



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 14, 2024

[REDACTED]
Concordia Lutheran Ministries of Pittsburgh
[REDACTED]

RE: Concordia at Villa St. Joseph Personal Care
1040 State Street
Baden, PA 15005
License #: 45300

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 30, 2024, May 1, 2024 and July 19, 2024, and the corrections you have made after our inspections, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *CONCORDIA AT VILLA ST. JOSEPH PERSONAL CARE* License #: *45300* License Expiration: *06/13/2024*
Address: *1040 STATE STREET, BADEN, PA 15005*
County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: <i>07/09/2021</i>	Issued By: <i>Baden Borough</i>
Type: <i>I-2</i>	Date: <i>07/09/2021</i>	Issued By: <i>Baden Borough</i>

Staffing Hours

Resident Support Staff: <i>0</i>	Total Daily Staff: <i>147</i>	Waking Staff: <i>110</i>
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Inspection Information

Type: <i>Full</i>	Notice: <i>Unannounced</i>	BHA Docket #:
Reason: <i>Renewal, Incident</i>	Exit Conference Date: <i>05/01/2024</i>	

Inspection Dates and Department Representative

04/30/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: <i>127</i>	Residents Served: <i>109</i>
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Secured Dementia Care Unit

In Home: <i>Yes</i>	Area: <i>Memory Care</i>	Capacity: <i>33</i>	Residents Served: <i>25</i>
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Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>109</i>
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>38</i>	Have Physical Disability: <i>2</i>

Inspections / Reviews

04/30/2024 - Full

Lead [REDACTED] [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/26/2024*

05/29/2024 - POC Submission

Submitted By: [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *06/05/2024*

05/31/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *06/07/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2024*

07/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *06/07/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff A, hired [redacted] /22, did not receive 12 hours of annual training for the January 2023 to December 2023 training year.

Direct care staff B, hired [redacted] /22, did not receive 12 hours of annual training for the January 2023 to December 2023 training year.

Plan of Correction

Accepted [redacted] - 05/31/2024)

Staff member A contacted by RCC on 5/22/2024 to completed 2023 mandatory trainings by 6/7/2024 or she would not be able to return to work without the trainings done.

Staff member B is no longer employed by facility as of [redacted] /2024.

Facility sends out text messages as reminders when a training is due to be completed. The facility has a schedule of trainings for the year that are available to be completed online through the website Elsevier, see attachment 6.

Administrator will audit staff trainings at the beginning of each month for completion of prior month's trainings through Elsevier. Administrator will preform audits each month until the end of 2024 and keep the audits.

Administrator will start the audits July 1st and review the prior months trainings.

Administrator will address any uncompleted trainings with staff and ensure they get completed.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented ([redacted] 07/25/2024)

85d - Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was an uncovered trash can full of soiled briefs and the room smelled strongly of feces in the shared bathroom for bedrooms 2203 left & right.

Plan of Correction

Accepted [redacted] - 05/28/2024)

Trash can lid fell into the trash can. Administrator immediately took action on 4/30/2024 and pulled lid out of can and placed it on top of the trash can.

Administrator added checking trash can with lid attached to housekeeping checklist for each room that is cleaned on 5/22/2024, see attachment 10.

Administrator to educate direct care staff and housekeeping on 2600.85.d by 6/7/2024. regulation, see attachment 11.

Administrator will do weekly room rounds starting week of 6/2/2024 and continue weekly for 12 weeks and then monthly for 3 months, see attachment 12.

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [redacted] - 07/25/2024)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent supervised fire drill by a fire safety expert was conducted on 12/28/23. However, the previous supervised fire drill was conducted on 10/21/22.

Plan of Correction

Accept [redacted] - 05/31/2024)

On 5/22/2024 Administrator immediately instructed maintenance supervisor/facility fire expert to schedule the facilities yearly fire safety inspection and fire drill within 12 months of prior years inspection and drill. The inspection and drill was scheduled with the Fire Safety expert for October 2, 2024. The prior years inspection and drill was completed on December 28, 2023, see attachments 12 and 13.

