pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH**
LEGAL ENTITY

To operate **CONCORDIA AT VILLA ST. JOSEPH PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **1040 STATE STREET, BADEN, PA 15005**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **127**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 33**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 13, 2023** until **June 13, 2024**, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **453001**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 13, 2023

[redacted], Executive Director
Concordia Lutheran Ministries of Pittsburgh
[redacted]

RE: Concordia at Villa St. Joseph Personal Care
1040 State Street
Baden, Pennsylvania 15005
License/COC #: 453001

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on May 31, 2023, June 9, 2023 et al, July 27, 2023 et al, and September 6, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (45300) dated August 16, 2023 to August 16, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to <62 P.S. § 1026 (b)(1) ;(4) ;(5) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from December 13, 2023 to June 13, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
16(c)	II	113	$5	$565	5 calendar days from mailing date of this letter
42(b)	II	113	$5	$565	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *CONCORDIA AT VILLA ST. JOSEPH PERSONAL CARE* **License #:** *45300* **License Expiration:** *08/16/2023*

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] *43*

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:** *155* **Waking Staff:** *116*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date:** *05/31/2023*

Inspection Dates and Department Representative

05/31/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served:** *113*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *1st floor Memory Care* **Capacity:** *33* **Residents Served:** *28*

Hospice

Current Residents: *18*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *113*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *42*

Have Physical Disability: *2*

Inspections / Reviews

05/31/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/26/2023*

06/29/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/07/2023*

07/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/07/2023*

11/30/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

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

Resident #1 has verbal and/or physical altercations with other residents residing in the secure dementia care unit, almost daily, to include resident #2. After breakfast on 5/28/23, resident #1 was observed as [redacted] "snatched up" resident #2 in the hallway near resident #1's bedroom and threw resident #2 against the wall. As of 5/31/23, this allegation was not reported to the local Area Agency on Aging.

Resident #1 has verbal and/or physical altercations with other residents residing in the secure dementia care unit, almost daily, to include resident #3. On 5/29/23, at approximately 12:00 p.m., resident #3 was walking down the hallway, near resident #1 bedroom. Resident #1 grabbed resident #3 by the arms and escorted [redacted] by force to the common television room, resulting in multiple 1 centimeter in diameter sized bruising to the right upper arm and a 4 centimeter bruising to the left upper arm on resident #3. As of 5/31/23, this allegation was not reported to the local Area Agency on Aging.

Plan of Correction ***Accept [redacted] - 06/29/2023)***

Report of abuse completed on 6/9/23 as a late report. On 6/9/2023, Executive Director, RCC, and Social Worker initiated 15 minute checks to be conducted by staff, signed off on, and validated by on-site supervisor. Any non-compliance addressed immediately with re-education with specific individuals.
On 6/13/2023 staff education was presented by Executive Director and Concordia Visiting Nurses liaison regarding handling dementia residents and their behaviors, and responsibility to report any concerns or issues immediately.
Beginning 6/19/2023, Administrator, RCC, and Social Work began daily discussions of all incidents in the facility to better determine what constitutes a reportable to DHS, APS, and/or police.

Licensee's Proposed Overall Completion Date: *06/22/2023*

Not Implemented ([redacted] - 11/30/2023)

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

Resident #1 has verbal and/or physical altercations with other residents residing in the secure dementia care unit, almost daily, to include resident #2. After breakfast on 5/28/23, resident #1 was observed as [redacted] "snatched up"

16c - Written Incident Report (continued)

resident #2 in the hallway near resident #1's bedroom and threw resident #2 against the wall. As of 5/31/23, the home did not report the allegation of abuse or submit an incident report to the department.

Resident #1 has verbal and/or physical altercations with other residents residing in the secure dementia care unit, almost daily, to include resident #3. On 5/29/23, at approximately 12:00 p.m., resident #3 was walking down the hallway, near resident #1's bedroom. Resident #1 grabbed resident #3 by the arms and escorted [redacted] by force to the common television room, resulting in multiple 1 centimeter in diameter sized bruising to the right upper arm and a 4 centimeter bruising to the left upper arm on resident #3. As of 5/31/23, the home did not report the allegation of abuse or submit an incident report to the department.

REPEAT VIOLATION: 11/22/22 et al

Plan of Correction ***Accept [redacted] - 06/29/2023)***

Act 13 report was completed on 6/9/2023 and reports made to Protective Services and local police. Resident placed under supervision plan which includes 15 minute checks by staff to verify [redacted] whereabouts and manage any behavior outburst. Education completed on 6/13/2023 with staff by Executive Director and Nurse Liaison to ensure staff's understanding of reporting requirements and proper interventions for dementia related behaviors.
Beginning 6/19/2023, Administrator, RCC, and Social Work began daily discussions of all incidents in the facility to better determine what constitutes a reportable to DHS, APS, and/or police.

Licensee's Proposed Overall Completion Date: *06/22/2023*

Not Implemented [redacted] - 11/30/2023)

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

Resident #1 has verbal and/or physical altercations with other residents residing in the secure dementia care unit, almost daily, to include resident #2. After breakfast on 5/28/23, resident #1 was observed as [redacted] "snatched up" resident #2 in the hallway near resident #1's bedroom and threw resident #2 against the wall.

Resident #1 has verbal and/or physical altercations with other residents residing in the secure dementia care unit, almost daily, to include resident #3. On 5/29/23, at approximately 12:00 p.m., resident #3 was walking down the hallway, near resident #1 bedroom. Resident #1 grabbed resident #3 by the arms and escorted [redacted] by force to the common television room. These actions resulted in multiple 1 centimeter in diameter sized bruising to the right upper arm and a 4 centimeter bruising to the left upper arm on resident #3.

Resident #1 's assessment and support plan, dated [redacted] /23, indicates the need for strict prompting/cueing for overall personal hygiene. Direct care staff will strongly encourage resident to perform tasks such as showering, brushing teeth, and changing clothes. However, from 5/1/23 to 5/30/23 the home failed to shower resident #1 once during this time

42b - Abuse (continued)

or to dress in clean clothing regularly.

