

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

June 10, 2024

[REDACTED] ADMINISTRATOR
CONCORDIA LUTHERAN HEALTH AND HUMAN CARE
[REDACTED]

RE: CONCORDIA LUTHERAN
MINISTRIES - OERTEL BUILDING
615 NORTH PIKE ROAD
CABOT, PA, 16023
LICENSE/COC#: 42407

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2024, 04/09/2024 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 LUTHERAN MINISTRIES - OERTEL BUILDING License #: 42407 License Expiration: 06/22/2024
Address: 615 NORTH PIKE ROAD, CABOT, PA 16023
County: BUTLER Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: CONCORDIA LUTHERAN HEALTH AND HUMAN CARE
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/01/0200 Issued By: DEPT L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Incident Exit Conference Date: 04/09/2024

Inspection Dates and Department Representative

04/08/2024 - On-Site: [Redacted]
04/09/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60 Residents Served: 50

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 10 Have Physical Disability: 0

Inspections / Reviews

04/08/2024 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/10/2024

Inspections / Reviews (*continued*)

05/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/31/2024

06/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/10/2024

06/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

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

34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations, indicates if a home has a boiler it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected and if they pass inspection, they will be issued a new certificate.

On 4/8/24, certificates for the boiler to the right of the boiler room (serial #353844B), the boiler in the left front corner of the boiler room (serial #26689B), and the boiler in the left rear corner (serial #234674B) expired on 8/12/23.

Plan of Correction

Accept ([redacted]) - 05/13/2024)

All boilers were reinspected on 3/27/24 by [redacted] who works for [redacted] boiler inspection co. updated boiler certificates were obtained and posted on the boilers.

Boiler with serial # 234674B was replaced with boiler serial # 375928B

Maintenance director [redacted] or designee will monitor boilers monthly starting 5/13/24 through 5/13/25 to ensure compliance with updated certificates.

Licensee's Proposed Overall Completion Date: 05/13/2025

Implemented ([redacted]) - 06/10/2024)

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

On 4/8/24, at 11:45 a.m., the bedside enabler attached to resident #1's bed was not properly secured, was able to turn 110 degrees to the left and right from center, and was able to be lifted completely out of its base due to a missing connection pin, posing a fall hazard.

Plan of Correction

Accept ([redacted]) - 05/13/2024)

Maintenance employee, [redacted], replaced connection pin to enabler day of survey on 4/8/24 around 1pm.

DCS will assess all enablers daily and on each shift starting 5/13/24 through 12/13/24 as part of their daily duties to ensure the enabler is secure and appropriate for the resident to use and if any concerns discovered DCS will notify maintenance staff to address concerns immediately.

Monthly audits will be completed by assistant Administrator /designee to ensure enablers are all in good repair and free from hazards for next 6 months starting 5/13/24 through 12/13/24.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented ([redacted]) - 06/10/2024)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 4/8/24, at 11:10 a.m., resident #2's inoperable bed side lamp was approximately 2 feet from the resident's bed.

Plan of Correction

Accept (█ - 05/13/2024)

Resident lamp was operable, lamp was plugged into an outlet that is controlled by light switch on the wall which was turned off at the time of inspection. Light switch was turned on by staff on 4/8/24 by manager █ so lamp was operable. on 5/6/24 LPN placed a touch light on wall by residents bed so resident is able to operated from bedside.

Starting 5/6/24 DCS will monitor lamps at bedside and ensure they are operable from bedside daily and on each shift as part of their regular duties and report any abnormal findings for the next 6months ending 12/6/24.

Administrator/designee will monitor monthly during room rounds starting 5/21/24 through 12/31/24.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█ - 06/10/2024)

127a - Portable Space Heaters

4. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 4/8/24, at approximately 11:15 a.m., a small white Honeywell electric space heater was on a gray metal shelf in laundry room #223.

Plan of Correction

Accept (█ - 05/13/2024)

Disagree with violation. Electric space heater was not in use and was stored on a shelf.

On 4/8/24 during time of survey Laundry aide, █, removed the space heater from premises.

Starting on 5/6/24 Laundry staff will monitor daily as part of their normal duties to ensure compliance that there are no space heaters in use or in the building.

Manager/designee will monitor monthly starting 6/1/24 and ending on 12/31/24.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█ - 06/10/2024)

181d -Storing Medication

5. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

181d - Storing Medication (continued)

Description of Violation

Resident #3 is assessed as able to self-administer medications. However, on 4/8/24, at 12:10 p.m., an Albuterol inhaler was unlocked, unattended and accessible in an open and unlocked bedside dresser drawer in the resident's unlocked bedroom.

Plan of Correction

Accept () - 05/13/2024

Albuterol inhaler was locked in bedside dresser drawer on day of survey 4/8/24 by manager [redacted]. Resident #3 was reeducated by manager [redacted] on 4/8/24 that all self administer medications must be kept locked when not in use and can not be left unattended.

Starting on 4/8/24 DCS will monitor resident room daily and on each shift as part of their daily duties to ensure medication is locked in bedside dresser over the next 6mo.