Administrator will provide education to the maintenance supervisor on 2600.132b and documentation that the following year's inspection/drill is scheduled. Education was completed on 5/30/2024. The inspection/drill log will be located in the front of the fire drill binder, see attachment 14.

Administrator will audit fire drill binder for compliance with all monthly and annual fire safety inspection/drills starting 7/1/2024 and will initial next to the completion date.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [redacted] - 07/25/2024)

132h - Designated Meeting Place

6. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

According to multiple staff and resident interviews, resident #2 has not been evacuated during the home's monthly fire drills since the resident was admitted on [redacted] 22.

Plan of Correction

Accept [redacted] - 05/31/2024)

Resident 2 has anxiety about being moved and was explained to DHS inspector on 5/1/2024. Administrator immediately talked to resident #2 on 5/3/2024 about having to evacuate during fire drill. Resident's RASP was updated on how to evacuate during emergencies.

Administrator will educate staff on regulation 2600.132.h and also be instructed on how to evacuate resident 2. This education will be completed by 6/7/2024. by administrator, see attachment 15. Facility fire expert will print out the in-house census before the inspection/drill and check that each section of the facility was evacuated completely before filling out the fire drill log. This will start June 1, 2024.

Following each monthly unannounced fire drill, the facility fire expert will review the fire drill with the staff. This will start June 2024, see attachment 16. Administrator will audit 5 random residents each month after the fire drill to ensure that they were evacuated. Administrator will preform this audit monthly for six months. This audit will start July 1, 2024.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented [redacted] - 07/25/2024)

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

There was a tube of Zilactin-B Gel 10% medication in the bathroom in bedroom #2114. The medication was unsecured, unattended and accessible.

There was a tube of Nortitate 1% cream medication and Triamcinolon cream 0.1% medication on the bedside table and a tube of Hydrocort Lotion 1% medication on the bathroom sink in bedroom 2217. The medications were unsecured, unattended and accessible.

Plan of Correction

Accept [REDACTED] - 05/28/2024)

Administrator immediately removed the medications from the resident rooms on 4/30/2024 and explained to the residents that they must be locked up and distributed by the staff unless they have a self administration order. Administrator will do weekly room rounds starting week of 6/2/2024 and continue weekly for 12 weeks and then monthly for 3 months, see attachment 17. Administrator will educate direct care staff on 2600.183.b and also Concordia's policy #206, Self-Administration of Medications. This training will be completed by 6/7/2024, see attachment 18.

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] - 07/25/2024)

184a - Resident's Meds Labeled

8. 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 #3 is prescribed Lorazepam 0.5mg, give 1 tablet by mouth two times a day and give 1 tablet by mouth every 4 hours as needed; however, the label indicates give 1 tablet by mouth two times a day.

Resident #4 is prescribed Novolog 100 unit/ML, inject as per sliding scale: if 0-69 = 0 initiate hypoglycemic protocol; 70-100 = 0 give snack; 101-180 = 0; 181-220 = 4 units; 221-250 = 6 units; 251-300 = 8 units; 301-399 = 10 units, Call MD if >400, subcutaneously with meals for DM

However, the pharmacy label indicates Novolog give before meals with coverage subcutaneous in units 0-69 initiate hyperglycemia protocol; 70-100 give snack or meal; 101-180 = 0; 181-220 = 4units; 221-250 = 6 units; 251-300 = 8units; 301+ Call MD; inject 5 units subcutaneous every morning.

Plan of Correction

Accept [REDACTED] 05/28/2024)

RCC corrected resident #3's and resident #4's medication label immediately on 5/1/2024. RCC placed a direction

184a - Resident's Meds Labeled (continued)

change sticker on the resident's medication.

Administrator will educate LPNs and Med Techs on 2600.184a and also the facility's Policy #202 Medication Orders, The training will be completed by 6/7/2024, see attachment 19.

