

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

July 14, 2023

[REDACTED], ADMINISTRATOR
CONCORDIA LUTHERAN HEALTH AND HUMAN CARE
[REDACTED]
[REDACTED]

RE: CONCORDIA LUTHERAN
MINISTRIES OERTEL BUILDING
615 NORTH PIKE ROAD
CABOT, PA, 16023
LICENSE/COC#: 42407

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/22/2023, 03/23/2023, 03/28/2023 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 LUTHERAN MINISTRIES OERTEL BUILDING **License #:** 42407 **License Expiration:** 06/22/2023

Address: 615 NORTH PIKE ROAD, CABOT, PA 16023

County: BUTLER **Region:** WESTERN

Administrator

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

Legal Entity

Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 02/01/2000 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 59 **Waking Staff:** 44

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 03/28/2023

Inspection Dates and Department Representative

03/22/2023 On Site [REDACTED]

03/23/2023 On Site [REDACTED]

03/28/2023 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 **Residents Served:** 52

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 52

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

03/22/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/09/2023

Inspections / Reviews (*continued*)

04/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/03/2023

07/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons A and B did not receive training for the following topics during training year January 2022 to December 2022:

1. *Medication self-administration training.*
2. *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
3. *Care for residents with dementia and cognitive impairments.*
4. *Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.*
5. *Personal care service needs of the resident.*
6. *Safe management techniques.*
7. *Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.*

Plan of Correction

Accept (█ - 04/19/2023)

Staff person A completed 2022 training topics required under 65f on 3/22/23.

Staff person B completed 2022 training topics required under 65f on 3/19/23

New Education Policy was provided to staff on 3/27/23 by unit manager that included the following:

All staff members will be given a 30 day grace period on monthly trainings. If training is not complete at the end of 30 days the staff member will be removed from the schedule until training is complete. Unit manager/designee will monitor monthly trainings due for all staff to ensure compliance and will take follow up action as needed.

Licensee's Proposed Overall Completion Date: 04/20/2023

Implemented (█ - 07/14/2023)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

65g - Annual Training Content (continued)

- 5. Falls and accident prevention.
- 6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff persons A and B did not receive training for the following topics during training year January 2022 to December 2022:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

In addition, staff person B did not receive training for falls and accident prevention during training year January 2022 to December 2022.

Plan of Correction

Accept [redacted] - 04/19/2023)

Staff person A completed 2022 training topics required under 65g on 3/22/23.

Staff person B completed 2022 training topics required under 65g on 3/19/23

New Education Policy was provided to staff on 3/27/23 by unit manager that included the following:

All staff members will be given a 30 day grace period on monthly trainings. If training is not complete at the end of 30 days the staff member will be removed from the schedule until training is complete. Unit manager/designee will monitor monthly trainings due for all staff to ensure compliance and will take follow up action as needed starting 4/20/23 for remainder of the year.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 07/14/2023)

85a Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted]/23 at [redacted] p.m., resident #1's labeled glucometer was used to measure the blood glucose level for resident #2.

On [redacted]/23 at [redacted] p.m., resident #2's labeled glucometer was used to measure the blood glucose level for resident #3.

Plan of Correction

Accept [redacted] - 04/19/2023)

Resident number 1 and Resident number 2 glucometers were destroyed and replaced with new glucometers on 3/29/23 at no cost to the Resident by the unit manager.

Each resident's glucometer was labeled with Resident name and stored in their own container that is labeled with the Resident name on 3/27/23 by unit manager.

All staff were reeducated on 3/27/23 by unit manager that the above items, (glucometers, insulin

85a - Sanitary Conditions (continued)

pens/syringes/lancets) , must be labeled with individual resident name and stored in their own container labeled with the Resident name.

Unit manager will do daily glucometer checks x 1 week starting 3/26/23, then weekly x 4 starting on 4/2/23 and monthly x 6 months starting 5/2/23 for remainder of year. Unit manager/designee will follow up with individual staff member on any problems identified.