Administrator/designee will do weekly audits x 4 weeks starting 5/13/24 and ending 6/3/24 to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/03/2024

Implemented () - 06/10/2024

183a - Original Containers and Injections

6. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 4/8/24 at approximately 6:45 a.m. staff person A removed multiple resident's medications, to include resident #1's Aspirin EC Tablet Delayed Release 81mg, Furosemide Tablet 20mg, Omeprazole Capsule Delayed Release 20mg, and Midodrine HCL tablet 5mg, from their original packaging, placed the medications in plastic medication cups and placed the cups on the resident's breakfast trays. The medication was not administered to the residents, to include resident #1, until approximately 9:30 a.m.

Plan of Correction

Accept () - 05/13/2024

Staff person A was counseled and reeducated on 4/8/24 by Administrator in regards to pouring medications more than 2 hours in advance of the scheduled administration times.

Administrator/designee will monitor staff person A medication pass 1x/week x 4weeks beginning 5/13/24 through 6/3/24 then monthly x 2months ending 8/2/24

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented () - 06/10/2024

183b - Meds and Syringes Locked

7. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #1 is prescribed Aspirin EC Tablet Delayed Release 81mg, Furosemide Tablet 20mg, Omeprazole Capsule Delayed Release 20mg, and Midodrine HCL tablet 5mg. On 4/8/24 from 9:00 a.m. until 9:35 a.m., resident #1's

183b - Meds and Syringes Locked (continued)

medications were unlocked, unattended and accessible in a plastic medication cup on the resident's breakfast tray, sitting on the kitchen's serving counter.

Plan of Correction

Accept (█) - 05/13/2024

Resident #1 medication was removed from resident breakfast tray at approximately 9:15am on 4/8/24 by Administrator and was taken to staff person A.

On 4/8/24 Administrator educated staff person A on the importance of not being permitted to leave medications unlocked, unattended and accessible to other residents and staff.

Administrator/designee will monitor staff person A medication pass 1x week x 4 weeks beginning 5/13/24 through 6/3/24 then monthly x 2months ending 8/2/24

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented (█) - 06/10/2024

187b - Date/Time of Medication Admin.

8. 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

Resident #1 is prescribed Aspirin EC Tablet Delayed Release 81mg, Furosemide Tablet 20mg, Omeprazole Capsule Delayed Release 20mg, and Midodrine HCL tablet 5mg. On 4/8/24 at approximately 6:45 a.m., staff person A initialed resident #1's April 2024 medication administration record, indicating the medication was administered. However, the medication was not administered until after 9:30 a.m.

Plan of Correction

Accept (█) - 05/13/2024

On 4/8/24 staff person A was reeducated by Administrator and a verbal counseling documented in regards to following the 6 rights of medication administration and not to be signing off on medication until they have been administered to the resident.

Administrator/designee will monitor staff person A medication pass and medication documentation to ensure compliance with time of administration 1x week x 4 weeks beginning 5/13/24 through 6/3 /24 then monthly x 2 months ending 8/2/24.

Licensee's Proposed Overall Completion Date: 08/02/2024

Implemented (█) - 06/10/2024

189a - Adverse Reaction Medications

9. Requirements

2600.

189.a. If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.

Description of Violation

On █, resident #4 was prescribed MS Contin Oral Tablet Extended Release 30mg, give 30mg by mouth two times a day for lower back and left hip pain, hold with increased lethargy.

189a - Adverse Reaction Medications (continued)

On [REDACTED], resident #4 complained of increased fatigue, was lethargic and was sleeping on the lounge couch and in [REDACTED] wheelchair, following the administration of MS Contin Oral Tablet Extended Release 30mg at approximately 8:00 a.m. and 8:00 p.m. The home failed to consult the resident's physician.

On [REDACTED], resident #4 continued to be lethargic and was sleeping in non-typical locations following the administration of MS Contin Oral Tablet Extended Release 30mg at approximately 8:00 a.m. The home failed to consult the resident's physician.

On [REDACTED] at approximately 8:00 p.m., staff person B held resident #4's 8:00 p.m. dose, due to the resident experiencing extreme lethargy, as the resident had been sleeping since [REDACTED] was administered the 8:00 a.m. dose. The home failed to consult the resident's physician.

[REDACTED] at 12:10 a.m., resident #4 experienced an unwitnessed fall without injury from [REDACTED] wheelchair. Staff assessed the resident and [REDACTED] continued to be lethargic with below baseline behaviors. The home failed to consult the resident's physician.

On [REDACTED], resident #4 continued to be lethargic, nodded off while eating, and dropped unfinished food on the floor, following the administration of MS Contin Oral Tablet Extended Release 30mg at approximately 8:00 a.m. Staff person C assessed resident #4 and [REDACTED] oxygen saturation was low. Resident #4's physician was contacted, and the resident was transported via ambulance to the emergency room, where [REDACTED] was admitted for [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/13/2024)

On 5/6/24 Education for all LPN/MED. TECHS was provided by Administrator explaining any time a resident has a suspected adverse reaction to a medication the Physician must be notified immediately or seek emergency medical treatment as well as designated person.

Administrator/designee will monitor shift report weekly x 4 weeks beginning week of 5/13/24 and ending week of 6/3/24 and then monthly thereafter starting 7/1/24 through 12/31/24.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 06/10/2024)