Resident Care Coordinator will audit 5 resident's medications weekly for 3 months and then monthly for 3 months starting 6/2/2024. The audit will check the resident's medication orders to the medication label. The audit will be given tot the administrator to review, See attachment 20.

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] - 07/25/2024)

187a - Medication Record

9. Requirements

2600.

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

Description of Violation

Resident #5 was ordered Lorazepam 0.5mg, give by mouth every 8 hours as needed; however, on 10/31/23, an order was written by prescriber to discontinue in 3 months. On 2/6/24, the remaining 21 pills were destroyed; however, the order remained on the resident's medication administration record until 5/1/24.

Plan of Correction

Accept [REDACTED] - 05/28/2024)

Resident Care Coordinator immediately on 5/1/2024 discontinued resident #5's order in Point Click Care, Administrator will provide education on 2600.187a and facility's policy #201 Medication Administration to LPNs and Med Techs by 6/7/2024, see attachment 21.

Resident Care Coordinator will audit 5 resident medication records weekly for 12 weeks and then monthly for 3 months. The audit will start on 6/2/2024. Audit will be given to administrator to review, see attachment 22.

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] - 07/25/2024)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident #4 is ordered Novolog 100 unit/ML, inject as per sliding scale: if 0-69 = 0 initiate hypoglycemic protocol; 70-100 = 0 give snack; 101-180 = 0; 181-220 = 4 units; 221-250 = 6 units; 251-300 = 8 units; 301-399 = 10 units, Call MD if >400, subcutaneously with meals for DM

However, on 4/26/29 the resident had a blood glucose check at 12:52pm with reading of 253 but the home failed to administer the resident's Novolog.

Repeat Violation: 12/27/23

Plan of Correction

Accept [REDACTED] - 05/29/2024)

On 5/3/2024, Administrator and RCC educated the LPN who did not document that the insulin was given, see

187d - Follow Prescriber's Orders (continued)

attachment 25.

Administrator will educate LPNs and Med Techs on 2600.187d and policy #202 Medication Orders. The trainings will be completed by 6/7/2024, see attachment 26.

Resident Care Coordinator will audit 5 resident medication records weekly for 12 weeks and then monthly for 3 months. The audit will start on 6/2/2024. Audit will be given to administrator to review, see attachment 27.

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] - 07/25/2024)

231e - No Objection Statement

12. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the home's Memory Care unit on [REDACTED] 24, however there is no record of a non-objection agreement to reside in the secured unit signed by the resident or by the resident's responsible party.

Resident #3 was admitted to the home's secured dementia unit on [REDACTED]/23. However, the resident's non objection agreement to reside in the secured unit was not signed by the resident and signed by the resident's responsible party on 4/30/24.

Plan of Correction

Accept [REDACTED] - 05/29/2024)

Resident #1 is no longer a resident at the facility. Resident #3's non-objection letter was signed by resident on 5/2/2024, see attachment 28.

Administrator will provide education to the facility's admission team on regulation 2600.231e. The training will be completed by 6/7/2024, see attachment 29.

Admission team has been instructed on 5/22/2024 to use the document manager in Point Click Care upon admission to the Memory Care Unit for the Non-objection agreement, See attachment 30.

Memory Care manager will do monthly audits on all new admissions and give to the Administrator monthly for 6 months starting 6/1/2024, see attachment 31,

Licensee's Proposed Overall Completion Date: 05/22/2024

Implemented [REDACTED] - 07/25/2024)

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

Facility Information

Name: *CONCORDIA AT VILLA ST. JOSEPH PERSONAL CARE* License #: *45300* License Expiration: *06/13/2024*
Address: *1040 STATE STREET, BADEN, PA 15005*
County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *144* Waking Staff: *108*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *07/19/2024*

Inspection Dates and Department Representative

07/19/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* Residents Served: *108*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Care* Capacity: *33* Residents Served: *26*

Hospice

Current Residents: *14*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *108*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *36* Have Physical Disability: *1*

Inspections / Reviews

07/19/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *Exception*

NO DEFICIENCIES FOUND