

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

February 8, 2024

[REDACTED]
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA AT VILLA ST. JOSEPH
PERSONAL CARE
1040 STATE STREET
BADEN, PA, 15005
LICENSE/COC#: 45300

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/27/2023 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 VILLA ST. JOSEPH PERSONAL CARE* License #: *45300* License Expiration: *06/13/2024*
Address: *1040 STATE STREET, BADEN, PA 15005*
County: *BEAVER* 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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *138* Waking Staff: *104*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Fine* Exit Conference Date: *12/27/2023*

Inspection Dates and Department Representative

12/27/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: <i>127</i>	Residents Served: <i>104</i>		
Secured Dementia Care Unit			
In Home: <i>Yes</i>	Area: <i>Memory Care</i>	Capacity: <i>33</i>	Residents Served: <i>23</i>
Hospice			
Current Residents: <i>17</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>104</i>		
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>1</i>		
Have Mobility Need: <i>34</i>	Have Physical Disability: <i>2</i>		

Inspections / Reviews

12/27/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2024*

01/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/07/2024*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2024*

Inspections / Reviews (*continued*)

01/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/08/2024

02/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

185a - Implement Storage Procedures

1. 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.

Description of Violation

Resident [redacted] is prescribed [redacted] before meals as per sliding scale: 0 to [redacted]

The resident's December 2023 Medication Administration Record (MAR) indicated that the resident received [redacted] at [redacted]. However, the resident's [redacted] does not record a [redacted] check for this date and time.

Plan of Correction

Accept [redacted] - 01/09/2024)

Administrator and Resident Care Coordinator will re-educate the staff LPNs and Med Techs about [redacted] safety, usage and storage. This education will be completed by [redacted]. Administrator educated staff LPN who did not complete the correct [redacted] steps on [redacted]. This education was done on [redacted]. Administrator or designee will perform weekly [redacted]/MAR [redacted] reviews of 4 residents for 2 months and then monthly for 4 months (total 6 months). Administrator will keep documentation of completed reviews (see attachment). Audit to start 1/8/2024.

Licensee's Proposed Overall Completion Date: 01/05/2024

Implemented [redacted] - 02/08/2024)

187a - Medication Record

2. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

On [redacted] Resident [redacted] was prescribed an medication increase of [redacted] patch every 3 days (Can use [redacted]). However, the resident's December 2023 Medication Administration Record (MAR) indicates - [redacted] - apply one patch transdermally every 72 hours for pain. Rotate site and remove per schedule.

Plan of Correction

Accept [redacted] - 01/18/2024)

On [redacted] DHS inspector informed Administrator of 2600.187.a violation. Resident [redacted] recently passed away on hospice services on [redacted] so their MAR was discontinued. On [redacted] Administrator interviewed by phone staff member who did not record the proper prescription into the MAR. On [redacted], Administrator and Resident Care Coordinator met same staff member and re-educated and counseled staff member. Administrator and Resident Care Coordinator educated the staff LPNs about the Medication Omnicell located in

187a - Medication Record (continued)

Concordia's skilled facility next door. Staff LPNs were all given updated passwords and instructions how to access the Omnicell for medication needed. Staff was also educated about our pharmacy emergency deliveries (see Attachment). Education completed on [REDACTED]

Administrator or designee will perform 4 weekly Medication Administration Record and Medication Cart audits for 8 weeks and then monthly for 4 months. The administrator or the designee will review the resident's orders and compare them to the pharmacy label for consistency, Make sure the correct medication is available and also review the documentation on the Medication Administration Record for completion (see attachment). Audit will start on [REDACTED].

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented [REDACTED] - 02/08/2024)

187b - Date/Time of Medication Admin.

3. 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

On [REDACTED], Resident [REDACTED] was prescribed [REDACTED] – apply [REDACTED] every 72 hours for pain. Rotate site and remove per schedule. However, the resident's December 2023 Medication Administration Record (MAR) does not record this administration or the removal of the previous [REDACTED] on [REDACTED].

On [REDACTED], direct care staff A and B administered 2 x [REDACTED] to resident [REDACTED]. However, the resident's December 2023 Medication Administration Record (MAR) does not record this administration or the removal of the previous transdermal patch.

Plan of Correction

Accept [REDACTED] - 01/18/2024)

On [REDACTED] DHS inspector informed Administrator of 2600.187.b. Resident [REDACTED] recently passed away on hospice services on [REDACTED] so their MAR was discontinued.

On [REDACTED], Administrator interviewed by phone staff member who did not record the medication administration in the MAR. On [REDACTED], Administrator and Resident Care Coordinator met same staff member and re-educated and counseled staff member.

Administrator and Resident Care Coordinator will re-educate staff LPNs and Med Techs on Concordia's Medication Administration Policy (see attachment). Education will be completed by [REDACTED].

Administrator or designee will perform 4 weekly Medication Administration Record and Medication Cart audits for 8 weeks and then monthly for 4 months. The administrator or the designee will review the resident's orders and compare them to the pharmacy label for consistency, Make sure the correct medication is available and also review the documentation on the Medication Administration Record for completion (see attachment). Audit to start [REDACTED].

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

Licensee's Proposed Overall Completion Date: 01/11/2024

Implemented [redacted] 02/08/2024)

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted] before meals as per sliding scale: 0 to [redacted]. However, the home failed to check the resident's [redacted] and administer the prescribed medication on [redacted] at [redacted].

On [redacted], Resident [redacted] was prescribed an medication increase to [redacted] every 3 days (Can use 2 x [redacted]). Rotate site and remove per schedule. However, according to multiple staff interviews, staff administering [redacted] label the date and initial the patches upon administration. On [redacted], direct care staff A and B each separately administered 1 x [redacted] on [redacted] at approximately [redacted]. However, staff A failed to remove the [redacted], which was labeled [redacted], when the first patch was administered on [redacted].

Resident [redacted] is prescribed [redacted] before meals – Give if [redacted] greater than [redacted]. However, the home failed to check the resident's [redacted] and administer medication prior to meals on the following dates and times:

- * [redacted] at [redacted]
- * [redacted] at [redacted]
- * [redacted] at [redacted]

Resident [redacted] is prescribed [redacted] subcutaneously at bedtime. However, according to the resident's December 2023 Medication Administration Record (MAR) and nursing note documentation, the medication was not available and the home failed to administer the medication on the following dates: [redacted] and [redacted].

Plan of Correction

Accept [redacted] - 01/09/2024)

Administrator and Resident Care Coordinator will re-educate staff LPNs and Med Techs on Concordia's Medication Administration Policy (see attachment). Education will be completed by 1/12/2024.

Administrator or designee will perform 4 weekly Medication Administration Record and Medication Cart audits for 8 weeks and then monthly for 4 months. The administrator or the designee will review the resident's orders and compare them to the pharmacy label for consistency, Make sure the correct medication is available and also review the documentation on the Medication Administration Record for completion (see attachment). Audit will start 1/8/2024

187d - Follow Prescriber's Orders (continued)

Administrator or designee will perform weekly Glucometer/MAR [REDACTED] reading reviews of 4 residents for 2 months and then monthly for 4 months (total 6 months). Administrator will keep documentation of completed reviews (see attachment). Audit will start 1/8/2024.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented [REDACTED] 02/08/2024)