hard copy list of resident rights. Administrator or designee will monitor weekly for four weeks, beginning 8/31/2022, by observation and resident interviews.

Licensee's Plan Completion Date: 08/31/2022

Implemented [REDACTED] - 02/04/2023)

54a Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).

Description of Violation

Staff person D was hired [REDACTED]/22 as an activity aide and has provided direct care services to residents, including assistance with eating and incontinence care, on multiple dates to include [REDACTED]/22 and [REDACTED]/22 from [REDACTED] p.m. to [REDACTED] p.m. However, staff person D is under the age of 18.

54a - Direct Care Staff (continued)

POC Submission

Accept (█) - 09/29/2022)

Education was completed with this staff person on 6/28/22 to clarify █ duties and responsibilities as an activity aide. Administrator or designee will monitor underage staff are working within their allowed scope of work by observation and staff interviews weekly for four weeks beginning 8/31/2022.

Licensee's Plan Completion Date: 08/31/2022

Implemented (█) - 02/04/2023)

60a - Staff/Support Plan

6. 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 █/22 from █ p.m. to █ a.m. 98 residents were present in the home, 58 of whom required either 1 or 2-person assistance to evacuate in the event of an emergency, 25 of whom resided in the secure dementia care unit (SDCU), requiring 24-hour supervision. However, only 3 staff were present in the home, which is insufficient to provide direct care services and to ensure all residents' supervision needs are met in the event of an emergency or evacuation.

On █/22 from █ a.m. to █ a.m. 105 residents were present in the home, 51 of whom required either 1 or 2-person assistance to evacuate in the event of an emergency, 26 of whom resided in the SDCU, requiring 24-hour supervision. However only 3 staff were present in the home, which is insufficient to provide direct care services and to ensure all residents' supervision needs are met in the event of an emergency or evacuation.

POC Submission

Accept (█) - 09/29/2022)

Four new direct care staff members have been hired and trained since 6/20/2022.

Beginning 7/21/2022, a designated staff person shall review the staff schedule daily to ensure staffing is provided to meet the needs of residents in accordance with resident assessment and support plan.

Licensee's Plan Completion Date: 08/31/2022

Implemented (█) 02/04/2023)

65d - Initial Direct Care Training

7. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person D was hired █/22 as an activity aide and has provided direct care services to residents, including assistance with eating and incontinence care, on multiple dates to include █ 22 and █ 22 from █ p.m. to █ p.m. However, staff person D has not completed and passed the Department-approved direct care training course and

65d - Initial Direct Care Training (continued)

competency test.

POC Submission

Accept (█ - 09/29/2022)

Staff person was counseled on 6/28/2022 on allowable job duties as an activity aide. Administrator or designee will monitor underage staff are working within their allowed scope of work by observation and staff interviews weekly for four weeks beginning 8/31/2022.

Licensee's Plan Completion Date: 09/01/2022

Implemented (█ 02/04/2023)

85e - Trash Outside Home

8. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 5/18/22 at 9:00 a.m., the right-side lid was open on the large dumpster on the right in the rear of the building. The dumpster contained multiple bags of garbage and boxes.

POC Submission

Accept (█ - 09/29/2022)

On 7/28/22 staff were re-educated on importance of keeping dumpster lids closed. Beginning 7/29/2022, administrator or designee will audit weekly for three months.

Licensee's Plan Completion Date: 08/31/2022

Implemented (█ - 02/04/2023)

125a - Combustible Storage

9. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 5/18/22 at 11:30 a.m., the manufacturer's instructions were stored on top of 2 hot water tanks in the receiving area.

POC Submission

Accept (█ 09/29/2022)

On 5/18/22, manufacturer instructions were immediately removed from on top of hot water tank. Beginning 7/29/2022, administrator or designee will monitor heat sources and hot water tanks weekly for 3 months.

Licensee's Plan Completion Date: 08/31/2022

Implemented (█ - 02/04/2023)

131f - Fire Extinguisher Inspection

10. Requirements

2600.

131f - Fire Extinguisher Inspection (continued)

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 5/18/22 at 10:00 a.m., all the fire extinguishers in the hallways and mechanical rooms on the 1st and 2nd floors in PC1, PC2, PC3, and memory care units had not been inspected by a fire safety expert since April 2021.

POC Submission

Accept [REDACTED] - 08/25/2022)

On 5/18/22, ABCO fire protection was contacted and on 5/19/22 annual inspection was completed. CVSJ PC is now on an annual cycle with ABCO for annual inspections.

Licensee's Proposed Overall Completion Date: 05/19/2022

Implemented ([REDACTED] 02/04/2023)

132c - Fire Drill Records

11. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

During the following fire drills, the home evacuated all residents to a fire safe area or a public thoroughfare outside of the home. However, the home's fire drill records indicate the following:

Date	# of residents in the home	# of residents evacuated
12/6/21	62	4
1/11/22	74	25
2/1/22	84	10
3/18/22	98	6
4/1/22	95	29
5/12/22	100	26

POC Submission

Accept [REDACTED] - 09/29/2022)

All residents have been evacuated and on "stand by" for further evacuation measures for every fire drill, however, this information was not recorded correctly on on fire drill records. DHS LIS and RCG were reviewed by administrator, RCC, Social Worker, and manager in training on 7/28/22 on how to correctly complete required record.

