

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

February 1, 2024

[REDACTED]
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA OF FOX CHAPEL
931 ROUTE 910
CHESWICK, PA, 15024
LICENSE/COC#: 44247

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/11/2024 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 FOX CHAPEL* License #: *44247* License Expiration: *07/14/2024*
 Address: *931 ROUTE 910, CHESWICK, PA 15024*
 County: *ALLEGHENY* 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: Total Daily Staff: *94* Waking Staff: *71*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Complaint, Incident* Exit Conference Date: *01/11/2024*

Inspection Dates and Department Representative

01/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *61* Residents Served: *47*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire Home* Capacity: *61* Residents Served: *47*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *47* Have Physical Disability: *0*

Inspections / Reviews

01/11/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/28/2024*

01/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/01/2024*

Inspections / Reviews *(continued)*

01/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2024

Reviewer: [REDACTED]

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

02/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2024

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

On [redacted] at approximately [redacted], staff person A went into resident [redacted] bedroom and observed resident [redacted] straddled on top of resident [redacted], with both hands around resident [redacted] neck. The incident resulted in numerous scratches to resident [redacted] neck and upper chest.

REPEAT VIOLATION: 8/18/2023

Plan of Correction

Accept [redacted] - 01/29/2024)

Resident [redacted] had lived at home alone until [redacted] admission here at Concordia. Resident [redacted] was sent out to UPMC Presbyterian hospital immediately after this event. All tests were [redacted]. The facility did try to [redacted] this resident but at the time did not have a petitioner available so they would not do a psychiatric evaluation or a [redacted]. After the resident came back that evening 15 minute safety/behavior checks were conducted for a 24 hour time frame. In addition, Concordia visiting nurses were contacted and a referral was made and also the psychiatric nurse practitioner was contacted. PCP/PA was contacted and made adjustments to [redacted] medication, in addition came to see [redacted] on [redacted]. Resident [redacted] had never had any history of aggression or violence towards others but has since declined and was put on Suncrest Hospice with a diagnosis of senile degeneration of the brain on [redacted]. Resident [redacted] and resident [redacted] lived next door to each other, resident [redacted] was moved to [redacted] that same day as the incident. This room is on the opposite side of the building. Resident [redacted] has not been physically violent since this incident. Resident [redacted] did not have an update to [redacted] RASP upon this incident happening but we will be sure to update any behavior changes within the five day requirement in the future. Resident [redacted] did however have a new RASP completed (by nursing LPN) for a significant change and this incident was included. Please attachments: provider notes, med changes, and safety check documentation. Resident [redacted] continues to be seen by psychiatric services and closely monitored by PCP/PA making any necessary adjustments for [redacted] best quality of life.

Proposed Overall Completion Date: 01/29/2024

Licensee's Proposed Overall Completion Date: 01/29/2024

Implemented [redacted] - 02/01/2024)