

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

February 21, 2025

[REDACTED]
CONCORIDA OF MONROEVILLE
[REDACTED]

RE: CONCORDIA AT WEATHERWOOD
896 WEATHERWOOD LANE
GREENSBURG, PA, 15601
LICENSE/COC#: 45616

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2024 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 WEATHERWOOD **License #:** 45616 **License Expiration:** 08/13/2025

Address: 896 WEATHERWOOD LANE, GREENSBURG, PA 15601

County: WESTMORELAND **Region:** WESTERN

Administrator

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

Legal Entity

Name: CONCORIDA OF MONROEVILLE

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: I-1 **Date:** 03/26/2013 **Issued By:** Hempfield Twp.

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 71 **Waking Staff:** 53

Inspection Information

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

Reason: Incident **Exit Conference Date:** 10/21/2024

Inspection Dates and Department Representative

09/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 106 **Residents Served:** 58

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 58

Diagnosed with Mental Illness: 12 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 13 **Have Physical Disability:** 1

Inspections / Reviews

09/18/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/18/2024

12/03/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/20/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/10/2024

Inspections / Reviews *(continued)*

12/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/20/2024

02/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

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] at approximately 7:00 a.m., staff person A was informed by staff person B of an allegation made by resident [redacted] that someone stole [redacted] to [redacted] from [redacted] room. However, the home did not report the incident to the Department until [redacted]

Plan of Correction

Accept [redacted] - 12/03/2024)

Upon knowledge of the allegation, the home's administrator began an investigation. Investigation revealed the money that was alleged to be missing was not included on the Inventory of Personal Effects completed by this resident upon admission on [redacted] and was not updated at any time. During discussions with Resident and resident's responsible party, administrator was provided conflicting statements regarding when/if the money was last known to be present in the facility.

A key to a personal safe in the resident room, which was initially declined upon admission, was provided to the resident on 9/13/2024. The resident was instructed on how to operate the safe and the need to update the Inventory of Personal Effects anytime resident belongings enter or exit the facility on 9/13/2024.

The administrator familiarized [redacted] with the proper timeframes for reporting such an incident 9/13/1024.

The administrator or designee will educate staff on the requirements of 2600.16.c as it relates to this violation by 12/13/2024.

A Reportable Incident binder was developed outlining the procedure for completing a reportable incident to the Department including timeframes outlined in 2600.16c. The administrator or designee will educate staff on the contents of the binder by 12/13/2024. Reportable incidents will be reported to the Department's regional office or Personal Care Home complaint line within 24 hours of the facility's knowledge of the event. Administrator and/or designee will review internal incident reports on a daily basis to determine if the Department's Personal Care Home Regional Office will need to be contacted in accordance with regulation 2600.16.c beginning within 3 business days of receipt of an approved plan of correction.

The administrator or designee will audit timeliness of reportable incidents submitted weekly for 4 weeks, monthly for 3 months, and then quarterly thereafter until compliance is demonstrated as maintained.

Documentation of all education associated with this plan of correction will be maintained. Results of ongoing audits will be reviewed at facility Quality Management meeting.

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

Implemented [redacted] - 02/21/2025)

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.

Description of Violation

Resident [redacted] is diagnosed with [redacted]. [redacted] resident assessment and support plan (RASP), dated [redacted], indicates [redacted] requires total physical assistance to transfer in and out of bed/chair and uses a Hoyer lift with the

23a Activities of Daily Living Assistance (continued)

assistance of 2 staff for transfers. Resident [redacted] uses a bedside assist rail on [redacted] hospital bed to assist with repositioning and holds on to it when [redacted] is rolled to be changed.