Plan of Correction ***Accept [redacted] - 07/06/2023)***

On 6/5/2023, Administrator, RCC, and Social Worker met with resident #1's POA to discuss residents care and how we can better meet [redacted] needs regarding showers and hygiene. On same day, discussions were held with staff on when and how to best approach this resident when [redacted] refuses care, and also to document attempts made and best practices. On 6/9/2023, RCC initiated a new hard copy 24 hour report for communication on memory care units on individual residents to review at change of shift.

On 7/6/2023, Administrator or designee will begin weekly and documented risk assessment meeting with direct care staff to identify any high risk situtions for abuse, including any aggressivly behaving residents as well as plans to monitor and address.

Licensee's Proposed Overall Completion Date: *07/06/2023*

Not Implemented [redacted] - 11/30/2023)

42s - Privacy

4. 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

Resident bedrooms, in the secured dementia care unit, are equipped with locking devices, including resident #4. On 5/31/23, at approximately 11:30 a.m., resident #1 was observed locking resident #4's bedroom with the key resident #1 was provided for [redacted] own room. It was later determined resident #1 was issued a master key by the home.

Plan of Correction ***Accept [redacted] - 06/29/2023)***

When discovered on 5/31/2023, nurse immediately removed master key from resident #1 and replaced with appropriate key to [redacted] room. On same day, RCC checked all other resident keys to verify no one else had mistakenly received a master key. On 6/22/2023, Administrator provided education with staff who are responsible for issuing keys to ensure no master keys are provided moving forward.
Beginning 6/26/2023, keys will be audited weekly for two months by maintenance or designee to confirm no master keys are being assigned to residents.

Licensee's Proposed Overall Completion Date: *06/26/2023*

Implemented [redacted] - 11/30/2023)

65a - FS Orientation 1st Day

5. Requirements

2600.

65a - FS Orientation 1st Day *(continued)*

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, hired [redacted]/23, did not receive orientation training in any of the required topics under 2600.65(a).

Plan of Correction ***Accept [redacted] - 06/29/2023)***

Staff person A received orientation training on topics 2600.65(a) on date of hire, [redacted]/2023. Form was misfiled in employee files.
Audit will be completed by Human Resources or designee by 6/30/2023 to confirm all staff have received required education and is filed correctly. Any missing training found will be completed by 7/7/2023. Beginning 6/30/2023 monthly audits will be completed by Human Resources or designee for three months to ensure continued compliance.

Licensee's Proposed Overall Completion Date: *07/07/2023*

Implemented [redacted] - 11/30/2023)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A, hired [redacted]/23, did not receive orientation training in any of the required topics under 2600.65(b).

Plan of Correction ***Accept ([redacted] - 06/29/2023)***

Staff person A received orientation training on topics 2600.65(b) on date of hire, [redacted]/2023. Form was misfiled in employee files.
Audit will be completed by Human Resources or designee by 6/30/2023 to confirm all staff have received required education and is filed correctly. Any missing training found will be completed by 7/7/2023. Beginning 6/30/2023 monthly audits will be completed by Human Resources or designee for three months to ensure continued compliance.

Licensee's Proposed Overall Completion Date: *07/07/2023*

Implemented [redacted] - 11/30/2023)

225a - Assessment 15 Days

7. 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

The assessment for resident #1, dated [redacted]/23, indicates a minimal problem for irritability, agitation, and aggression; however, multiple staff indicated this resident regularly exhibits irritability, agitation, and aggression behaviors that

225a - Assessment 15 Days (continued)

inhibit the staffs ability to provide care. To include barricading the bedroom door with a recliner chair, verbally aggressive with staff when refusing hygiene showers and dressing assistance.

Plan of Correction ***Accept [redacted] - 06/29/2023)***

RASP updated for this resident on 5/31/2023 by Social Worker. On 6/26/2023, corporate training nurse will provide education to staff on the need and reasons for RASPs to be updated. On same date, corporate training nurse will complete RASP audit to evaluate that appropriate interventions and information is captured. Any missing information will be addressed and updated by RCC or designee by 7/7/2023.

Licensee's Proposed Overall Completion Date: *07/07/2023*

Implemented ([redacted] - 11/30/2023)

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

Facility Information

Name: *CONCORDIA AT VILLA ST. JOSEPH PERSONAL CARE* **License #:** *45300* **License Expiration:** *08/16/2023*

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

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *155* **Waking Staff:** *116*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date:** *06/30/2023*

Inspection Dates and Department Representative

06/09/2023 - On-Site: [redacted]

06/13/2023 - Off-Site: [redacted]

06/20/2023 - On-Site: [redacted]

06/30/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served:** *113*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Memory Care* **Capacity:** *33* **Residents Served:** *28*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *113*

Diagnosed with Mental Illness: *4*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *42*

Have Physical Disability: *2*

Inspections / Reviews

06/09/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/17/2023*

07/17/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/17/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/24/2023*

07/20/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/17/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/17/2023*

11/30/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *08/17/2023*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

16c - Written Incident Report

1. 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

Resident #1's initial medical evaluation, dated [redacted]/23, indicates a diagnosis of Unspecified Dementia – Unspecified Severity with other behavioral disturbance. Additionally, a history and physical evaluation, conducted on [redacted]/23 by a physician, indicates that the resident "has advanced cognitive impairment", indicating the resident's ability to consent cannot be established.
Resident #2's initial medical evaluation, dated [redacted]/23, indicates a diagnosis of alcohol dependence with alcohol induced persisting dementia. Additionally, a history and physical evaluation, conducted on [redacted]23 by a physician, indicates that the resident "has advanced cognitive impairment".

On 5/24/23 at approximately7:30 a.m., resident #2 was found in resident #1's bedroom, in the resident's bed wearing only underwear. Resident #1 was not wearing pants or a brief and resident #2 was [redacted] resident #1.
On 6/7/23 at approximately 11:00 p.m., staff found resident #2 in resident #1's bedroom, [redacted].
Resident #2 was in bed, [redacted] resident #1 [redacted]. Resident #1's brief was pulled to the side and [redacted] was repeating "No, No, No".
These incidents were not reported to the Department until the home was directed by agents of the Department to do so on 6/9/23.

