

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

January 19, 2024

[REDACTED], EXECUTIVE DIRECTOR  
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 08/08/2023, 08/14/2023, 09/25/2023 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: *C-2 LP* Date: *10/21/1992* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *09/25/2023*

**Inspection Dates and Department Representative**

08/08/2023 - On-Site: [REDACTED]  
 08/14/2023 - Off-Site: [REDACTED]  
 09/25/2023 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *60* Residents Served: *56*  
 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: *56*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *6* Have Physical Disability: *0*

**Inspections / Reviews**

08/08/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2023*

Inspections / Reviews *(continued)*

10/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/17/2023

10/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/27/2023

01/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/11/2024

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

Resident #1's assessment, dated [REDACTED] indicates the resident is totally dependent for transferring in/out of bed/chairs, ambulating, and repositioning in bed/chair. The resident's support plan, dated [REDACTED], indicates that staff will utilize a Hoyer or mechanical sit to stand lift for transfers assist x 1, assist x 2 as needed, and will monitor for increased pain and manage symptoms as prescribed by physician.

On 7/14/23 at approximately 12:30 p.m., Direct Care Staff Member A was moving resident #1 in the resident's Broda chair from the elevator to [REDACTED] bedroom. Direct Care Staff Member A positioned the back of the Broda chair fully upright in order to fit into the elevator and left it in this position after moving the resident out of the elevator and into the resident's bedroom. While preparing to use a lift to transfer the resident into bed, Direct Care Staff Member A left resident #1 unattended in the Broda chair and the resident fell to the floor.

According to staff interviews, after a fall, it is not proper protocol to move a resident from where he/she fell, prior to being assessed for injury. However, after resident #1 fell on the floor, Direct Care Staff Member A called for assistance from Staff Member B, who assisted him/her to transfer the resident off the floor and into his/her bed. Staff Member B then notified Staff Member C to assess the resident for injury. According to multiple staff interviews, resident #1 was yelling in pain while being transferred from the floor to the bed.

Staff Member B indicated that resident #1 was crying out in pain when [REDACTED] left leg was touched or manipulated. However, Direct Care Staff Member A ignored this and stated [REDACTED] will say [REDACTED] in pain when [REDACTED] not or cry out when [REDACTED] ok. The resident was taken to the hospital via ambulance and diagnosed with a fracture to the left hip.

Plan of Correction

Accept [REDACTED] - 10/10/2023)

- Direct Care Staff Member A was reeducated on Abuse and Neglect policies and procedures, including definitions and best practices by Administrator on September 28, 2023 during a 1:1 conversation.
- Beginning October 16, 2023 Administrator and/or Assistant Administrator will begin monthly resident interviews where randomly chosen residents will be asked if they have any concerns about their care and if staff are being kind to them/treating them with dignity. These interviews will be recorded on resident interview sheets that will be kept by Administrator. Any concerns will be followed up on immediately by Administrator and/or Assistant Administrator.
- 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: 10/20/2023

Implemented [REDACTED] - 01/19/2024)

185a Implement Storage Procedures

2. 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.

185a - Implement Storage Procedures (continued)

**Description of Violation**

Resident #1's July and August 2023 medication administration record (MAR) indicates multiple blank entries for multiple dates and times to include:

[Redacted]

Resident #2's July 2023 medication administration record (MAR) indicates multiple blank entries for multiple dates and times to include:

[Redacted]

**Plan of Correction**

Accept ( [Redacted] - 10/11/2023)

- MARs were audited by Administrator when brought to attention the day of inspection. Orders were checked to ensure they came up in the MAR correctly and conversations were held with nursing.
- Nurses and Med Techs will be reeducated on completing the Medication Administration Record (MAR) appropriately and completely by Administrator or Electronic Medical Record (EMR) team member by October 27th, 2023. Part of the education piece will be focusing on the EMR system and marking residents as absent from home if in another facility, as was the case in the above instances.
- Medication audit will be completed on residents by Resident Care Coordinator by October 20th, 2023 to ensure orders are entered correctly by prescriber and appearing on the MAR.

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

Implemented [Redacted] - 01/19/2024)