

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

July 24, 2023

[REDACTED], CORPORATE EXECUTIVE DIRECTOR OF PERSONAL CARE
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/21/2023 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 CEDARS* License #: *44624* License Expiration: *05/15/2024*
 Address: *4363 NORTHERN PIKE, MONROEVILLE, PA 15146*
 County: *ALLEGHENY* 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: *C-1* Date: *08/19/1998* Issued By: *Dept. of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/05/2023*

Inspection Dates and Department Representative

06/21/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *87* Residents Served: *70*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *12*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *11* Have Physical Disability: *2*

Inspections / Reviews

06/21/2023 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/15/2023*

07/11/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/21/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2023*

Inspections / Reviews *(continued)*

07/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/25/2023

07/24/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/21/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Around [REDACTED] at approximately [REDACTED], staff person A screamed at resident #1 when resident #1 inquired as to when [REDACTED] would be receiving assistance with [REDACTED] shower. However, this incident was not reported to the Area Agency on Aging.

REPEAT VIOLATION: 2/21/2023

Plan of Correction

Accept ([REDACTED] - 07/11/2023)

1. Facility now reporting allegations and other reportables timely. Administrator immediately reviewed Pennsylvania's RCG and guidelines on reporting allegations of abuse as well as Concordia's abuse policy with all staff members on 7/6/23. Documentation of education to be kept by Administrator.
2. Current patients have the potential to be affected. Grievance audits to be completed by Administrator to determine if other patients were affected by Thursday 7/13/2023. Corrective action will be taken for any identified issues. Outcome of audit documentation to be kept by Administrator.
3. The administrator and/or designee will educate all staff on regulation 260 15a. by Friday 7/14/2023. Documentation of education to be kept by administrator. Staff Person A has since been terminated.
4. Administrator and/or designee to review internal incident reports on a daily basis to determine if AAA will need to be contacted in accordance to regulation 260 15.a beginning on Monday 7/17/2023.
5. Administrator and/or designee will conduct audits on filed grievances on a monthly basis. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 7/20/2023. The monthly audits will begin on 7/13/2023 and continue thereafter. Documentation to be kept by Administrator.

Licensee's Proposed Overall Completion Date: 07/20/2023

Implemented ([REDACTED] - 07/24/2023)

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

Around [REDACTED] at approximately [REDACTED], staff person A screamed at resident #1 when resident #1 inquired as to when she would be receiving assistance with her shower. However, this incident was not reported to the Department until [REDACTED]

16c Written Incident Report (continued)

Plan of Correction

Accept (████) - 07/11/2023)

1. Facility now reporting allegations and other reportables timely to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours . Administrator immediately reviewed Pennsylvania's RCG and guidelines on reporting allegations of abuse as well as Concordia's abuse policy with all staff members on 7/6/23. Documentation of education to be kept by Administrator.
2. Current patients have the potential to be affected. Grievance audits to be completed by Administrator to determine if other patients were affected by Thursday 7/13/2023. Corrective action will be taken for any identified issues. Outcome of audit documentation to be kept by Administrator.
3. The administrator and/or designee will educate all staff on regulation 2600 16c. by Friday 7/14/2023. Documentation of education to be kept by administrator. Staff Person A has since been terminated.
4. Administrator and/or designee to review internal incident reports on a daily basis to determine if The Department's Personal Care Home Regional office will need to be contacted in accordance to regulation 2600 16.c. beginning on Monday 7/17/2023.
5. Administrator and/or designee will conduct audits on filed grievances on a monthly basis. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 7/20/2023. The monthly audits will begin on 7/13/2023 and continue thereafter. Documentation to be kept by Administrator.

Licensee's Proposed Overall Completion Date: 07/20/2023

Implemented (████) - 07/24/2023)

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

On ██████ at approximately ██████, resident #2 was left unattended in ██████ wheelchair in the 1st floor hallway. Resident #2 asked staff person A for assistance in propelling ██████ wheelchair; however, staff person A refused to assist resident #2 and told the resident "You can push yourself." According to resident #2's most recent assessment, dated ██████, resident #2 requires physical assistance with ambulating and resident #2's most recent support plan, dated ██████, indicates resident #2 requires assistance from staff persons to propel her wheelchair.

Plan of Correction

Accept (████) - 07/11/2023)

1. Staff member A was terminated immediately after report identified and internal investigation completed.
2. Current patients have the potential to be affected. Administrator to observe staff members providing care to 10 residents to determine if ADLs are being completed according to the resident's assessment and support plan by 7/26/2023. Corrective action will be taken for any identified issues. Documentation will be kept by the administrator.
3. The administrator and/or designee to educate staff on regulation 23.a. by Tuesday 7/18/2023. Documentation of all staff person training shall be kept.
4. Upon admission and significant changes of residents the administrator and/or designee will educate staff on each residents needs as documented in the resident assessment and support plan. Documentation will be kept by administrator.
5. The administrator and/or designee will observe staff members providing ADL care to 3 residents per week

23a - Activities of Daily Living Assistance (continued)

beginning [REDACTED] 3, for one month. After weekly observations, the administrator will observe ADL care for 3 residents on a monthly basis for 3 months then randomly thereafter. Documentation of the supervision will be kept by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 8/17/2023 and then again at the next Quality Assessment and Assurance Committee meeting on 9/21/2023. Documentation of meetings will be kept by the Administrator.

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented ([REDACTED] - 07/24/2023)

42c - Treatment of Residents**4. Requirements**

2600.

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

Description of Violation

Around [REDACTED] at approximately 4:00 PM, resident #1 asked staff person A to assist [REDACTED] with a shower. Staff person A left resident #1's bedroom and returned several hours later. When resident #1 inquired where staff person A had been, staff person A screamed at resident #1, "I have to go upstairs and take care of other people!" Resident #1 described staff person A's tone as if [REDACTED] was ready to fight".

On [REDACTED] at approximately [REDACTED], resident #3 was at the elevator to go down to the 1st floor. Staff person A stopped resident #3 and said, "You're going to bed. We're not doing all this up and down stuff!" When resident #3 told staff person A [REDACTED] did not want to go to bed, staff person A responded, "You go to bed when I want, not when you want." The incident upset resident #3 and [REDACTED] started to cry.

REPEAT VIOLATION: 2/21/2023

Plan of Correction

Accept ([REDACTED] - 07/11/2023)

1. Staff member A was terminated immediately after report identified and internal investigation completed.
2. Current patients have the potential to be affected. The Administrator will conduct 15 interviews with residents to determine if they feel that they are being treated with dignity and respect and to determine if any other patients are affected by 7/21/2023. Corrective action will be taken for any identified issues. Documentation of these interviews will be kept by the Administrator.
3. The administrator and/or designee to educate all staff on regulation 42.c. by 7/14/2023. Staff person A has been terminated. Documentation of education to all staff to be kept by Administrator.
4. The administrator and/or designee will conduct 3 resident interviews per week beginning 7/24/2023, for one month. After that month, the administrator will conduct 3 resident interviews per month to ensure resident rights are protected and all residents are treated with dignity and respect. Documentation of the interviews will be kept by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 8/17/2023 and then again at the next Quality Assessment and Assurance Committee meeting on 9/21/2023. Documentation of meetings will be kept by the Administrator.

Licensee's Proposed Overall Completion Date: 12/21/2023

42c - Treatment of Residents (*continued*)

Implemented [REDACTED] - 07/24/2023)