REPEAT VIOLATION: 11/22/22 et al

Plan of Correction ***Accept [redacted] - 07/20/2023)***

On 6/19/2023 Executive Director reviewed with Administrator, Resident Care Coordinator, and Social Worker Appendix B: Requirements and Best Practices for Reportable Incidents from DHS RCG. Beginning 6/19/2023, Administrator, RCC, SW, or designee began daily review off all nursing documentation to ensure all incidents are reported appropriately and timely. Beginning 6/19/2023, Administrator, RCC, and Social Work began daily discussions of all incidents in the facility to better determine what constitutes a reportable to DHS and to ensure timely reporting

Addition: Residents in question separated by nursing staff when concern found. Report of abuse completed on 6/9/23 as a late report to both DHS and Protective Services. On this same date, 15 -minute checks were initiated by the Executive Director and Resident Care Coordinator to be conducted by floor staff, signed off on and validated by on site supervisor. Any non-compliance to be addressed immediately with re-education with specific individuals.

On 6/13/23, staff education was presented by Executive Director and Concordia Visiting Nurse Liaison regarding handling dementia resident behaviors, and the responsibility to report any concerns or issues immediately. A rotating schedule was implemented on 6/9/23 to ensure leadership team members were present in the unit to validate 15 minute checks and do consistent room rounds as additional oversight. Documentation of those rounds are then turned in to Administrator for review and follow up.

Licensee's Proposed Overall Completion Date: *07/18/2023*

16c - Written Incident Report *(continued)*

Not Implemented [redacted] - 11/30/2023)

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

Resident #3's initial medical evaluation, dated [redacted]23, indicates a diagnosis of Unspecified Dementia – Unspecified Severity without behavioral disturbance, and psychotic disturbance. Additionally, a history and physical evaluation, conducted on [redacted]/23 by a physician, indicates that the resident "has advanced cognitive impairment", indicating that the resident's ability to consent cannot be established.
According to multiple staff interviews, during May 2023 there were multiple undocumented incidents of staff suspecting or witnessing resident #3 administering [redacted] resident #4, to include an incident which occurred on or about the second week of May 2023. This incident was reported to the medication tech on shift but not documented or reported. Additionally, on 6/5/23 at approximately 1:00 a.m., resident #4 was observed [redacted] from resident #3 in resident's bedroom.
These incidents were not reported to the Department until the home was directed by agents of the Department to do so on 6/9/23.

REPEAT VIOLATIONS: 11/22/22 et al

Plan of Correction ***Accept[redacted] - 07/20/2023)***

On 6/19/2023 Executive Director reviewed with Administrator, Resident Care Coordinator, and Social Worker Appendix B: Requirements and Best Practices for Reportable Incidents from DHS RCG. Beginning 6/19/2023, Administrator, RCC, SW, or designee began daily review off all nursing documentation to ensure all incidents are reported appropriately and timely. Beginning 6/19/2023, Administrator, RCC, and Social Work began daily discussions of all incidents in the facility to better determine what constitutes a reportable to DHS and to ensure timely reporting.

Addition: Residents in question on were immediately separated by nursing staff when found in situation identified. On 6/9/23 a reportable was completed on this issue identified, to both DHS and Protective Services as a late report. On this same date, 15 minutes checks were initiated to be conducted by floor staff, signed off on, and validated by on-site supervisor. Any non-compliance identified to be addressed immediately by the Administrator or designee with re-education for specific individuals noted to be non-compliant.

On 6/13/23 education was completed for floor staff by the Executive Director and Concordia Visiting Nurse Liaison regarding handling dementia resident behaviors and the responsibility to report and any concerns or issues immediately to their supervisor.
On 6/9/23 a rotating schedule for the leadership team was initiated to provide additional oversight in the memory care unit and to validate 15 min. checks with regular room rounds which are then documented and turned in to the Administrator for review.

Licensee's Proposed Overall Completion Date: *07/18/2023*

Not Implemented [redacted] - 11/30/2023)

23a - Activities of Daily Living Assistance

3. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #2's initial assessment and support plan, dated [redacted]/23, assesses the resident as having extensive supervision needs and the plan to meet the resident's supervision needs indicates "DCS will provide adequate supervision to resident #2 within the secure memory care unit". Additionally, the resident is assessed as having moderate judgement and "has impaired decision making ability due to dementia related cognitive impairment" and the plan to meet the resident's needs indicates "DCS will monitor resident #2 within the secure memory care unit."
However, the home failed to provide supervision of resident #2, resulting in multiple occurrences of resident engaging in sexual acting out behavior towards resident #1 on 5/24/23 and 6/7/23.

Plan of Correction ***Accept ([redacted] - 07/20/2023)***

On 6/9/2023, Executive Director, RCC, and Social Worker initiated 15 minute checks to be conducted by staff, signed off on, and validated by on-site supervisor. Any noncompliance addressed immediately with re-education with specific individuals. Beginning 6/9/2023, monthly schedule was created for supervision of Memory Care Unit by management team on a rotating basis.

Addition: Residents in question were immediately separated by nursing staff when incident was witnessed and on 6/9/23 a reportable was completed to both DHS and Protective Services as a late report. Education was then provided to staff in Memory care on 6/12/23 by the Executive Director and Concordia Visiting Nurse Liaison on identifying and handling dementia resident behaviors and timely reporting of any concerns identified immediately to supervisor. Resident #2 was placed on psychiatrist's schedule on [redacted]/23 and medications were adjusted at that time to address increase in behaviors.

As noted, 15- minute checks were initiated on 6/9/23 by Executive Director, Resident Care Coordinator and Social Worker to be conducted by nursing staff, signed off on and validated by on-site supervisor assigned for the day. Any non-compliance identified by leadership team during our review of the 15- minute checks will be addressed immediately by leadership team completing re-education with individuals identified as being non-compliant. These 15- minute checks will continue for 90 days to 9/9/23 or for 2 weeks after discharge of individuals identified as a concern are found appropriate alternate placement.

On 6/9/23 a rotating schedule for leadership team to be present in the memory care unit each day was put in place to provide additional oversight, validating 15 -minute checks and completing documented room rounds which are then turned in to the Administrator for review. These documented rounds will continue for 90 days until 9/9/23 or until two weeks after discharge of individuals identified as concern are found appropriate alternate placement. Ex: One of two residents identified as a concern has been discharged to alternate placement as of [redacted]/23.

