

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

December 30, 2024

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

RE: CONCORDIA AT THE ORCHARD
104 CONCORDIA WAY
BUTLER, PA, 16001
LICENSE/COC#: 42506

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/12/2024 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 THE ORCHARD* License #: *42506* License Expiration: *01/11/2025*
 Address: *104 CONCORDIA WAY, BUTLER, PA 16001*
 County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/21/1999* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *11/12/2024*

Inspection Dates and Department Representative

11/12/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *58*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *8*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *7* Have Physical Disability: *3*

Inspections / Reviews

11/12/2024 Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/06/2024*

12/09/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: *12/24/2024*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/16/2024*

Inspections / Reviews *(continued)*

12/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/13/2024

12/30/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident [redacted] expressed concerns [redacted] is going to hurt me" but would not indicate who, then Resident [redacted] was observed as being visibly scared and agitated, and reported "there [redacted] is, there is my tormentor" while pointing at staff person B. This allegation of abuse was reported to staff person A, the Administrator, against staff person B on [redacted]. On [redacted] staff person A received an allegation of abuse, regarding an unidentified resident, against staff person B and conducted resident interviews. Resident [redacted] indicated a bruise originated from staff person B being rough while assisting with ambulation in the residents wheelchair. This allegation was not verbally reported and an Act 13 form was not completed and submitted to the local Area Agency on Aging within 48 hours.

Plan of Correction

Accept [redacted] - 12/09/2024)

Incident on [redacted] was internally investigated and not reported due to resident changing [redacted] story multiple times. Resident has history of anxiety and no concerns of resident's care voiced by family. Multiple resident interviews conducted as well. Verbal report was made to AAoA on [redacted] around 6:15pm after receiving a call from DHS notifying us of a concern. Only employee name was given. Did not identify a date of incident or resident. Additional verbal report was completed on [redacted] at 5:15pm with additional details provided by department and ACT-13 sent [redacted] to Protective Services. Protective Services requested multiple documents which facility provided. Protective Services informed us that the incident did not require further investigation.

Education on " Abuse and Abuse Reporting" will be provided to Administrator by Executive Director on [redacted]

Education on " Abuse and Abuse Reporting" will provided to all staff on [redacted] by Administrator or designee.

Administrator/designee will respond to all allegations of abuse as though the allegation was true and will report to local AAoA and DHS immediately.

Administrator/designee will follow up on all reported abuse allegations immediately and initiate an investigation to ensure compliance at time of occurrence.

See attached for education.

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

Implemented [redacted] - 12/30/2024)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

15b - Supervisor Plan (continued)

Description of Violation

Staff person A, the Administrator, received an allegation of abuse against staff person B, regarding an unidentified resident, on [REDACTED]. On [REDACTED] 6:00 a.m.-2:30 p.m. and [REDACTED] 2:00 p.m.-8:00 p.m. staff person B worked without an approved plan of supervision. Additionally, an allegation of abuse was reported on [REDACTED], against staff person B, regarding resident [REDACTED]; however, staff person B was not suspended and continued to work without an approved plan of supervision.

Plan of Correction

Accept [REDACTED] - 12/09/2024)

Staff member B was initially suspended on [REDACTED] and returned to work with direct supervision from charge nurse or other designated supervisor on [REDACTED]. Supervision Plan was submitted to the department on [REDACTED]

Education will be provided to all nursing staff by Administrator and manager by [REDACTED] in regards to submitting plan of supervision to DHS and employee can not work as a direct care staff until plan is submitted to DHS.

Administrator/designee will remove any Direct care staff involved in allegation of abuse immediately at time of occurrence until plan of supervision has been submitted to the department.

See attached for education.

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

Implemented [REDACTED] - 12/30/2024)

16c - Written Incident Report

3. 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

An allegation of abuse was reported to staff person A, the Administrator, against staff person B, regarding resident [REDACTED], on [REDACTED]. Resident [REDACTED] expressed concerns "[REDACTED] is going to hurt me" but would not indicate who, then Resident [REDACTED] was observed as being visibly scared and agitated, and reported "there [REDACTED] is, there is my tormentor" while pointing at staff person B. The home did not report an allegation of abuse to the Department.

Plan of Correction

Accept [REDACTED] - 12/09/2024)

Investigation was started with initial concern expressed on [REDACTED]

Education on "Abuse Reporting and Definition of Abuse" will be provided to staff on [REDACTED] by Administrator or designee.

