

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

December 21, 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 10/17/2023, 10/18/2023 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: [REDACTED] **Region:** *WESTERN*

Administrator

Name: *Ryan Hofmann* **Phone:** *4123733900* **Email:** *Rhofmann@concordialm.org*

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*

Address: [REDACTED]

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *73* **Waking Staff:** *55*

Inspection Information

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

Reason: *Incident* **Exit Conference Date:** *10/31/2023*

Inspection Dates and Department Representative

10/17/2023 - On-Site: [REDACTED]

10/18/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *87* **Residents Served:** *64*

Secured Dementia Care Unit

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

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *64*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *9* **Have Physical Disability:** *2*

Inspections / Reviews

10/17/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/26/2023*

11/27/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** *12/21/2023*

Reviewer: [REDACTED] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/21/2023*

Inspections / Reviews *(continued)*

12/21/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately [REDACTED], resident #3 asked staff person B to provide the resident with incontinence care and to transfer the resident out of bed. Staff person B told resident #3 [REDACTED] did not have time to provide assistance and that [REDACTED] would return after lunch; however, staff person B did not return to provide incontinence care or to transfer resident #3 out of bed. At approximately [REDACTED], another staff person provided incontinence care to resident #3, who was soaked with urine. Resident #3's most recent assessment, dated [REDACTED] indicates resident #3 requires total physical assistance with toileting and transferring in/out of bed/chair.

Plan of Correction**Accept ([REDACTED] - 11/27/2023)**

1. Staff Member B was terminated immediately after report identified and internal investigation completed.
2. Current patients have the potential to be affected. Administrator will conduct 10 interviews with residents to determine if they feel that they are being cared for and treated properly and determine if any other patients are affected by 11/24/2023. 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.b. by 11/24/2023. Staff member B 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 11/27/2023, for one month. After that month, the administrator will conduct 3 resident interviews per month to ensure the residents are being cared for and treated properly. Documentation of the interviews will be kept by the administrator. Results of the audit will be shared at the Quality Assessment and Assurance Committee meeting on 12/21/2023 and then again at the next Quality Assessment and Assurance Committee meeting on 1/18/2024. Documentation of meetings will be kept by the Administrator.

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented ([REDACTED] - 12/21/2023)