Licensee's Proposed Overall Completion Date: *09/09/2023*

Not Implemented ([redacted] - 11/30/2023)

42b - Abuse

4. 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

Resident #1's initial medical evaluation, dated [redacted]/23, indicates a diagnosis of Unspecified Dementia – Unspecified Severity with other behavioral disturbance. Additionally, a history and physical evaluation, conducted on [redacted]/23 by a physician, indicates that the resident "has advanced cognitive impairment", indicating the resident's ability to consent cannot be established.
Resident #2's initial medical evaluation, dated [redacted]/23, indicates a diagnosis of alcohol dependence with alcohol induced persisting dementia. Additionally, a history and physical evaluation, conducted on [redacted]23 by a physician, indicates that the resident "has advanced cognitive impairment".
According to multiple staff interviews and progress notes, resident #2 frequently engages in aggressive and hypersexual behaviors to include: verbal and physical aggression, elopement, barricading [redacted] in [redacted] bedroom, wandering into other resident's bedrooms, touching and touching staff and other residents, focusing on resident #1, in a sexual manner. During May 2023, resident #2 was found and had to be removed several times from resident #1's bedroom. The home failed to address these behaviors or increase supervision of resident #2 to assure resident #1 and other resident's safety. According to multiple staff interviews, when these behaviors were brought to the attention of the home's administrator, [redacted], they were dismissed and told "It's normal", "It's a human need" or "That's Memory Care", and no action was taken to increase supervision of resident #2 or prevent these behaviors.
On 5/24/23 during the overnight shift, resident #2 was found in resident #1's bedroom. Resident #2 was not removed. After shift change at approximately7:30 a.m., resident #2s was again found in resident #1's bedroom, in the resident's bed wearing only underwear. Resident #1 was not wearing pants or a brief and resident #2 was [redacted] resident #1. The two residents were separated by staff and resident #2 became aggressive and refused to leave. Resident #1 was upset and refused to eat the rest of the day.
After this incident, resident #2's bedroom was moved closer to the nurses station, but no other actions were taken.
On 6/7/23 at approximately 11:00 p.m., staff found resident #2 in resident #1's bedroom, [redacted]. Resident #2 was in bed, [redacted] resident #1 [redacted]. Resident #1's brief was pulled to the side and [redacted] was repeating "No, No, No". The two were separated by staff. Staff interviews described resident #1 as traumatized and defensive of [redacted] afterwards.
These incidents were not reported to the Department or the local Area Agency on Aging until the home was directed by agents of the Department to do so on 6/9/23.

Plan of Correction ***Accept ([redacted] - 07/20/2023)***

On 6/9/2023, Executive Director, RCC, and Social Worker initiated 15 minute checks to be conducted by staff, signed off on, and validated by on-site supervisor. Any noncompliance
addressed immediately with re-education with specific individuals. On 6/13/2023 staff education was presented by Executive Director and Concordia Visiting Nurses liaison regarding handling dementia residents and their behaviors, and responsibility to report any concerns or issues immediately.

Addition: Residents in question were immediately separated by nursing staff when concern was witnessed on 6/7/23 and resident #2 was taken back to [redacted] room. A reportable was made on 6/9/23 by Resident Care Coordinator to DHS and Protective Services as a late report. Resident #2 placed under 15 -minute checks as of 6/9/23 by Memory care

42b - Abuse (continued)

staff to verify [redacted] whereabouts and manage any behavior issues. Resident #2 was put on schedule to see psychiatrist on [redacted] /23. Psychiatrist ordered increase in Depakote for resident as of [redacted] /23 to address increase in behaviors. Education was provided on 6/13/23 for Memory care staff by Executive Director, Resident Care Coordinator and Social Worker on handling dementia resident behaviors and their responsibility to report any concerns immediately to their supervisor.

15 minutes checks were initiated then on 6/9/23 for Memory care staff to sign off on then validated by the on-site supervisor scheduled that day. A rotating schedule for leadership team managers was started as well on 6/9/23 to provide additional supervision for the Memory care unit and to validate the 15- minute checks assigned to direct care staff. Room rounds to be performed during this assigned time by leadership team members and documentation of same turned in to the administrator for review. 15- minute checks will continue for 90 days from start which will be 9/9/23 or 2 weeks from appropriate discharge to an alternate facility.

Licensee's Proposed Overall Completion Date: *09/09/2023*

Not Implemented [redacted] 11/30/2023)

5. 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

Resident #3's initial medical evaluation, dated [redacted] /23, indicates a diagnosis of Unspecified Dementia – Unspecified Severity without behavioral disturbance, and psychotic disturbance. Additionally, a history and physical evaluation, conducted on [redacted] /23 by a physician, indicates that the resident "has advanced cognitive impairment", indicating the resident's ability to consent cannot be established.
Resident #4's initial medical evaluation, dated [redacted] /23, indicates a diagnosis of mild dementia.
According to multiple staff interviews, resident #4 engages in aggressive and sexual acting out behaviors towards resident #3. These behaviors include following, touching, grabbing and coercing resident #3 to come with [redacted], follow [redacted] and sit with [redacted]. These behaviors are described by staff as controlling and coercive. Resident bedrooms, in the secured dementia care unit, are equipped with locking devices, including resident #3's. Until 5/31/23, resident #4 had access to a master key that would unlock multiple bedrooms, including resident #3's, on the Memory Care unit.
According to multiple staff interviews, these behaviors escalated during May 2023 and there were multiple undocumented incidents of staff suspecting or witnessing resident #3 administering [redacted] resident #4, to include an incident which occurred on or about the second week of May 2023. This incident was reported to the medication tech on shift but not documented or reported.
An electronic progress note, dated 6/1/23, indicates resident #4 "showing increased aggression, both verbally and physically. Displaying hypersexualized behaviors"
The home failed to address these behaviors or increase supervision of resident #4 to assure resident #3 and other resident's safety. According to multiple staff interviews, when these behaviors were brought to the attention of the home's administrator, [redacted] they were dismissed and told "It's normal", "It's a human need" or "That's Memory Care", and no action was taken to increase supervision of resident #4 or prevent these behaviors.
According to staff interviews and documented progress notes, on 6/5/23 at approximately 1:00 a.m., resident #4 was observed [redacted] resident #3 in resident #3's bedroom.
These incidents were not reported to the Department or the local Area Agency on Aging until the home was directed by agents of the Department to do so on 6/9/23.

