

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

March 29, 2024

[REDACTED], ADMINISTRATOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA OF CRANBERRY
10 ADAMS RIDGE BOULEVARD
MARS, PA, 16046
LICENSE/COC#: 44258

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/03/2024, 01/08/2024 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 OF CRANBERRY* License #: *44258* License Expiration: *01/31/2025*
 Address: *10 ADAMS RIDGE BOULEVARD, MARS, PA 16046*
 County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/12/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/03/2024*

Inspection Dates and Department Representative

01/03/2024 - On-Site: [REDACTED]
 01/08/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *84* Residents Served: *67*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *5*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

01/03/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/19/2024*

Inspections / Reviews *(continued)*

01/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/30/2024

01/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/31/2024

03/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. The home did not have a carbon monoxide alarm installed for the kitchen's natural gas stove or for the basement natural gas furnace.

The furnace room adjacent to the linen closet on C hall contained a gas operated furnace and possessed less than 15 feet of distance between the gas operated furnace and the furthest point of the furnace room. However, there was no carbon monoxide detector immediately outside of the furnace room's doorway.

Plan of Correction

Accept [redacted] - 01/16/2024)

Immediately, maintenance director, [redacted] installed battery operated carbon monoxide detectors on day of survey, Jan 3, 2024. Maintenance Director, [redacted] was re-educated by [redacted] (DHS surveyor) on the correct placement during survey. Carbon Monoxide detectors will be audited by Maintenance Director, [redacted] or designee weekly starting, 1/15/2024 and will continue for 90 days . Documentation of audit will be kept and given to Administrator, [redacted] to review. Additional education was administered by administrator, [redacted] on the Carbon Monoxide Standard Act on 1/12/2024.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 03/29/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

There was a bed cane located on the left side of resident #1's bed was able to be moved approximately 4 inches towards the bed's mattress and four inches away from the bed's mattress from center. Producing a range of travel approximately 8 inches in total.

Plan of Correction

Accept [redacted] - 01/16/2024)

Immediately, Maintenance Director, Emil Steinmetz , addressed how the bed cane was attached. on 1/3/2024. during the survey and it was tightened and secured properly. Audits will be completed weekly by Maintenance Director, [redacted] starting 1/5/2024and continuing for 90 days by administrator, [redacted] or designee. Education on proper placement of bed canes will be completed by administrator, [redacted], or designee by 1/19/2024for

81b Resident Personal Equipment (continued)

nursing staff as well as housekeeping and maintenance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 03/29/2024)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:45 a.m., there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone located in resident room #FP9.

Plan of Correction

Accept [redacted] - 01/16/2024)

Emergency phone numbers placed in room #9 on the day of survey, 1/3/2024 by Maintenance Director, [redacted]. Numbers in frame had fallen off behind bed stand . Audit to be completed by Administrator, [redacted] or designee to verify phone numbers are present in each room by 1/19/24and will be continued weekly for 90 days Education to be completed by administrator, [redacted] or designee with nursing staff and housekeeping staff by 1/19/2024 to ensure they are aware to look for these phone numbers and replace as needed.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 03/29/2024)

101o - Walls, Floors, Ceilings

4. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

Multiple ceiling tiles of the drop tile located in the landing of the second floor D stairwell are cracked, bowed, partially broken, and not seated properly in the drop tile ceiling's framework.

Multiple ceiling tiles of the drop tile located in the landing of the second floor E stairwell are cracked, bowed, partially broken, and not seated properly in the drop tile ceiling's framework.

Plan of Correction

Accept [redacted] - 01/16/2024)

Tiles in question were replace by Maintenance Director, [redacted] on 1/12/2024. Staff will be re educated on the importance of proper placement and up keep of the tiles by Administrator, [redacted] or designee, and an audit will be conducted for the next 90 days begining 1/15/2024 and reviewed by the Administrator , [redacted]. Since this does not pertain to the resident rooms as indicated above 2600.101 and this was in a stairwell we ask that you please withdraw the deficiency.

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

Implemented [redacted] - 03/29/2024)

101o - Walls, Floors, Ceilings (continued)

101r - Bedroom - shades/drapes/window covering

5. Requirements

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

There was a hole approximately 6 by 1 inches in size on the right side of the blind on the right window in resident room #A3P. The blind's slat was broken.

Plan of Correction

Accept () - 01/22/2024)

Immediately the blind in room A3P was replaced by the maintenance Director [redacted] on 1/3/2024 . Staff will be re educated starting on 1/15/24 by Maintenance Director, [redacted], to include housekeeping and Maintenance, then weekly checks to make sure all blinds are in good condition. Room audits will be conducted weekly and checked by Administrator, [redacted] or designee starting 1/15/2024 for 90 days

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented () - 03/29/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

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

Description of Violation

Resident #2 prescribed [redacted] tablet [redacted] give two tablets by mouth in the evening for depression. However, resident's medication label indicated mirtazapine 15 milligram take one tablet by mouth every evening.

Resident #2 is prescribed [redacted] suppository [redacted] insert one suppository rectally every 24 hours as needed for bowel movement. However, the medication's label indicated [redacted] indicates [redacted] insert one suppository rectally every 72 hours as needed for constipation.

Resident #3 is prescribed [redacted] solution take [redacted] by mouth under the tongue every 1 hour as needed for pain shortness of breath. However, the resident's medication administration record indicated [redacted] e [redacted] give .25 ML by mouth every 2 hours as needed for severe pain.

Plan of Correction

Accept () - 01/16/2024)

Immediately, on 1/3/2024, Resident Care Coordinator, [redacted], placed a change of direction sticker on the resident #2 [redacted] bottle to match the prescription to the physicians orders. Resident #2 also need a change of direction Sticker applied to the [redacted] and this was also done by RCC [redacted] immediately on 1/3/2024 during the time of the survey Staff will be reeducated on following of the matching of the prescriptions to the physician orders starting on 1/12/2024 and audits will be conducted by the Administrator or designee for the next 90 days.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented () - 03/29/2024)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #2 prescribed family night [redacted] low chew [redacted] take 1 tablet by mouth daily start when [redacted] supply finished. The medication was discontinued on [redacted] However, the resident was administered the medication from 12/30/23, through 1/3/24.

Resident #4 is indicated as being able to self-administer medication on [redacted] most recent documented medical evaluation completed on [redacted]. Resident is prescribed [redacted] tablet [redacted] give 1 tablet by mouth in mourning for HTN unsupervised self-administration. However, this medication was not available to the resident for self-administration on [redacted]. Resident #4 requested the medication multiple times on [redacted]

Plan of Correction

Accept ([redacted] - 01/16/2024)

Immediately on 1/3/2024, [redacted], Resident Care Coordinator removed the [redacted] low chew [redacted] tablets as directed by the physician for resident #2. Staff will be reeducated by the RCC, [redacted] starting 1/12/2024 and audits will be performed weekly to make sure all physicians orders are followed. Audits will be held for the next 90 days. Immediately, resident #4 [redacted] medication was reordered by RCC, [redacted] on 1/3/2024 and requested from the pharmacy to be delivered that day. Staff will be educated as to the importance of following the physicians orders and reeducated by RCC, [redacted] starting on 1/12/2024 for the next 90 days

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [redacted] - 03/29/2024)