

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

October 11, 2023

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

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/06/2023 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 ORCHARD* License #: *42506* License Expiration: *01/11/2024*  
 Address: *104 CONCORDIA WAY, BUTLER, PA 16001*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

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

**Certificate(s) of Occupancy**

Type: *Other* Date: *07/07/2003* Issued By: *Center Twp*  
 Type: *C-2 LP* Date: *10/21/1999* Issued By: *Dept L & I*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *09/06/2023*

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *60* Residents Served: *57*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *2*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *57*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

09/06/2023 - Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/29/2023*

09/27/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/04/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2023*

Inspections / Reviews *(continued)*

10/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/29/2023

10/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 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**

*Older Adult Protective Services presented at the home, on 8/14/23, to investigate a complaint of suspected abuse involving resident #1; however, the home did not report the allegation of abuse nor submit an incident report to the Department within 24 hours.*

*Older Adult Protective Services presented at the home, on 8/14/23, older adult protective services presented at the home to investigate a complaint of suspected abuse involving resident #2; however, the home did not report the allegation of abuse nor submit an incident report to the Department within 24 hours.*

**Plan of Correction**

Accept [REDACTED] - 10/02/2023)

- *On 9/14/2023, Administrator met with Adult Protective Services investigator to receive follow up information on complaints of residents #1 and #2, which were unsubstantiated. Administrator received education on the reporting abuse and neglect process. This education included the fact that a report of alleged abuse or neglect must be reported within 24 hours to the Department, even if the facility did not report the initial allegation.*
- *Informational resources were created on 9/21/2023 by Administrator to support all staff with the reporting alleged abuse and neglect process. This includes phone numbers to the Butler County Area Agency on Aging as a resource if questions arise or an alleged incident needs reported. This information is accessible in the nursing station for all staff.*
- *An education will be provided by Administrator to nurses and administration by 9/29/2023, which will provide information on how to and when to send a reportable to the Department of Human Services following regulations 2600.15 and 2600.16.*
- *During shift change report beginning 9/28/2023, staff will be asked if there are any concerns, including those of potential of neglect or abuse that they would like to bring to attention. This will be documented on report by the nurse or med tech giving report that day. Administration will follow up with staff to maintain documentation and follow up accordingly. Follow up education will be provided by leadership staff when concerns are noted in reporting.*

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

Implemented [REDACTED] - 10/11/2023)