

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

October 30, 2023

[REDACTED]
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 09/26/2023, 09/27/2023 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: *Department of Health*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *09/27/2023*

Inspection Dates and Department Representative

09/26/2023 - On-Site: [REDACTED]
 09/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *87* Residents Served: *69*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *14*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *12* Have Physical Disability: *2*

Inspections / Reviews

09/26/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/14/2023*

10/16/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *10/20/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/23/2023*

Inspections / Reviews *(continued)*

10/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/20/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. 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

The home is video recording the front entrances of the home. On 9/26/23, there were no signs posted indicating that images are being recorded in these areas.

Plan of Correction

Accept [REDACTED] - 10/16/2023)

1. Administrator immediately posted signs at the front door "Notice: Property protected by recorded video surveillance"
2. No other residents were affected. Audits to be completed by administrator and or designee to determine if all signs are posted by designated surveillance areas by 10/13/23. Any areas without signs will be corrected immediately. Outcome of audit to be kept by administrator.
3. The administrator and/or designee will educate staff on regulation 42s by 10/13/23. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct monthly audits to determine if facility is in compliance with regulation 42s. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/19/23. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented [REDACTED] - 10/30/2023)

109b - Rabies Vaccination

2. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 9/26/23, an orange tabby cat named Pumpkin was in the home; however, the home does not have a current certificate of rabies vaccination for this cat.

Plan of Correction

Accept [REDACTED] - 10/16/2023)

1. Administrator immediately notified family of resident with cat that the cat was not up to date with [REDACTED] rabies vaccinations. Family immediately set up appointment with vet for 10/19/23.
2. No other residents were affected. An audit was conducted on 10/6/23 by administrator to ensure that all pets that enter the facility are up to date on all of their vaccinations. All animals had up to date vaccinations. Outcome of audit to be kept by administrator.
3. The administrator and/or designee will educate all staff on regulation 42s by 10/13/23. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct monthly audits to determine if facility is in compliance with regulation 109b. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/19/23. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 12/18/2023

109b - Rabies Vaccination (continued)

Implemented () - 10/30/2023)

132f - Alternate Exit Routes

3. Requirements

- 2600.
- 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front lobby and the stairwells were used for all of the monthly fire drills conducted from 9/29/22 through 9/8/23.

Plan of Correction Accept () - 10/16/2023)

1. Administrator immediately notified maintenance staff that we must alternate fire exit routes. Fire drill to be conducted by 10/12/23 with alternate exit routes. Administrator immediately bought visual fire signs to model a real fire.
2. Other residents have the potential to be affected. Audit to be conducted on 10/12/2023 to determine if residents were safe in evacuations. Outcome of audit to be kept by administrator.
3. Administrator and/or designee to educate all staff on regulation 132f by 10/13/23. Documentation of education to be kept by administrator.
4. Administrator or designee to conduct monthly audits to determine if facility is in compliance with regulation 132f. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/19/23. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented () - 10/30/2023)

141a - Medical Evaluation

4. Requirements

- 2600.
- 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.

Description of Violation

The medical evaluation, dated ()/23, for resident #1 is blank in the areas of height and weight.

Plan of Correction Accept () 10/16/2023)

1. Doctor notified to immediately add the resident's height and weight from the medical records to the residents DME.
2. An audit was conducted on 10/13/23 to ensure that all DME's have the resident's height and weight. No other residents were affected. Outcome of audit will be kept by administrator.
3. Resident Care Coordinator will be educated by Administrator on regulation 141a by 10/13/23. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct audits of 4 DME's weekly for one month, then monthly audits of 2 DME's to determine if facility is in compliance with regulation 109b. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/19/23. Documentation of audits and meeting to be kept by administrator.

141a - Medical Evaluation (continued)

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented () - 10/30/2023

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation, dated /23, for resident #2 is blank in the area of height.

Plan of Correction

Accept () - 10/16/2023

1. Doctor notified to immediately add the resident's height from the medical records to the residents DME.
2. An audit was conducted on 10/13/23 to ensure that all DME's have the resident's height and weight. No other residents were affected. Outcome of audit will be kept by administrator.
3. Resident Care Coordinator will be educated by Administrator on regulation 141a by 10/13/23. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct audits of 4 DME's weekly for one month, then monthly audits of 2 DME's to determine if facility is in compliance with regulation 109b. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/19/23. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented () - 10/30/2023

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #3 is ordered Novolog Flexpen 100 units/ml three times a day at 7:00 a.m., 11:00 a.m., and 3:00 p.m. per sliding scale: 70-130=0 units, 131-180= 2 units, 181-240=4 units, 241-300= 6 units, 301-350= 8 units, 351-400= 10 units, greater than 400= 12 units and call MD.

On 9/21/23, the resident did not receive the 3:00 p.m. blood glucose reading until 7:47 p.m. The blood glucose level was 481, requiring 12 units of insulin. However, according to the resident's glucose log, the resident was administered 6 units of insulin. Additionally, the physician was not notified of the blood glucose reading over 400.

Plan of Correction

Accept () - 10/16/2023

1. Administrator immediately provided verbal and return demonstration education to staff member A on 9/26/23 regarding diabetes, insulin, and glucometers.
2. Resident Care Coordinator completed a glucometer audit on 10/2/2023 to confirm that no other residents were affected. Outcome of audit to be kept by Administrator.
3. Administrator and/or designee to educate med techs and nurses on regulation 187d by 10/13/23. Administrator

187d - Follow Prescriber's Orders (continued)

and or/designee will also educate med techs and nurses on notifying the resident's doctor per medication order. Administrator will keep documentation of education.

4. The administrator and/or designee will conduct weekly glucometer audits beginning 10/2/23, for one month. After that month, the administrator and/or designee will conduct monthly glucometer audits to ensure that staff members are following prescriber's orders and no other residents are affected. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/19/23. Documentation of meeting will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 01/12/2024

Implemented [REDACTED] - 10/30/2023)