

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

April 16, 2024

[REDACTED]
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2024 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 AT THE CEDARS* License #: *44624* License Expiration: *05/15/2024*
 Address: *4363 NORTHERN PIKE, MONROEVILLE, PA 15146*
 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

Type: *C-1* Date: *08/19/1998* Issued By: *Dept of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/04/2024*

Inspection Dates and Department Representative

03/04/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *87* Residents Served: *65*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *9* Have Physical Disability: *1*

Inspections / Reviews

03/04/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/08/2024*

04/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/15/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/15/2024*

Inspections / Reviews (*continued*)

04/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b4 - Use of Funds

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

On [redacted], direct care staff person A assigned brought [redacted] child to work with [redacted] and was soliciting residents in common areas for a school fundraiser for Candy, indicating a delivery date of [redacted]. When interviewed direct care staff person A could only recall several residents and family that ordered candy, to include:

* Resident [redacted] order totaled [redacted] and paid by check [redacted], dated [redacted]. The check was never cashed.

* Resident [redacted] paid cash in amount of [redacted]

Plan of Correction

Accept [redacted] - 04/08/2024)

1. Staff member A was terminated immediately after report identified and internal investigation completed.
2. An audit was conducted on [redacted] to ensure that all residents, in which, the facility provides assistance with financial management, had proper use of funds. No other residents were affected. Outcome of Audit will be kept by administrator
3. All direct care staff will be educated by Administrator on regulation 20b4 by 4/2/24. Documentation of education to be kept by Administrator.
4. Administrator and/or designee to conduct an audit of [redacted] residents weekly for one month, then a monthly audit of [redacted] residents, to determine if staff/facility are in compliance with regulation 20b4. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 4/18/24. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented [redacted] - 04/16/2024)

141a - Medical Evaluation

2. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident [redacted] initial medical evaluation indicates the resident had an in-person evaluation date of [redacted]. The resident was admitted [redacted] which is more than 60 days prior to date of admission.

Repeat Violation 9/26/23 et al

Plan of Correction

Accept [redacted] - 04/08/2024)

1. Doctor notified to immediately correct the date on the DME of the actual date the resident was seen [redacted] within 30 days of the admission date [redacted]
2. An audit was conducted on 4/2/24 to ensure that all DME's have the correct and compliant dates of the medical evaluation for the resident. No other residents were affected. Outcome of audit will be kept by administrator.
3. Resident Care Coordinator will be educated by Administrator on regulation 141a by 4/2/24. Documentation of education to be kept by administrator.

141a - Medical Evaluation (continued)

4. Administrator and/or designee to conduct audits of two DME's weekly for one month, then monthly audits of 2 DME's to determine if facility is in compliance with regulation 141a. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 4/18/24. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented [redacted] - 04/16/2024)

187a - Medication Record

3. Requirements

2600.

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

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed the following medication, [redacted] subcutaneously every morning and at bedtime for anticoagulant. The resident was administered the medication, however, the resident's February 2024 medication administration record (MAR) was not initialed by the staff person that administered the medication on the following dates and times, as follows:

- * [redacted] and [redacted] at bedtime. * [redacted] at bedtime.
- * [redacted] at morning and bedtime. * [redacted] at morning and bedtime.
- * [redacted] and [redacted] at bedtime * [redacted], [redacted] and [redacted] at bedtime.
- * [redacted] and [redacted] at bedtime. * [redacted] at morning and bedtime.
- * [redacted] at morning.
- * [redacted] and [redacted] at bedtime.

Plan of Correction

Accept [redacted] - 04/08/2024)

1. Administrator immediately provided education to staff members involved with specific medication administrations regarding [redacted] and other injections on [redacted].
2. An audit was conducted on [redacted] to verify licensed nurses are signing off other residents Lovenox and other injections. No other residents were affected. Outcome of audit will be kept by Administrator.
3. Med Techs and Licensed nurses will be education by Administrator on regulation 187a by 4/2/24. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct audits of future Lovenox injections weekly for the next month as available, then monthly to determine if facility is in compliance with regulation 187a. (Currently no residents on Lovenox injections). Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 4/18/24. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented [redacted] - 04/16/2024)

227a - Support Plan 30 Days

4. Requirements

2600.

227a - Support Plan 30 Days *(continued)*

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] needs in Managing Finances is assessed as (C), needing some physical assist. The resident's support plan, dated [REDACTED], indicates, "the family will manage the resident's finances"; however, direct care staff are identified as the responsible party and not the family.

Plan of Correction

Accept [REDACTED] - 04/08/2024)

1. Administrator immediately updated the residents RASP to show that Resident [REDACTED] manages own finances.
2. An audit was conducted on 4/3 to verify all residents had accurate documentation to support how their finances are managed. No other residents were affected. Outcome of audit will be kept by administrator.
3. Resident Care Coordinator will be educated by Administrator on regulation 227a by 4/2/24. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct audits of three RASP's weekly for one month, then monthly audits of three RASP's to determine if facility is in compliance with regulation 227a. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 4/18/24. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented [REDACTED] - 04/16/2024)