

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

December 19, 2024

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

RE: CONCORDIA LUTHERAN HEALTH
AND HUMAN CARE - LUND
BUILDING
134 MARWOOD ROAD
CABOT, PA, 16023
LICENSE/COC#: 44762

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2024, 10/09/2024 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 HEALTH AND HUMAN CARE - License #: 44762 License Expiration: 10/27/2024
LUND BUILDING

Address: 134 MARWOOD 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-1 **Date:** 11/25/1998 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 209 **Waking Staff:** 157

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 10/09/2024

Inspection Dates and Department Representative

10/08/2024 - On-Site: [REDACTED]

10/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 232 **Residents Served:** 205

Secured Dementia Care Unit

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

Hospice

Current Residents: 32

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 204

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

Have Mobility Need: 4 **Have Physical Disability:** 2

Inspections / Reviews

10/08/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/08/2024

Inspections / Reviews (*continued*)

11/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/05/2024

12/19/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
5. Personal care service needs of the resident.

Description of Violation

Direct care staff person A did not complete training in the following topics in training year January to December 2023:

**Medication self-administration training.*

**Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*

**Care for residents with dementia and cognitive impairments.*

**Personal care service needs of the resident.*

Plan of Correction

Accepted [redacted] - 11/14/2024)

Staff person A completed the medication self-administration training on 10/18/24, power point attached.

The other 3 topics/trainings were in compliance and completed on 1/31/23. see attached record of trainings.

Education completed on 11/5/24 with all staff regards to "completion of Mandatory Trainings by Administrator/designee.. See attached.

HR department will monitor staff trainings for compliance monthly for next 6 months starting 11/1/24 through 4/1/25 .

Licensee's Proposed Overall Completion Date: 04/01/2025

Implemented [redacted] - 12/19/2024)

65g - Annual Training Content

2. 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:

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Ancillary staff person B did not complete training in the following topics in training year January to December 2023:

**The Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102).*

**Falls and accident prevention.*

65g - Annual Training Content (continued)

Plan of Correction

Accept (████ - 11/14/2024)

disagree with violation. Staff person B completed the Older Adult Protective Service Act training on █████, Falls and accident training was completed on █████ See attached report.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented (████ - 12/19/2024)

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 █████ the residents in bedroom █████ and bedroom █████ did not have a source of light that could be turned on and off from bedside.

Plan of Correction

Accept (████ - 11/14/2024)

Room █████ light bulb was replaced at time of survey on █████ Room █████ had a touch light placed in █████ room on █████ by manager. Starting █████ DCS will monitor that all resident's have lamps at bedside and ensure they are operable daily and on each shift as part of their regular duties and report any abnormal findings for the next 3 months ending Jan. 9th, 2025.

Administrator/designee will monitor monthly during monthly room rounds starting █████ for the next 3 months and ending █████ see attached pic of touch light

Licensee's Proposed Overall Completion Date: 01/09/2025

Implemented (████ - 12/19/2024)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident █████ was prescribed █████. This medication was discontinued on █████; however, this medication was still in the medication cart on █████.

Plan of Correction

Accept (████ - 11/14/2024)

Resident █████ medication was destroyed on █████ at time of survey by 2 charge nurses. see attached documentation. Education was provided to staff by manager on █████. All LPN/M.T. will monitor all medications daily and on each shift as part of their regular duties to ensure there are not any discontinued medications being stored by the facility. starting 11/5/24 through 3/5/25.

Administrator/designee will monitor medication room and medication carts monthly to ensure there are not any discontinued medications being stored for the next 6 months. starting 11/12/24 and ending April 11, 2024.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented (████ - 12/19/2024)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] - 1 drop in each eye every 6 hours as needed. This medication was opened and undated. According to the manufacturer, this medication should be discarded 6 months after it is opened.

Resident [redacted] [redacted] units at bedtime and [redacted] unit with each meal and at bedtime and additional [redacted] in accordance with a sliding scale. The [redacted] and [redacted] were opened and undated. According to the manufacturer, these medications should be discarded 28 days after it is opened.

Plan of Correction

Accept ([redacted] - 11/14/2024)

Resident [redacted] was discarded and new bottle received on [redacted]. Medication is "as needed" so resident has not used the [redacted]. Once medication is administered "date open" will be placed on bottle by charge nurse/M.T.

Resident [redacted] received new [redacted] on [redacted] and date opened was written on pen. see attached pic.

Resident [redacted] was dated "opened 9/18/24", see attached pic.

Education was completed with LPN/M.T. on [redacted] by manager that medications need to be dated when opened and discarded on expiration date (follow manufacturer instructions. see attached.

Starting 11/5/24 All LPN/M.T. will monitor all medications daily and on each shift as part of their regular duties to ensure all medications required has date opened on them.

Administrator/designee will monitor medication medication carts monthly for the next 6 months. starting 11/12/24 and ending April 11, 2024 to make sure medications required has date opened on them.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [redacted] 12/19/2024)

187a - Medication Record

6. Requirements

2600.

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

- 4. Strength.
- 8. Frequency of administration.

Description of Violation

Resident [redacted] is prescribed [redacted] - 1 drop in each eye every 4 hours as needed. Resident [redacted] s October 2024 MAR indicates the resident takes [redacted] - 1 drop as needed.

Staff administer [redacted] to resident [redacted] twice daily and at bedtime. However, resident [redacted] October 2024 MAR does not include the strength of [redacted] that is administered.

Plan of Correction

Accept ([redacted] 11/14/2024)

Resident [redacted] EMAR was updated to reflect M.D. order on [redacted] by manager. See attached EMAR for verification.

187a Medication Record (continued)

Starting [REDACTED] All LPN/M.T. will monitor all prescribed orders and EMAR daily and on each shift as part of their regular duties to ensure all medications orders are transcribed correctly on EMAR.

Administrator/designee will monitor resident's EMAR's and medication orders monthly for the next 6 months.

starting [REDACTED] and ending [REDACTED] to ensure all prescribed orders match the EMAR.

Resident [REDACTED] order/EMAR was updated by Administrator on [REDACTED] including strength of [REDACTED] administered. see attached EMAR

Starting [REDACTED] All LPN/M.T. will monitor all prescribed orders and EMAR daily and on each shift as part of their regular duties to ensure all medications orders are transcribed correctly on EMAR as well as the strength is listed.

Administrator/designee will monitor resident's EMAR's and medication orders monthly for the next 6 months.

starting [REDACTED] and ending [REDACTED] to ensure all prescribed orders match the EMAR.

Licensee's Proposed Overall Completion Date: 04/11/2025

Implemented [REDACTED] - 12/19/2024)