

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

July 10, 2023

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
1300 BOWER HILL ROAD
PITTSBURGH, PA, 15243

RE: CONCORDIA OF THE SOUTH HILLS
1300 BOWER HILL ROAD
MT. LEBANON, PA, 15243
LICENSE/COC#: 44145

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2023 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 OF THE SOUTH HILLS* License #: *44145* License Expiration: *03/08/2024*

Address: *1300 BOWER HILL ROAD, MT. LEBANON, PA 15243*

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-2 LP* Date: *08/19/2002* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

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

Reason: *Complaint* Exit Conference Date: *06/15/2023*

Inspection Dates and Department Representative

06/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Resident Served: *56*

Secured Dementia Care Unit

In Home: *Yes* Area: *First Floor* Capacity: *12* Resident Served: *8*

Hospice

Current Resident : *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*

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

Have Mobility Need: *20* Have Physical Disability: *0*

Inspections / Reviews

06/15/2023 Partial

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

Inspections / Reviews (*continued*)

07/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/14/2023

07/10/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/17/2023

07/10/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

227d - Support Plan Medical/Dental

1. 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

Resident #1 was assessed as requiring Total Supervision needs by the home and had 7 documented unwitnessed falls occurring on [REDACTED]. The resident has a history of brain bleeds, is identified as a high fall risk, with an unsteady gait. However, the resident's support plan, dated [REDACTED], was not updated to identify the services the home will provide to assist the resident due to the history of falls.

Plan of Correction**Accept [REDACTED] - 07/10/2023)**

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

Resident #1 is no longer in the home. The personal care home administrator provided in-service education to designees on 7/5/23 re: regulation 2600.227.d. Effective 7/6/23, all current resident charts were reviewed and support plans were updated to reflect resident specific services as needed. Audits will be done to reflect that support plans identify resident specific services as needed. The personal care home administrator or designee will conduct audits on all new admissions and significant changes. Audits will be completed 3 times a week for 4 weeks. Then 1 time weekly for 4 weeks. Additional audits will be on going as needed. Any deficiencies will be corrected on the spot and findings will be documented and reviewed quarterly.

-In-service education sign in sheet attached.

-Audit tool attached

Licensee's Proposed Overall Completion Date: 07/10/2023

Implemented [REDACTED] - 07/10/2023)