Administrator/designee will follow up on all reported abuse allegations immediately and initiate an investigation to ensure compliance at time of occurrence, as well as submitting the required report to the complaint hotline.

See attached for education.

16c - Written Incident Report (continued)

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

Implemented [redacted] - 12/30/2024)

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident [redacted] contract, dated [redacted] was not signed by the resident.

Plan of Correction

Accept [redacted] - 12/09/2024)

Resident's contract has now been signed. All charts will be audited by Administrator or designee by [redacted] to ensure all residents and resident representatives have signed their contract. 10% of charts will be audited monthly by Administrator or designee to ensure compliance starting January 2025 for 3 months. Audit results will be reported on at quarterly quality assurance meetings.

Education will be provided to staff by Administrator or designee on [redacted] regarding the requirement for admission agreements to be signed by resident and cosigned by the resident's designated person.

Education and audit form attached.

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

Implemented [redacted] - 12/30/2024)

42b - Abuse

5. 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

Multiple interviews indicated resident [redacted] stated that staff person B was this resident's "tormentor". Staff interviews indicated staff observed the resident showed signs of increased agitation, becoming fearful, and nervous when staff person B would be present and working a shift in the home. Resident [redacted] has been observed, on multiple occasions, crying as well as being scared because staff person B is mean to [redacted]. Staff person B was reportedly described as mean, makes fun of people, ignore you intentionally, and has a poor attitude at times. This resident feared providing any additional details for fear of retaliation.

Plan of Correction

Accept [redacted] - 12/09/2024)

Employee B has been terminated effective [redacted]. All residents will be treated with the highest level of respect and be provided with good quality care.

Education on "Abuse and Abuse Reporting" will be provided to staff on [redacted] by Administrator or designee.

42b - Abuse (continued)

Administrator/designee will follow up on all reported abuse allegations immediately and initiate an investigation to ensure compliance at time occurrence.

See attached for education.

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

Implemented [redacted] - 12/30/2024)

107c - Food/Water 3 Day Supply

6. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves [redacted] residents requiring a minimum of 174 gallons of emergency drinking water. However, there was only 85 gallons of emergency drinking water are stored on-site. And the contractual agreement, dated [redacted] did not include:

- The amount of water to be delivered
- A guarantee that the water will be delivered immediately upon request, 24-hours-per-day
- A guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction

Accept ([redacted] - 12/09/2024)

Facility had 2 current water letters that stated 2 of the 3 requirements. Water letter had been updated on [redacted] to identify the number of gallons of water to be provided. Administrator or designee will audit twice yearly to ensure compliance beginning January 2025.

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

Implemented [redacted] 12/30/2024)

251b - Record Entries Legible

8. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the front section of the contract, belonging to resident [redacted], in the following sections on the first page of the contract:

over the day in the date, with "13" written over the correction fluid

the section stating who the contract is between, with "Concordia at" written over the correction fluid

251b - Record Entries Legible (continued)

Plan of Correction

Accept [REDACTED] - 12/09/2024)

Resident [REDACTED] contract has been initialed for the corrections. No correction fluid will be permitted on any resident contract. All charts will be audited by Administrator or designee by [REDACTED] to ensure all resident contracts are permanent, legible, dated and signed. 10% of charts will be audited monthly by Administrator or designee to ensure compliance starting January 2025 for 3 months. Audit results will be reported on at quarterly quality assurance meetings.

Education will be provided to all staff by Administrator or designee on 12/4/24 regarding resident contracts being permanent, legible, dated and signed.

See education and audit form attached.

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

Implemented [REDACTED] - 12/30/2024)

252 - Record Content

9. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

An inventory of the resident's personal property was not included in the resident [REDACTED] record.

Plan of Correction

Accept [REDACTED] - 12/09/2024)

Resident [REDACTED] has completed a belongings list and has been placed in resident's chart. All charts will be audited by Administrator or designee by [REDACTED] to ensure all resident charts have a belongings list. 10% of charts will be audited monthly by Administrator or designee to ensure compliance starting January 2025 for 3 months. Audit results will be reported on a quarterly quality assurance meetings.

Education will be provided to all staff by Administrator or designee on [REDACTED] regarding the importance of collecting a belongings list upon admission.

See attached for education and audit form.

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

Implemented [REDACTED] 12/30/2024)