42b - Abuse (continued)

Plan of Correction ***Accept [redacted] - 07/20/2023)***

On 6/19/2023 Executive Director reviewed with Administrator, Resident Care Coordinator, and Social Worker Appendix B: Requirements and Best Practices for Reportable Incidents from DHS RCG. Beginning 6/9/2023, Administrator, RCC, SW, or designee began daily review off all nursing documentation to ensure all incidents are reported appropriately and timely. Beginning 6/19/2023, Administrator, RCC, and Social Work began daily discussions of all incidents in the facility to better determine what constitutes a reportable to DHS, Area Agency on Aging, and local police.

Addition: When concern was witnessed on 6/5/23, staff immediately separated residents and had resident #4 return to [redacted] room. Resident #4 put on schedule to be seen by psychiatrist on [redacted]/23 and [redacted]/23 for possible new interventions. Increase in medications for Resident #4 ordered by psychiatrist on [redacted]/23 to address increased behaviors. The incident was reported to DHS, Protective Services and Police on 6/9/23. Residents #3 and #4 were placed on 15- minute checks as of 6/9/23 to be completed by Memory care staff, documented and signed off on and validated by the on-shift Supervisor. Memory care staff instructed by Resident Care Coordinator on 6/9/23 to verify residents' whereabouts and manage any behavioral outburst. These 15 -minute checks will continue for 90 days until 9/9/23 or for 2 weeks from appropriate discharge for resident identified.

Education provided to Memory care staff on 6/13/23 by Executive Director and Concordia Visiting Nurse Liaison on managing dementia resident behaviors and their responsibility to report any concerns found to their supervisor immediately. Resident Care Coordinator initiated a new hard copy of the 24- hour report on 6/13/23 to better communicate day to day concerns/issues on individual residents between shifts.

Supervision schedule showing a daily rotation of leadership team members initiated by Executive Director on 6/9/23 to provide additional oversight in the Memory care unit. Room rounds to be performed by these team members and documented which are then turned in to the Administrator daily for review. Room rounds will continue for 90 days to 9/9/23.

Licensee's Proposed Overall Completion Date: *09/09/2023*

Not Implemented [redacted] - 11/30/2023)

141a 1-10 Medical Evaluation Information

6. 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 #4's initial medical evaluation is dated [redacted]/23. However, the resident was admitted to the home on [redacted]/23. Additionally, the medical evaluation is incomplete. The resident's ability to self administer medications section is blank.

REPEAT VIOLATION: 11/22/22 et al

Plan of Correction ***Accept [redacted] - 07/20/2023)***

Resident #4 was planned to admit earlier in the month, therefore DME would have been in acceptable timeframe. Admission was delayed and the outdated DME was not caught. Beginning 7/11/2023, administrator or designee will monitor completion of DMEs weekly for three months.

Addition: Education provided by Corporate Training Nurse on 6/26/23 regarding completion of required DHS paperwork with nursing and leadership team staff. Quiz given that same day by the Corporate training nurse those who attended to demonstrate competency and understanding. Resident deemed to be unable to self-administer medications due to dementia diagnosis. DME updated with that section completed on 5/31/23 by Resident Care Coordinator.
As mentioned, beginning 7/11/23 the Administrator or designee will monitor completion of DME's for 3 months until 10/11/23 and any issues identified will be addressed by same immediately. A report these monitoring results will be completed by the Administrator or designee and brought to the next QA Committee meeting on 8/3/23.

Licensee's Proposed Overall Completion Date: *08/03/2023*

Implemented [redacted] - 11/30/2023)

225c - Additional Assessment

7. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

According to multiple staff interviews and progress notes, resident #2 frequently engages in disruptive and hypersexual behaviors to include: elopement, barricading [redacted] in [redacted] bedroom, wandering into other resident's bedrooms and touching staff and other residents in a sexual manner. However, resident #2's initial assessment and support plan, dated [redacted]23, fails to address this and was not updated to address these significant changes.

225c - Additional Assessment (continued)

Plan of Correction ***Accept ([redacted] - 07/20/2023)***

Resident Assessment Plan was updated by Social Worker on 7/11/2023. Beginning 7/6/2023, Administrator or designee will conduct weekly and documented risk assessment meeting with direct care staff to identify any changes in resident behaviors and ensure RASP accurately reflects behaviors.

Addition: RASP was updated on 7/11/23 by social worker. Education was provided by the Corporate training nurse on 6/26/23 to nursing and leadership team members responsible for completing regarding DHS required documentation and how to complete properly. A quiz given by the Corporate Training Nurse during this education to staff who attended to verify understanding and competency.

As noted, the Administrator or designee will conduct weekly assessments of RASP's starting on 7/6/23 and continuing for 90 days until 10/6/23. Assessments will be documented by the Administrator or designee and reviewed at the next quarterly QA meeting on August 3, 2023. Any issues identified during these assessments will be corrected immediately by Administrator, Resident Care Coordinator or Social Worker.

Licensee's Proposed Overall Completion Date: *10/06/2023*

Implemented [redacted] - 11/30/2023)

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #5's annual assessment and support plan, dated [redacted]/22, indicates the resident is independent: ambulating, transferring in/out of bed/chair, and turning re-positioning in bed/chair. It also indicates that the resident had minimal mobility needs.
However, according to documented nursing notes, the resident has a history of multiple falls with injuries, to include the following dates and injuries:
**6/14/23 – Resident sustained hip fracture and hospitalized*
**5/25/23 – Resident sustained skin tear to left forearm*
**3/10/23 – Resident sustained facial laceration. Sent to emergency room and released.*
**1/20/23 – No injuries.*
The home failed to update the resident's assessment and support plan to address this significant change.