M.D. was notified of sharing of the glucometers on 3/29/23 and recommended that no further lab work is necessary.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 07/14/2023)

185a Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On the following dates and times, resident #2's glucometer indicated blood glucose levels that were incorrectly documented on the resident's March 2023 medication administration record (MAR):

[redacted]

however, this reading was not documented on the MAR.

In addition, the resident had MAR documentations of blood glucose readings that were not on the resident's glucometer, to include:

On [redacted]; however, this reading was not the glucometer.

On the following dates and times, resident #3's glucometer indicated blood glucose levels that were incorrectly documented on the resident's March 2023 MAR:

[redacted]

In addition, the resident had MAR documentations of blood glucose readings that were not on the resident's glucometer, to include:

[redacted]

On the following dates and times, resident #4's glucometer indicated blood glucose levels that were incorrectly documented on the

On [redacted] glucometer indicated [redacted]; however, the MAR documented [redacted]

On [redacted] glucometer indicated [redacted]; however, this reading was not documented on the MAR.

On the following dates and times, resident #5's glucometer indicated blood glucose levels that were incorrectly documented on the resident's March 2023 MAR:

On [redacted] p.m., glucometer indicated [redacted] however, the MAR documented [redacted].

On [redacted] a.m., glucometer indicated [redacted]; however, the MAR documented [redacted].

185a - Implement Storage Procedures (continued)

On the following dates and times, resident #6's glucometer indicated blood glucose levels that were incorrectly documented on the resident's March 2023 MAR:

[REDACTED]

Plan of Correction

Accept [REDACTED] - 04/19/2023)

Glucometer machines for Resident number 3, 4, 5, and 6 were recalibrated on 4/4/23 by unit manager. All staff were reeducated on 3/27/23 by unit manager that glucometers must be calibrated per manufacturer's instructions and documented on calibration log to ensure equipment is working properly. Unit manager/designee will monitor calibration logs daily x 4 weeks, weekly x 4 weeks then monthly for remainder of year to ensure compliance

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 07/14/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [REDACTED], Inject as per sliding scale: If 0-69 = 0, implement hypoglycemic protocol: 70-140 = 0; 141-180 = 1; 181-220 = 2; 221-260 = 3; 261-300 = 4; 301-340 = 5; 341-399 = 6; 400-999 = 6, If greater than 400mg/dl wait 30 minutes after giving coverage and recheck, > or = 400 call MD, subcutaneously four times a day.

On [REDACTED]/23, resident #2 had a blood glucose reading of [REDACTED] and should have received 2 units; however, the resident was administered 1 unit.

Resident #4 is prescribed [REDACTED], Inject as per sliding scale: If 80-99 = 0, give 1/2 dose of base dose (7 units); 100-150 = 0, base does only (14 units); 151-200 = +2; 201-250 = +4; 251-300 = +6; 301-350 = +8; 351-999 = +10x, If >350 mg/dl give +10 units, subcutaneously four times a day.

On [REDACTED] 23, resident #3 had a blood glucose reading of [REDACTED] and should have received +8 units; however, the resident was administered [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/19/2023)

Resident received correct dose of insulin per sliding scale for glucometer reading of [REDACTED] on 3/3/23. Staff member documented incorrect reading in EMAR of [REDACTED] for [REDACTED] 23 which triggered administration dose of [REDACTED] to be given. on 3 [REDACTED]/23 at 9:21pm staff member checked resident's glucometer and it read [REDACTED], staff member immediately rechecked resident's glucometer at [REDACTED] and had reading of [REDACTED] which required [REDACTED] to be given per sliding scale.

coaching was done with staff member responsible for the documentation error in EMAR as well as not documenting reason for an additional glucometer to be taken in resident record on 4/4/23 by Administrator.

187d - Follow Prescriber's Orders (continued)

Reeducation was completed with all staff on 3/27/23 regards to sliding scales and glucometer reading by unit manager

unit manager/designee will monitor glucometer documentation and sliding scales daily x 1 week, weekly x 4 weeks and monthly thereafter for remainder of the year.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 07/14/2023)