On [redacted] at approximately 10:15 a.m. resident [redacted] was laying in [redacted] hospital bed, which was raised approximately 4 to 4 1/2 feet off the floor. Staff person C rolled resident [redacted] onto [redacted] right side to place a Hoyer lift pad under [redacted] however, did not ensure the bedside assist rail was in place, resulting in the resident falling out of bed approximately 4 to 4 1/2 feet to the floor. Resident [redacted] was taken by ambulance to the hospital, where [redacted] was diagnosed with right [redacted] and was admitted to the [redacted] floor. Surgery was scheduled for [redacted] however, it was cancelled due to resident [redacted] increased [redacted]. Resident [redacted] was transferred to the intensive care unit, where [redacted] became bradycardic and suffered cardiac arrest. [redacted] was [redacted], and [redacted] was initiated. Resident [redacted] ceased to breathe on resident [redacted] date of death. Resident [redacted] death certificate lists the immediate cause of death as complications of blunt force trauma to the lower extremities and the secondary cause of death fall.

Plan of Correction

Accept [redacted] - 12/04/2024)

Staff person C was immediately educated on the need to confirm that all elements of an assessment and support plan are being met during a resident transfer.

Beginning 9/19/2024 each resident's assessment and support plan are being reviewed for accuracy, with a projected completion date of 12/20/2024. Safe Lifting, Bed Mobility and Proper Body Mechanics training is being provided to Direct Care Staff which was initiated on 9/20/2024 by Concordia Physical Therapy team with a projected completion date of 12/20/2024.

The administrator or designee will educate the Direct Care Staff on the requirements of 2600.23.a as it relates to this violation by 12/20/2024.

The administrator or designee will observe 5 staff assisted resident transfers per week for 4 weeks and then monthly for 3 months to confirm the elements of the assessment and support plan are being followed during the transfer beginning within 3 business days of receipt of an approved plan of correction. Any variances of care provided will be reviewed with the staff member and they will be re educated on the resident's care needs as outlined in the resident assessment and support plan.

Documentation of educations associated with this plan of correction will be maintained. Results of ongoing audits will be reviewed at the facility Quality Management meeting.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 02/21/2025)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #2's is diagnosed with Multiple Sclerosis. [redacted] resident assessment and support plan (RASP), dated 3/22/24, indicates [redacted] requires total physical assistance to transfer in and out of bed/chair and uses a Hoyer lift with the assistance of 2 staff for transfers. Resident [redacted] uses a bedside assist rail on [redacted] hospital bed to assist with repositioning and holds on to it when [redacted] is rolled to be changed.

On [redacted] at approximately 10:15 a.m. resident [redacted] was laying in [redacted] hospital bed, which was raised approximately

42b - Abuse (continued)

4 to 4 ½ feet off the floor. Staff person C rolled resident [REDACTED] onto [REDACTED] right side to place a Hoyer lift pad under [REDACTED] however, did not ensure the bedside assist rail was in place, resulting in the resident falling out of bed approximately 4 to 4 ½ feet to the floor. Resident [REDACTED] was taken by ambulance to the hospital, where [REDACTED] was diagnosed with right [REDACTED] and was admitted to the [REDACTED] floor. Surgery was scheduled for [REDACTED] however, it was cancelled due to resident #2's increased [REDACTED]. Resident [REDACTED] was transferred to the intensive care unit, where [REDACTED] became [REDACTED] and [REDACTED]. [REDACTED] was intubated, and CPR was initiated. Resident [REDACTED] ceased to breathe on resident [REDACTED] date of death. Resident [REDACTED] death certificate lists the immediate cause of death as complications of blunt force trauma to the lower extremities and the secondary cause of death fall.

Plan of Correction**Accept ([REDACTED] - 12/04/2024)**

Staff person C was immediately educated on the need to confirm that all elements of an assessment and support plan are being met during a resident transfer.

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The administrator or designee will educate the Direct Care Staff on the requirements of 2600.23.a as it relates to this violation by 12/20/2024.

The administrator or designee will observe 5 staff assisted resident transfers per week for 4 weeks and then monthly for 3 months to confirm the elements of the assessment and support plan are being followed during the transfer beginning within 3 business days of receipt of an approved plan of correction. Any variances of care provided will be reviewed with the staff member and they will be re-educated on the resident's care needs as outlined in the resident assessment and support plan.

Documentation of educations associated with this plan of correction will be maintained. Results of ongoing audits will be reviewed at the facility Quality

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED] - 02/21/2025)