Plan of Correction ***Accept [redacted] - 07/20/2023)***

Resident Assessment Plan was updated by Social Worker on 7/11/2023. Beginning 7/6/2023, Administrator or designee will conduct weekly and documented risk assessment meeting with direct care staff to identify any changes in resident mobility and fall risk, and ensure RASP accurately reflects.

Addition: Education completed with nursing staff and leadership team by Corporate training nurse on 6/26/23 on the appropriate completion of DHS required paperwork including the RASP's. A quiz was given by the corporate training nurse as part of this training to validate understanding and competency.

225c - Additional Assessment (continued)

Risk assessment meetings mentioned above on RASP's to be completed by Administrator or designee will be conducted weekly as of 7/6/23 and continue for 90 days until 10/6/23. Any information identified by the Administrator or Designee during the risk assessment meeting with direct care staff will be reflected in an updated RASP when appropriate. The RASP will be updated immediately by the Administrator, Resident Care Coordinator or Social Worker.

An audit will be performed by the Corporate Training Nurse or designee monthly for the next 90 days until 10/20/23 to validate accuracy on RASP's. Any discrepancies found will be addressed immediately with an updated RASP completed by the Administrator or designee.

Licensee's Proposed Overall Completion Date: *10/20/2023*

Implemented [redacted] - 11/30/2023)

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

Facility Information

Name: *CONCORDIA AT VILLA ST. JOSEPH PERSONAL CARE* **License #:** *45300* **License Expiration:** *08/16/2024*

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*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *150* **Waking Staff:** *113*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date:** *07/28/2023*

Inspection Dates and Department Representative

07/27/2023 - On-Site: [redacted]

07/28/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served:** *110*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Memory Care* **Capacity:** *33* **Residents Served:** *26*

Hospice

Current Residents: *20*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *110*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *40* **Have Physical Disability:** *2*

Inspections / Reviews

07/27/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/25/2023*

08/29/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/25/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/31/2023*

11/30/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2023*

Reviewer: [redacted] **Follow-Up Type:** *Bypass Document Submission*

11/30/2023 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *11/30/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

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 3/16/23, at approximately 8:00 p.m., staff person A and staff person B were witnessed manually restraining resident #1 in attempt to administer an intramuscular medication for episodic behavior. This incident was observed by staff person C. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

Plan of Correction ***Accept [redacted] - 08/29/2023)***

Education completed on 6/13/2023 with staff by Executive Director and Nurse Liaison to ensure staff's understanding of reporting requirements and proper interventions for dementia related behaviors. Beginning 6/19/2023, Administrator, RCC, and Social Work began daily discussions/review of all incidents and nursing documentation in the facility to better determine what constitutes a reportable to DHS, APS, and/or police.

Licensee's Proposed Overall Completion Date: *08/24/2023*

Not Implemented [redacted] - 11/30/2023)

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 3/16/23, at approximately 8:00 p.m., staff person A and staff person B were witnessed manually restraining resident #1 in attempt to administer an intramuscular medication for episodic behavior. This incident was observed by staff person C. However, the home did not report this incident to the Department.

REPEAT VIOLATION: 11/22/22 et all

Plan of Correction ***Accept [redacted] - 08/29/2023)***

Education completed on 6/13/2023 with staff by Executive Director and Nurse Liaison to ensure staff's understanding of reporting requirements and proper interventions for dementia related behaviors. Beginning 6/19/2023, Administrator, RCC, and Social Work began daily discussions/review of all incidents and nursing documentation in the facility to better determine what constitutes a reportable to DHS, APS, and/or police.

Licensee's Proposed Overall Completion Date: ***Not Implemented [redacted] - 11/30/2023)***

08/24/2023

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.

42b - Abuse *(continued)*

Description of Violation

Resident #1 was admitted to the home on [redacted]/23 and has diagnoses including Alzheimer's disease, dementia, anxiety disorder, other chronic pain, spinal stenosis, dorsalgia, hypertension, and major depressive disorder. The resident has behaviors of irritability, judgment, and aggression. The plan to meet these behavioral needs includes "staff will approach behaviors by identifying environmental triggers…staff will provide a supportive and simplified environment along with positively encouraging activities," as indicated on the resident's assessment and support plan, dated [redacted]/23.

On 3/16/23, at approximately 8:00 p.m., resident #1 was sitting in [redacted] rollator in the common hallway in front of [redacted] bedroom on the main floor of the home. Staff person A was administering evening medications to multiple residents in this area. Resident #1 began yelling, and staff person A radioed staff person B, who was on the 2nd floor, for assistance. Staff person B obtained an electronically signed order for Haldol Injection Solution 5mg/ml (Haloperidol Lactate), to inject 1mg intramuscularly (IM) one time only for acute psychosis for one day. Staff person B went down to the main floor in the common hallway outside of the resident #1's room. Staff person A then restrained resident #1 by grabbing and holding the resident around the torso, in a bearhug, and using [redacted] body to hold resident's arms down. Staff person B, from a flank position, administered the IM medication injection into the back of resident's upper arm. During this administration, resident #1 was physically struggling and attempting to remove [redacted] away from staff person A and B, and yelling, "I don't want this, I don't need this" while in severe distress. This incident was observed by staff person C and was also heard down the hall and behind the secured dementia care unit (SDCU) door by multiple staff in the home.

On 7/19/23, at approximately 9:30 p.m., resident #2, who has a diagnosis of dementia and is on 15-minute checks for prior behavior and has documented "verbally/physically aggressive behaviors," stuck resident #3, who has a diagnosis of dementia and documented behaviors of "irritability, agitation and aggression," with a close-handed fist in the mouth. This incident occurred in the living room of the SDCU in the home and was witnessed by staff person D. Resident #3 was bleeding from the mouth and sustained a swollen lip. Shortly after the incident, on 7/21/23, resident #3 became aggressive with staff and was [redacted] hospital stay.

Plan of Correction ***Accept [redacted] - 09/14/2023)***

Education completed on 6/13/2023 with staff by Executive Director and Nurse Liaison to ensure staff's understanding of reporting requirements and proper interventions for dementia related behaviors. On 8/16/2023, staff were reeducated on the prohibition of chemical and manual restraints.

On 7/19/2023, residents #2 and #3 were immediately separated. Dementia Specialist/Unit Manager role was created to provide more oversight in SDCU.

