

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

February 18, 2023

[REDACTED]
CONCORDIA LUTHERAN HEALTH & HUMAN CARE
104 CONCORDIA WAY
BUTLER, PA, 16001

RE: CONCORDIA AT THE ORCHARD
104 CONCORDIA WAY
BUTLER, PA, 16001
LICENSE/COC#: 42506

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2022, 11/16/2022 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 THE ORCHARD* License #: *42506* License Expiration: *01/11/2024*
 Address: *104 CONCORDIA WAY, BUTLER, PA 16001*
 County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH & HUMAN CARE*
 Address: *104 CONCORDIA WAY, BUTLER, PA, 16001*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *10/21/1999* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *63* Waking Staff: *47*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *11/16/2022*

Inspection Dates and Department Representative

11/15/2022 On Site [REDACTED]
 11/16/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *55*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

11/15/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/18/2022*

12/28/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/10/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2023*

Inspections / Reviews *(continued)*

02/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/11/2023

02/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

A criminal background check was not completed until [REDACTED]/19, for staff person A, hired [REDACTED]/19.

Plan of Correction

Accept (SQ - 02/04/2023)

The criminal background check for staff person B* (correction) was looked into for being late after the violation was brought to the attention of leadership team. Hiring facility was contacted by Administrator to begin tracing the background check on [REDACTED]/2022. Human Resource person assigned to complete was no longer with the company. Unable to obtain proof of original in PATCH. Original background check in chart [REDACTED] 19.

Audit was completed by Administrator on 11/17/2022 for all employee files to ensure dates were correct and checks were completed prior to hire.

Monthly audit of employee files will be completed by Administrator or designated person, beginning December 28, 2022 and following the onboarding of a new employee.

Audit sheet created for the Administrator or designated person to use to identify any inaccuracies, which will be addressed immediately after finding.

The audit sheet was implemented on 12/20/2022 and was created by Assistant Administrator

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented ([REDACTED] 02/18/2023)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 11/16/22 at 12:15pm, there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom [REDACTED].

Plan of Correction

Accept ([REDACTED] 02/04/2023)

On 11/16/2022, a new emergency number card was placed beside the phone in room [REDACTED] by Administrator. A sign indicating where to find emergency number signs and to remind all staff to check rooms daily, was placed in both the employee time clock area and nursing station.

Monthly room audits will be done by Administrator, Assistant Administrator or Resident Care Coordinator. Monthly audit sheet was reviewed 11/17/2022 to ensure all components were accurate and correct.

Both staff and residents were reeducated following the inspection (completed 12/12/2022) on the importance of emergency number cards being in resident rooms.

Audits will reviewed by team at all quarterly Quality Improvement meetings.

91 - Telephone Numbers (continued)

Administrator placed sign on 11/16/2022. Administrator, Assistant Administrator and Resident Care Coordinator reviewed the monthly audit sheet Assistant Administrator provided the education on 12/12/2022. Quarterly audit reviews will be reviewed at Quarterly Improvement meetings in February. Monthly audits will start first week of January and will be reviewed on the at Quarterly Improvement meetings.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (SQ - 02/18/2023)

92 Windows

3. 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 11/15/22 at 10:45 a.m., there were no screens in the windows located in bedroom [redacted] and bedroom [redacted]

Plan of Correction

Accept ([redacted] 02/04/2023)

On 11/15/2022 window screens were replaced immediately in rooms [redacted] and [redacted] (correction) by maintenance director.

Monthly audits will be completed by maintenance director to ensure screens are placed and inserted properly.

For one month (auditing one floor/week), beginning December 28, 2022, maintenance director will complete an audit for each resident room to ensure their screen is not in need of repair or replacement. This information will be shared with Administrator.

Maintenance items will be reviewed at the quarterly Quality Improvement meetings starting the third week of February.

Licensee's Proposed Overall Completion Date: 02/20/2023

Implemented [redacted] - 02/18/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted] Give 1 tablet by mouth every 12 hours as needed for pain. On [redacted]/22 at approximately [redacted] P.M., resident #1 was experiencing a pain level of 6 on a scale of 1-10, and rang [redacted] call bell to request a [redacted] However, staff person A did not respond to resident #1's call bell for 45 minutes, at which point resident #1's pain level increased to 10.

Plan of Correction

Accept ([redacted] 02/04/2023)

Resident #1 was interviewed on [redacted] 2022 by Administrator to gain perspective on the above situation.

An audit was completed by the corporate nurse (RN) on the medication cart and documentation [redacted]/2022 with

187d - Follow Prescriber's Orders (continued)

the Resident Care Coordinator.

Retraining on above regulation completed with med techs and nurses during shift changes by 12/28/2022 by Assistant Administrator and Resident Care Coordinator.

Call bell audits to be completed by the Administrator, Assistant Administrator or Resident Care Coordinator, weekly, to ensure call bell times are being answered in a reasonable amount of time. This will be utilized as an educational opportunity for direct care staff moving forward.

Weekly call bell audits began on; 12/25/2022

Licensee's Proposed Overall Completion Date: 12/30/2022

Implemented (██████ 02/18/2023)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated ██████/22, indicates the diagnoses of ██████████, and ██████████; however, the resident's support plan, dated ██████/22, does not document how these needs will be met.

Plan of Correction

Accept ██████ - 02/04/2023)

On 11/16/2022, resident's plan was reviewed and corrected to reflect needs more accurately based on diagnosis. RASP/DME training materials were provided to Administrator and Assistant Administrator by corporate team on 11/17/2022. This was immediately reviewed by Administrator and Assistant Administrator.

Training will be provided to nurses on 12/15/2022 by Assistant Administrator or Resident Care Coordinator to review RASP efficiency.

An audit of all resident RASPs will be completed by the Administrator, Assistant Administrator and Resident Care Coordinator by 1/15/2023, to ensure all needs are being identified and appropriately reflect services provided. Audit completion date is set for 1/15/2023.

Licensee's Proposed Overall Completion Date: 01/15/2023

Implemented ██████ 02/18/2023)

227g -Support Plan Signatures

6. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's support plan, completed on ██████/22, does not indicate the date the resident signed the support plan.

Plan of Correction

Accept ██████ - 02/04/2023)

On 11/16/2022, RASP of Resident #3 was reviewed immediately after being brought to the attention of

227g -Support Plan Signatures (continued)

Administrator and Assistant Administrator. It was found that the resident signed the RASP, but there was no date beside signature. This was corrected on 11/16/2022 by Administrator.

Retraining of RASPs will be provided 12/15/2022 by Administrator, Assistant Administrator and Resident Care Coordinator to all nurses in the facility.

An audit will be completed on all resident files by the Administrator, Assistant Administrator and Resident Care Coordinator by 1/15/2023 to ensure that all signatures and dates are present on the RASPs.

Completion date set for 1/15/2023.

Licensee's Proposed Overall Completion Date: 01/15/2023

Implemented [REDACTED] - 02/18/2023)