

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

February 8, 2024

[REDACTED], EXECUTIVE DIRECTOR OF PERSONAL CARE  
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 11/15/2023 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]

**[REDACTED] of Occupancy**

Type: *C-2 LP* Date: *10/21/1999* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *11/15/2023*

**Inspection Dates and Department Representative**

*11/15/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *60* Residents Served: *54*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *3*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *54*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *7* Have Physical Disability: *1*

**Inspections / Reviews**

**11/15/2023 Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2023*

**11/28/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *01/15/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/05/2023*

Inspections / Reviews *(continued)*

12/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/15/2024

02/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1's [redacted] inhaler was not labeled with the opened date. According to the manufacturer's instructions, the medication expires 28 days after opening.

Resident #2's [redacted] Flexpen was not labeled with the opened date. According to the manufacturer's instructions, the medication expires 28 days after opening.

Plan of Correction

Accept ([redacted] - 11/28/2023)

Medication for residents #1 and #2 were discarded and reordered. Resident Care Coordinator or designee will conduct medication cart audit by 12/8/23 to ensure all medications are being properly stored and dated. Training will be completed with all nurses and med techs on 12/1/23 by Administrator on proper storage of medication. Monthly audit will be conducted on all medications for 10% of residents by Administrator or designee to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented ([redacted] - 02/08/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3 is ordered [redacted], give [redacted] by mouth every 6 hours as needed. However, the pharmacy label indicated give [redacted] 3 times a day.

Plan of Correction

Accept ([redacted] - 12/06/2023)

Direction change sticker was immediately placed on the pharmacy label. Resident Care Coordinator or designee will conduct medication cart audit by 12/8/23 to ensure all medication orders match pharmacy labels. Training will be completed with all nurses and med techs on 12/1/23 by Administrator on medications orders. Monthly audit will be conducted on all medications for 10% of residents by Administrator or designee to ensure ongoing compliance starting 12/8/2023.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented ([redacted] - 02/08/2024)

185a - Implement Storage Procedures

3. Requirements

2600.

185a Implement Storage Procedures (continued)

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

Resident #1 is ordered [redacted] instill 1 drop into both eyes as needed; however, this medication was not available in the home.

Plan of Correction

Accept [redacted] - 12/06/2023)

Medication ordered immediately for resident #1. Resident Care Coordinator or designee will conduct medication cart audit by 12/8/23 on medication orders to confirm availability of all prescribed medications. Training will be completed with all nurses and med techs on 12/1/23 by Administrator to reiterate their responsibility for contacting physician and pharmacy for needed medications. Monthly audit will be conducted on all medications for 10% of residents by Administrator or designee to ensure ongoing compliance starting 12/8/2023.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented ([redacted] - 02/08/2024)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1's November 2023 medication administration record (MAR) was not initialed by the staff person administering multiple medications on 11/13/23 at the at the following times to include:

[redacted]

Resident #2's November 2023 medication administration record (MAR) was not initialed by the staff person administering multiple medications on multiple dates and times to include:

[redacted]

Resident #3's November 2023 medication administration record (MAR) was not initialed by the staff person administering multiple medications on 11/13/23 at the at the following times to include:

[redacted]

187b - Date/Time of Medication Admin. (continued)

Resident #4's November 2023 medication administration record (MAR) was not initialed by the staff person administering multiple medications on 11/13/23 at the at the following times to include:



Resident #5's November 2023 medication administration record (MAR) was not initialed by the staff person administering multiple medications on 11/13/23 at the at the following times to include:



Plan of Correction

Accept ( ) - 12/06/2023)

Medications for residents #1, #2, #3, #4 and #5 were administered as prescribed by MD. Training will be completed by the Administrator with all nurses and med techs on Point Click Care EMR system and how to ensure proper documentation of medication administration on 12/1/23. Resident Care Coordinator or designee will audit the MAR/TAR weekly for 4 weeks, then monthly to ensure proper documentation starting 12/8/2023.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented ( ) - 02/08/2024)

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident #1 is ordered blood glucose checks 2 times a day on Monday, Wednesday, and Friday. However, on at the home failed to follow the prescriber's order.

Resident #4 is prescribed weight checks Monday, Wednesday, and Friday. However, the home failed to follow the prescribers order on

Repeat Violation: 11/15/22

Plan of Correction

Accept ( ) - 12/06/2023)

Administrator or designee will ensure nurses and med techs follow all prescriber's orders at all times. Weight and blood sugars were obtained by med tech and aide. Training will be completed by the Administrator or designee with all nurses and med techs to reiterate the importance of following the physician's orders and ensuring proper documentation on 12/1/23. Resident Care Coordinator or designee will audit the MAR/TAR weekly for 4 weeks, then monthly to ensure proper and complete documentation starting 12/8/2023.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented ( ) - 02/08/2024)

225c - Additional Assessment

6. Requirements

225c - Additional Assessment (continued)

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

**Description of Violation**

Resident #4's annual assessment and support plan was dated [REDACTED] However, the resident's previous medical evaluation was dated [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 12/06/2023)

Current assessment and support plan for resident #4 is up to date and in compliance. Administrator and Resident Care Coordinator will ensure all assessments are kept up to date. Tracking form created by Administrator to ensure ongoing compliance. Administrator or designee will complete monthly chart audits of 10% of residents to ensure ongoing compliance starting 12/15/2023.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] 02/08/2024)