Beginning 6/19/2023, Administrator, RCC, and Social Worker began daily discussions/review of all incidents and nursing documentation in the facility to better determine what constitutes a reportable to DHS, APS, and/or police and to determine opportunities for staff reeducation.

42b - Abuse (continued)

Addition: Staff training on 2600.191 and 2600.187c will be completed on 9/5/2023. Social Worker has reached out to Beaver County Area Agency on Aging to schedule Resident Rights and abuse training for staff (still waiting for return call as of 9/1/2023). Administrator, RCC, or Social Worker will conduct 2 to 3 confidential resident interviews each week to better ensure residents are being treated with dignity and respect to confirm resident rights are being followed.

DIRECTED PLAN:
By 10/15/23: All staff persons shall receive training in resident abuse and resident rights by a Department-approved outside source. Documentation of the training shall be kept.

Licensee's Proposed Overall Completion Date: *09/05/2023*

Not Implemented [redacted] - 11/30/2023)

202 - Prohibitions

4. Requirements

2600.
202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident #1 received the following medications for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, as indicated on the orders, the resident's medication administration records (MARs), and multiple staff interviews:
On 3/16/23 at 7:56 p.m., Haloperidol Lactate Injection Solution 5mg/ml, Inject 1 mg intramuscularly one time only for acute psychosis for 1 day.
On 4/21/23, at unknown time, Ativan Injection Solution 2mg/ml, Inject 1ml intramuscularly one time only for irritability for 1-day unsupervised self-administration. However, this medication was administered by an LPN of the home.
On 4/22/23, at unknown time, Ativan Injection Solution 2mg/ml, Inject 1ml intramuscularly one time only for irritability for 1-day unsupervised self-administration. However, this medication was administered by an LPN of the home.

202 - Prohibitions (continued)

On 4/25/23 at 7:16 p.m., Ativan Injection Solution 2mg/ml, Inject 0.5ml intramuscularly one time only for combative for 1 day.
On 4/29/23 at 4:35 p.m., Ativan Injection Solution 2mg/ml, Inject 1mg intramuscularly every 8 hours as needed for psychosis/severe anxiety.
On 5/6/23 at 3:55 p.m., Ativan Injection Solution 2mg/ml, Inject 1mg intramuscularly every 8 hours as needed for psychosis/severe anxiety.
On 7/11/23 at 4:30 p.m., Ativan Injection 2mg/ml, Inject 0.5ml intramuscularly one time only for combative for 1 day.

On 3/16/23, at approximately 8:00 p.m., resident #1 was sitting in [redacted] rollator in the common hallway in front of [redacted] bedroom on the main floor of the home. Staff person A was administering evening medications to multiple residents in this area. Resident #1 began yelling, and staff person A radioed staff person B, who was on the 2nd floor, for assistance. Staff person B obtained an electronically signed order for Haldol Injection Solution 5mg/ml (Haloperidol Lactate), to inject 1mg intramuscularly (IM) one time only for acute psychosis for one day. Staff person B went down to the main floor in the common hallway outside of the resident #1's room. Staff person A then restrained resident #1 by grabbing and holding the resident around the torso, in a bearhug, and using [redacted] body to hold resident's arms down. Staff person B, from a flank position, administered the IM medication injection into the back of resident's upper arm. During this administration, resident #1 was physically struggling and attempting to remove [redacted] away from staff person A and B, and yelling, "I don't want this, I don't need this" while in severe distress. This incident was observed by staff person C and was also heard down the hall and behind the secured dementia care unit (SDCU) door by multiple staff in the home.

Plan of Correction ***Accept ([redacted] 09/14/2023)***

Education completed on 6/13/2023 with staff by Executive Director and Nurse Liaison to ensure staff's understanding of reporting requirements and proper interventions for dementia related behaviors. On 8/16/2023, staff were reeducated on the prohibition of chemical and manual restraints. Beginning 6/19/2023, Administrator, RCC, and Social Worker began daily discussions/review of all incidents and nursing documentation in the facility to better determine what constitutes a reportable to DHS, APS, and/or police and to determine opportunities for staff reeducation.

Addition: Staff training on 2600.191 and 2600.187c will be completed on 9/5/2023. Social Worker has reached out to Beaver County Area Agency on Aging to schedule Resident Rights and abuse training for staff (still waiting for return call as of 9/1/2023). Administrator, RCC, or Social Worker will conduct 2 to 3 confidential resident interviews each week to better ensure residents are being treated with dignity and respect to confirm resident rights are being followed.

DIRECTED PLAN:
By 10/15/23: All staff persons shall receive training in resident abuse and resident rights by a Department-approved outside source. Documentation of the training shall be kept.

Licensee's Proposed Overall Completion Date: *09/05/2023*

202 - Prohibitions *(continued)*

Not Implemented ([redacted] 11/30/2023)

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

Facility Information

Name: *CONCORDIA AT VILLA ST. JOSEPH PERSONAL CARE* **License #:** *45300* **License Expiration:** *08/16/2024*

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:** *149* **Waking Staff:** *112*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date:** *09/11/2023*

Inspection Dates and Department Representative

09/06/2023 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served:** *107*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Memory Care* **Capacity:** *33* **Residents Served:** *23*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *107*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *42* **Have Physical Disability:** *2*

Inspections / Reviews

09/06/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/30/2023*

10/12/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/17/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/19/2023*

10/27/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *11/17/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/17/2023*

11/30/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *11/17/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

16c - Written Incident Report

1. 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 7/30/23 at approximately 12:30pm, resident #1 and resident #2 were seated at a dining room table having lunch. Staff person A observed resident #2 bullying resident #1 by taking some of the food off [redacted] plate, taking a fork from [redacted] and pouring juice on the remainder of the food on [redacted] plate. Staff attempted to verbally redirect both residents to other tables; however, both residents refused to move. Resident #2 stood up and began hitting, pushing, and smacking resident #1 in the shoulder multiple times to try to make [redacted] move from [redacted] seat. While resident #2 was waving a hand at resident #1, resident #1 yelled [redacted] stop," then grabbed a fork and swung it in resident #2's direction, poking [redacted] in the left hand between the thumb and pointer finger, resulting in a small, pinpoint skin tear which slightly bled. However, this incident was not reported to the Department until 8/1/23 at 12:30p.m.