Licensee's Plan Completion Date: 08/31/2022

Implemented ([REDACTED] - 02/04/2023)

141a 1-10 Medical Evaluation Information

12. 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

Section 7 of resident #7's initial medical evaluation, dated [REDACTED]/22, indicates "See Attached." However, nothing was attached.

POC Submission

Accept [REDACTED] - 09/29/2022)

Medication regimen was digitally recorded in EMAR system however printed list was not with hard copy DME. Printed copy was attached to DME on 5/20/22. Beginning 8/31/2022, administrator or designee will monitor completion of DMEs weekly for three months.

Licensee's Plan Completion Date: 08/31/2022

Implemented [REDACTED] - 02/04/2023)

183d - Prescription Current

13. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 5/18/22 at 3:55 p.m., medication cart #3 contained [REDACTED] for resident #8. However, the home did not have an active order for the medication.

On 5/18/22 at 4:30 p.m., [REDACTED], prescribed for resident #7, was in medication cart #2. However, the medication was discontinued on 4/1/22.

POC Submission

Accept [REDACTED] - 09/29/2022)

Med-techs and nurses were re-educated on 7/28/22 on importance of pulling and properly disposing of discontinued medications. Beginning 8/31/2022, Resident Care Coordinator and/or designee will complete weekly med cart audits for compliance.

Licensee's Plan Completion Date: 08/31/2022

Implemented [REDACTED] - 02/04/2023)

185a - Implement Storage Procedures

14. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #9 is prescribed [REDACTED]. Resident #9's May 2022 medication administration record indicates a [REDACTED] on 5/2/22 at 0800, [REDACTED] on 5/2/22 at 1600. However, these blood sugar readings were not on the resident's glucometer.

POC Submission

Accept [REDACTED] - 09/29/2022)

On 7/27/22, med-techs and nurses were re-educated on importance of accurately documenting blood sugar checks. Beginning 7/26/2022, Resident Care Coordinator and/or designee will complete weekly glucometer audits for compliance.

Licensee's Plan Completion Date: 09/01/2022

Implemented [REDACTED] - 02/04/2023)

187d - Follow Prescriber's Orders

15. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #10 is prescribed [REDACTED] take by mouth one time a day hold if systolic blood pressure < 100 and or HR < 60. On 5/9/22 and 5/17/22 at 8:00 a.m. staff person E administered the medication to the resident; however, the staff person did not take the resident's blood pressure or pulse as prescribed.

Resident #11 is prescribed [REDACTED] take by mouth at bedtime. However, from 5/1/22 to 5/17/22 the resident was administered [REDACTED]

POC Submission

Accept [REDACTED] - 09/29/2022)

On 7/27/22, education was completed with staff regarding checking parameters/vitals prior to giving prescribed medication.

Family supplies this residents medication. On [REDACTED]/2022, family was contacted and asked to bring in [REDACTED] as per the prescribers orders.

187d - Follow Prescriber's Orders (continued)

Licensee's Plan Completion Date: 09/01/2022

Implemented [REDACTED] - 02/04/2023)

225a Assessment 15 Days

16. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #11 was admitted on [REDACTED] 22; however, the resident's initial assessment was completed on [REDACTED] /21.

POC Submission

Accept [REDACTED] - 09/29/2022)

Reeducation and familiarization with regulations in regards to initial assessments was completed with staff on 7/6/2022. Beginning 9/1/2022, timeliness of assessment completion will be audited by administrator or designee weekly for three months.

Licensee's Plan Completion Date: 09/01/2022

Implemented [REDACTED] - 02/04/2023)

227a Support Plan 30 Days

17. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #11 was admitted on [REDACTED] /22; however, the resident's initial support plan was completed on [REDACTED] /21.

Resident #12 was admitted on [REDACTED] 21; however, the resident's initial support plan was completed on [REDACTED] 22.

POC Submission

Accept (SQ - 09/29/2022)

Reeducation and familiarization with regulations in regards to support plans was completed with staff on 7/6/2022. Beginning 9/1/2022, timeliness of support plan completion will be audited by administrator or designee weekly for three months.

Licensee's Plan Completion Date: 09/01/2022

Implemented [REDACTED] - 02/04/2023)

233c Key Locking Devices

18. Requirements

2600.

233c - Key-Locking Devices (continued)

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock e its, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 5/18/22 at 12:10 p.m., the directions for operating the SDCU's locking mechanism for the emergency exit doors next to bedroom [REDACTED] and bedroom [REDACTED] were not conspicuously posted near the doors.

POC Submission

Accept [REDACTED] - 09/29/2022)

Directions for operating the SDCU doors was immediately posted in the two areas noted on 5/18/22. Operation for the other two main doors to the SDCU also remain in place, for a total of four postings throughout the unit. Beginning 9/1/2022, posted instructions will be checked for proper placement by administrator or designee weekly for 3 months.

Licensee's Plan Completion Date: 09/01/2022

Implemented [REDACTED] - 02/04/2023)