

Department of Human Services  
Bureau of Human Service Licensing

July 18, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

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 06/22/2022, 06/23/2022 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 FOX CHAPEL* License #: *44247* License Expiration: *07/14/2023*  
Address: *931 ROUTE 910, CHESWICK, PA 15024*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/06/1997* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/23/2022*

**Inspection Dates and Department Representative**

06/22/2022 - On-Site: [REDACTED]  
06/23/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *61* Residents Served: *47*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire Home* Capacity: *61* Residents Served: *47*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*  
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *47* Have Physical Disability: *0*

**Inspections / Reviews**

**06/22/2022 - Full**

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

Inspections / Reviews (*continued*)

07/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/12/2022*

07/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/18/2022*

07/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 6/22/22, at approximately 2:34 p.m., the paint and drywall tape to the left of and below the hand sink is cracked vertically measuring approximately fourteen inches long in the D-court shower room with attached bathroom.

Plan of Correction

Accept

Maintenance does do monthly checks on a regular basis. I have attached the check off sheet that he uses. I will work on a more detailed check off sheet that will include more specific items and areas of the building. These items were fixed on site by 9am on 6/23/22 by [REDACTED], Maintenance Director

Completion Date: 07/11/2022

Document Submission

Implemented

Maintenance does do monthly checks on a regular basis. I have attached the check off sheet that he uses. I will work on a more detailed check off sheet that will include more specific items and areas of the building. These items were fixed on site by 9am on 6/23/22 by [REDACTED], Maintenance Director

92 - Windows

1. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 6/22/22 at approximately 1:33 p.m. the window glazing is cracked and broken away exposing a jagged edge on the second window in from the right side wall in the East Wing dining area.

Plan of Correction

Accept

Maintenance does do monthly checks on a regular basis. I have attached the checklist he uses. I will create a more detailed check off sheet that will include more specific items and areas of the building. This item was corrected on site by [REDACTED], Maintenance Director on 6/22/22 by 5pm.

Completion Date: 07/11/2022

Document Submission

Implemented

Maintenance does do monthly checks on a regular basis. I have attached the checklist he uses. I will create a more detailed check off sheet that will include more specific items and areas of the building. This item was corrected on site by [REDACTED], Maintenance Director on 6/22/22 by 5pm.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 6/22/22, at approximately 2:34 p.m., the hand sink was partially detached from the wall and caused the drywall to crack approximately eighteen inches wide, the entire width of the back of the sink, in the D-court shower room with attached bathroom.

95 - Furniture and Equipment (continued)

Plan of Correction

Accept

Maintenance Director, [redacted] does do monthly checks which I have attached. As I mentioned before, I will work on a more detailed checklist with specific areas noted to keep better track of improvements that need to be made due to the age of the building. This was fixed on site by 9am on 6/23/22.

Completion Date: 06/23/2022

Document Submission

Implemented

Maintenance Director, [redacted] does do monthly checks which I have attached. As I mentioned before, I will work on a more detailed checklist with specific areas noted to keep better track of improvements that need to be made due to the age of the building. This was fixed on site by 9am on 6/23/22.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/22/22 at approximately 1:20 p.m. the temperature in the home's TRUE three door industrial freezer measured eighteen degrees Fahrenheit. The temperature was taken again at approximately 2:59 p.m. and measured sixteen degrees Fahrenheit.

Plan of Correction

Accept

Food services take the temperatures of all the equipment twice a day. I have attached the log. I do feel that this is an isolated incident and that committing to anything more would be setting us up to fail. The Maintenance Director [redacted] did place two computer fans in the condensing coil on 6/22/22 and got the temperature to zero. By 9am on 6/23/22 [redacted] from corporate maintenance installed the new equipment as an emergency. I have attached those records.

Completion Date: 07/23/2022

Document Submission

Implemented

Food services take the temperatures of all the equipment twice a day. I have attached the log. I do feel that this is an isolated incident and that committing to anything more would be setting us up to fail. The Maintenance Director [redacted] did place two computer fans in the condensing coil on 6/22/22 and got the temperature to zero. By 9am on 6/23/22 [redacted] from corporate maintenance installed the new equipment as an emergency. I have attached those records.

141a 1-10 Medical Evaluation Information

1. 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**

*Resident #1’s medical evaluation, dated 5/23/22, does not indicate whether or not the resident’s immunizations are current or not, or if that information is unknown, that section was incomplete.*

**Plan of Correction**

***Do Not Accept***

*Administrator [REDACTED] and Resident Care Coordinator [REDACTED] will ensure that all DME’s in the future have all ten requirements filled out and checked properly with a focus on the immunization box. We will immediately call the physicians office who completed the DME and get any and all information needed to make a complete DME.*

**Completion Date:** 06/24/2022

**Plan of Correction**

***Accept***

*DME in question was fixed on 6/23/22, and an audit of all other DME’s was completed on 7/8/22. We will ensure that all DME’s in the future have all ten requirements filled out and checked properly with a focus on the immunization box. We will immediately call the physicians office who completed the DME and get any and all information needed to make it complete.*

**Completion Date:** 07/08/2022

**Document Submission**

***Implemented***

*DME in question was fixed on 6/23/22, and an audit of all other DME’s was completed on 7/8/22. We will ensure that all DME’s in the future have all ten requirements filled out and checked properly with a focus on the immunization box. We will immediately call the physicians office who completed the DME and get any and all information needed to make it complete.*