

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

April 25, 2024

[REDACTED], ADMINISTRATOR  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
931 ROUTE 910  
CHESWICK, PA, 15024

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2024, 04/03/2024 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:** 931 ROUTE 910, CHESWICK, PA, 15024

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 11/06/1997      **Issued By:** Labor and Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 98      **Waking Staff:** 74

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal, Complaint      **Exit Conference Date:** 04/02/2024

**Inspection Dates and Department Representative**

04/02/2024 - On-Site: [REDACTED]

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

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 61      **Residents Served:** 49

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** entire home      **Capacity:** 61      **Residents Served:** 49

**Hospice**

**Current Residents:** 12

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 49

**Diagnosed with Mental Illness:** 4      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 49      **Have Physical Disability:** 0

**Inspections / Reviews**

04/02/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/22/2024

04/22/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 04/25/2024

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 04/25/2024

Inspections / Reviews *(continued)*

04/25/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 04/25/2024  
Reviewer: [REDACTED] Follow Up Type: *Bypass Document Submission*

04/25/2024 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 04/25/2024  
Reviewer: [REDACTED] Follow Up Type: *Not Required*

65g - Annual Training Content

1. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff person A, hired [redacted], did not receive training in fire safety by a fire safe expert or by a staff person trained by a fire safe expert during the 2023 training year.

Direct care staff person B, hired [redacted], did not receive training in fire safety by a fire safe expert or by a staff person trained by a fire safe expert during the 2023 training year.

Plan of Correction

Accept ( [redacted] - 04/25/2024)

On 4/17/24 staff person A and B attended fire safety training. Fire safety training by a staff person trained by a fire safety expert (Bonnie Stapchuck) will do two physical annual trainings with all employees. One for 2023 that we had missed due to misunderstanding(the company had put the training in our training portal el sevier) so we were under the impression that it was an acceptable way to present it. I will also do a second training for 2024 that was already regularly slated for April of 2024.

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented ( [redacted] - 04/25/2024)

91 - Telephone Numbers

2. 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

On 4/2/2024 at 11:40 am, there were no emergency telephone numbers, including the nearest hospital and fire department on or nearby resident #2's telephone.

Plan of Correction

Accept ( [redacted] - 04/25/2024)

The numbers were immediately placed back on the residents phone. Due to the diagnosis of [redacted] and a habit of picking at things the numbers were again removed by the resident. I made a laminated tag and zip tied it to [redacted] phone cord, I have included a picture. In the future the housekeeping department will sign off on a monthly checklist.

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented ( [redacted] - 04/25/2024)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 4/2/2024, at approximately 11:30 am, there was an an unattached and unsecured grab bar/mobility apparatus at the toilet in room E2, belonging to resident #1, posing a fall hazard.

95 Furniture and Equipment (continued)

Plan of Correction

Accept ( ) - 04/25/2024

The resident had this grab bar for awhile and did not have any issues with it. I have included pictures and the manufacturers instructions and it wasn't supposed to be attached. This resident shares a bathroom with a roommate that is significantly shorter than him and is independent. We had thought that this was the best solution. When he pushed down on it his weight suctioned the cups to the floor. We did immediately remove this device as he has since had a decline and did do and submit a new RASP with a significant change noted with the date of 4/2/24. The RASP indicated the need for a hooyer lift and two person assist with transfers. We had given the updated RASP to the surveyors. All staff will be immediately trained on the BHSL bedside mobility device policy and Concordia's policy as well. In addition, effective immediately, the Resident Care Coordinator will put any type of mobility/safety device on the residents care plan in our electronic medical record system. The aides will have to sign off on each shift stating that they are secure and in good working condition.

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented ( ) - 04/25/2024

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/2/2024 at approximately 11:05 am and 1:14 pm, the temperature in the small serving refrigerator in the West dining room measured 48 degrees Fahrenheit.

Plan of Correction

Accept ( ) - 04/22/2024

I have included the temperature checks for the month of March and April for both East and West side server refrigerators. There were no issues with them being under 40 degrees for the past 46 days. We did immediately remove the fridge and there wasn't any food in it. We also replaced the fridge with a new one that same day. I would like to continue to have the dining service manager, ( ) be responsible for this duty as ( ) has been here 18 years, I trust ( ) and I believe this is an isolated incident.

Proposed Overall Completion Date: 04/18/2024

Licensee's Proposed Overall Completion Date: 04/18/2024

Implemented ( ) - 04/25/2024

132a - Monthly Fire Drill

5. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of March 2024.

Plan of Correction

Accept ( ) - 04/25/2024

We have done two fire drills in this month of April. One to make up for the one which wasn't done in March 2024 and one for April 2024. The Maintenance Director is responsible for doing these drills. He was off for most of

132a - Monthly Fire Drill (continued)

March and it was overlooked. The Administrator will put the drills on [REDACTED] calendar.

Proposed Overall Completion Date: 04/19/2024

Licensee's Proposed Overall Completion Date: 04/25/2024

Implemented [REDACTED] - 04/25/2024)