

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

September 30, 2024

[REDACTED]  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
[REDACTED]

RE: CONCORDIA OF FRANKLIN PARK  
1600 GEORGETOWN DRIVE  
SEWICKLEY, PA, 15143  
LICENSE/COC#: 44363

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2024, 08/07/2024, 08/08/2024, 08/15/2024 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 FRANKLIN PARK License #: 44363 License Expiration: 03/15/2025
Address: 1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143
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: 0 Total Daily Staff: 72 Waking Staff: 54

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 08/15/2024

Inspection Dates and Department Representative

08/06/2024 - On-Site: [Redacted]
08/07/2024 - On-Site: [Redacted]
08/08/2024 - On-Site: [Redacted]
08/15/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 Residents Served: 58

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 13

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 58
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 14 Have Physical Disability: 3

Inspections / Reviews

08/06/2024 - Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/22/2024

Inspections / Reviews (*continued*)

09/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/26/2024  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/24/2024

09/23/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/26/2024  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/30/2024

09/30/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 09/26/2024  
Reviewer: [REDACTED] Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] was being transferred in a sit-to-stand lift by staff person A. While the lift was in motion resident [redacted] was unable to hold on to the bar that keeps the resident steady in the lift, and the resident’s legs gave out. Staff person A called for assistance and the staff persons lowered resident [redacted] to the ground. On [redacted], the home received x-ray report indicating the resident had a [redacted]. The home did not report the incident to the Department until [redacted]

Plan of Correction

Directed [redacted] - 09/23/2024)

All incidents are reviewed daily, in Managers Morning Meeting. Any incident that has the potential to be abuse or neglect will be reported following the guidelines set forth by DHS. Facility will send Incident Reports within the required timeframe.

Staff will be re- educated on reportable incidents by the admin or designee by Sept 30, 2024.

Incident happened on 6/29/24. Resident was seen by physician on 7/1/24. XRay was obtained on 7/1/24, which showed a [redacted]. Reportable was submitted on 7/1/24

Reportable was in fact done within the required timeframe once a fracture was known.

Request to withdraw this deficiency.

DIRECTED: Within 24 hours of receipt of the plan of correction - All reportable incidents will be reported to the Department by the required reporting method and in the required timeframes, by the administrator or a designee. - JD 9/23/24

DIRECTED: Within 24 hours of receipt of the plan of correction - The administrator will ensure that if a potential reportable incident has occurred, for example - a resident is sent for evaluation for bodily injury - if there is no information on the resident's final diagnosis within 24 hours, an initial incident report will be sent within 24 hours. A final report will be sent when the diagnosis/injuries are known. - [redacted] 9/23/24

Directed Completion Date: 10/11/2024

Implemented [redacted] 09/30/2024)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

## 23a - Activities of Daily Living Assistance (continued)

**Description of Violation**

The assessment for resident [REDACTED], dated [REDACTED], indicates the resident is totally immobile, requiring full assistance with a 2-person mechanical Hoyer lift. The home's policy for using a Hoyer lift requires 2 staff to assist residents. On [REDACTED], staff person C used the Hoyer alone to transfer resident [REDACTED]. The Hoyer lift tipped over causing resident [REDACTED] to sustain a cut above the left eye.

**Plan of Correction**

Accept [REDACTED] - 09/19/2024)

Concordia of Franklin Park will continue to offer Annual Lift training to all Care Staff on all lifts the PCH uses, and training will be documented by Administrator, or designee and kept in the Training Binder.

Lift training was held on August 15th, 2024, facilitated by [REDACTED] COTA/L

All new hires will continue to be trained about proper use of lifts and training will be documented on their onboarding checklist, retained in their employee file.

Two transfers will be observed 2 times per week for one month starting September 23rd, 2024, by the Administrator or designee to ensure 2 people are present for all Hoyer lifts, and that participants are following proper procedures.

These observed transfers, will be added as a monitor into Concordia of Franklin Park Quality Assurance Program, and will be reviewed at the next quarterly meeting. Based on the results of these audits, the Quality Assurance team will determine if Hoyer Lift Audits/Monitor should continue.

In the specific instance cited, from a 7/18/24 incident, the employee staff person C was infact trained on using the Hoyer Lift with 2 people and evidence of this training was presented during the onsite survey. Employee was subsequently disciplined for not using the lift properly as trained to do. In light of the facility's appropriate steps to address this policy and training infraction, we request that this violation be withdrawn.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 09/30/2024)