REPEAT VIOLATIONS: 11/22/22 et al

Accept [redacted] - 10/12/2023)

Plan of Correction

On 9/11/2023 Administrator reviewed with Dementia Specialist, Resident Care Coordinator, and Social Worker Appendix B: Requirements and Best Practices for Reportable Incidents from DHS RCG. Beginning 9/11/2023, Administrator, RCC, SW, Dementia Specialist, or designee began daily review off all nursing documentation to ensure all incidents are reported appropriately and timely. Beginning 9/11/2023, Administrator, RCC, Social Worker, and Dementia Specialist began daily discussions of all incidents in the facility to better determine what constitutes a reportable to DHS and to ensure
timely reporting

Licensee's Proposed Overall Completion Date:
09/29/2023

Not Implemented [redacted] - 11/30/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's assessment, dated [redacted]/23, indicates the resident displays physical aggression towards peers. An update to resident #1's support plan, dated [redacted]/23, indicates staff will approach behaviors [physical aggression towards peers] by identifying environmental triggers/medical conditions that may be causing the behavior. Staff will manage behaviors by limiting stimuli, respecting space, providing distractions/redirection by using calming approaches, provide reassurance and referring #1 to appropriate mental health care professionals.

On 7/30/23 at approximately 12:30pm, resident #1 and resident #2 were seated at a dining room table having lunch. Staff person A observed resident #2 bullying resident #1 by taking some of the food off [redacted] plate, taking a fork from [redacted], and pouring juice on the remainder of the food on [redacted] plate. Staff attempted to verbally redirect both residents to other tables; however, both residents refused to move. Resident #2 stood up and began hitting, pushing, and smacking resident #1 in the shoulder multiple times to try to make [redacted] move from [redacted] seat. While resident #2 was waving a hand at resident #1, resident #1 yelled [redacted] stop," then grabbed a fork and swung it in resident #2's direction, poking [redacted] in the left hand between the thumb and pointer finger, resulting in a small, pinpoint skin tear which slightly bled.

23a - Activities of Daily Living Assistance (continued)

However, staff failed to provide support to resident #1 when displaying physical aggression towards peers, as indicated in an update to [redacted] support plan, dated [redacted]/23.

Resident #3's assessment and support plan, dated [redacted]/23, indicates the resident has a moderate problem with irritability, agitation, and aggression. To meet these needs, staff will manage behaviors by limiting stimuli, respecting space, providing distractions/redirection by using calming approaches, provide reassurance and referring resident #3 to appropriate mental health care professionals.

On 8/12/13 at approximately 07:00 PM, resident #3 threatened to kill resident #4, punched resident #4 in the head, and took a knife and fork from the dining room. When staff person B tried to take the silverware from resident #3, the resident stated [redacted] needs it to kill resident #4. Staff failed to provide support to resident #3 when displaying irritability, agitation, and aggression, as indicated in [redacted] support plan, dated 7/3/23.

Plan of Correction ***Directed [redacted] - 10/27/2023)***

On 7/30/23 and again on 8/12/23 staff attempted to verbally intervene and redirect as mentioned in above citation, however these attempts were unsuccessful. Staff will continue to provide support as per assessment and support plan.

On 7/31/2023, facility hired Dementia Specialist to oversee and assist in supervising SDCU. Beginning 9/11/2023, Administrator, RCC, SW, Dementia Specialist, or designee began daily review off all nursing documentation to ensure RASPs are accurate and include appropriate interventions.

Proposed Overall Completion Date: 10/18/2023

Directed:
By 10/30/23 and daily thereafter, the administrator or designee shall review the census, schedule, and staffing levels to ensure an adequate number of direct care staff are scheduled and present in the home at all times to meet the needs of the residents as specified in the assessment and support plan, and in accordance with §2600.57a, §2600.60a, §2600.63a, §2600.190a and §2600.190b. In absence of the above, the administrator shall arrange for coverage by substitute personnel who meet the above direct care staff qualifications and training requirements and in accordance with §2600.61.
[redacted]. 10/27/23

Directed Completion Date: *10/30/2023*

Not Implemented ([redacted] 11/30/2023)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 7/30/23 at approximately 12:30pm, resident #1 and resident #2 were seated at a dining room table having lunch. Staff person A observed resident #2 bullying resident #1 by taking some of the food off [redacted] plate, taking a fork from [redacted], and pouring juice on the remainder of the food on [redacted] plate. Staff attempted to verbally redirect both residents to

42c - Treatment of Residents (continued)

other tables; however, both residents refused to move. Resident #2 stood up and began hitting, pushing, and smacking resident #1 in the shoulder multiple times to try to make [redacted] move from [redacted] seat. While resident #2 was waving a hand at resident #1, resident #1 yelled "[redacted] stop," then grabbed a fork and swung it in resident #2's direction, poking [redacted] in the left hand between the thumb and pointer finger, resulting in a small, pinpoint skin tear which slightly bled.

Plan of Correction ***Directed [redacted] 10/27/2023)***

On 7/30/23 and again on 8/12/23 staff attempted to verbally intervene and redirect as mentioned in above citation, however these attempts were unsuccessful. Staff will continue to provide support as per assessment and support plan.

On 7/31/2023, facility hired Dementia Specialist to oversee and assist in supervising SDCU. Beginning 9/11/2023, Administrator, RCC, SW, Dementia Specialist, or designee began daily review off all nursing documentation to ensure RASPs are accurate and include appropriate interventions.

Proposed Overall Completion Date: 10/18/2023

Directed:
By 11/10/23, all staff members shall receive Resident Rights training, to include treating residents with dignity and respect, conducted by an outside agency. Documentation of the training shall be kept.
[redacted] ***10/27/23***

Directed:
By 11/3/23, weekly for 1 month, and monthly thereafter, the administrator shall privately interview at least 2 residents, to ensure they are treated with dignity and respect. Documentation of the interviews shall be kept and reviewed a quality management plan review meetings.
[redacted] ***10/27/23***

Directed Completion Date: *11/10/2023*

Implemented [redacted] - 11/30/2023)