

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

January 21, 2025

[REDACTED]
CONCORDIA OF MONROEVILLE
[REDACTED]

RE: CONCORDIA OF BRIDGEVILLE-
PERSONAL CARE
3570 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45589

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/26/2024, 11/26/2024 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 BRIDGEVILLE-PERSONAL CARE **License #:** 45589 **License Expiration:** 05/08/2025
Address: 3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: CONCORDIA OF MONROEVILLE
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 01/20/1999 **Issued By:** PA Department of Labor and Industry
Type: C-2 LP **Date:** 01/13/1999 **Issued By:** PA Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 148 **Waking Staff:** 111

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 11/26/2024

Inspection Dates and Department Representative

11/26/2024 - On-Site: [REDACTED]
11/26/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 200 **Residents Served:** 112
Secured Dementia Care Unit
In Home: No **Area:** **Capacity:** **Residents Served:**
Hospice
Current Residents: 3
Number of Residents Who:
Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 111
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 36 **Have Physical Disability:** 5

Inspections / Reviews

11/26/2024 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/26/2024

12/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 01/04/2025

01/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/17/2025

01/21/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a - Activities of Daily Living Assistance

1. 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] assessment, dated [redacted], indicated the resident requires some physical assistance with transferring in and out of a bed or chair, and the support plan, also dated [redacted] indicated, "Staff to provide resident [redacted] with step-by-step direction allowing [redacted] time to comprehend before trying to move [redacted]. However, on 11/8/24 at approximately 10:00 a.m., direct care staff person A and direct care staff person B transferred resident [redacted] from [redacted] bed to [redacted] wheelchair, did not provide step-by-step instruction and did not allow time for the resident to comprehend the transfer before moving [redacted]."

Plan of Correction

Accept [redacted] - 01/06/2025)

- On November 12, 2024, the direct staff education on Regulation 2600.23(a) and our policy and procedures to maintain compliance with the regulation was given by the Assistant Executive Director and both Resident Care Coordinators for all nursing aids, medication associates, Nurses and Manager on Duties and Wellness Secretaries. Documentation of this education will be kept in accordance with Regulation 2600.65(i).
- In addition, when a care plan changes for a resident, it will be communicated immediately by the person doing the update, either the Nurse or Resident Care Coordinator, during that day's report with all care staff and continue for a week until most if not all care staff know there has been a change. This will begin January 5, 2025.
- For those care staff members that have been off for that entire week and not able to hear the care changes, they are required to review the care/support plan in the communication binder at the nurse's station to learn of any resident care plan changes that have taken place in their absence.
- The Resident Care Coordinator, RCC, will review this process monthly for effectiveness and make changes accordingly if there appears to be misses with care communication when a care plan changes. This will start January 5, 2025, with documentation of these reviews being maintained.
- Private interviews of three residents a month will be conducted by the Executive Director or Assistant Executive Director for three months starting 1/5/2025 to ensure compliance with Regulation 2600.23a. The Resident Care Coordinators will also complete three interviews a week for three months using the same interview form. Please see attached survey that will be completed for each resident interview. All forms will be maintained in the community. The results will be shared with the Executive Director weekly and the Department Head Team during their scheduled quarterly quality meetings.

Licensee's Proposed Overall Completion Date: 01/05/2025

Implemented [redacted] - 01/21/2025)

42c - Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 10:00 a.m., direct care staff person A and direct care staff person B were observed on camera in resident room [redacted] grabbing resident [redacted] by one arm each and pulling the resident without proper positioning into the resident's wheelchair while resident [redacted] was screaming. During the transfer direct care staff

42c Treatment of Residents (continued)

person A lost grip of the resident's arm and resident [REDACTED] was dropped into the wheelchair on [REDACTED] left hip with [REDACTED] right buttock landing on the armrest of the wheelchair. Direct care staff A and direct care staff B continued to grasp the resident by one arm each and by the shoulder and moved the resident into the chair while the resident continued screaming. After the transfer was completed, direct care staff person B told resident [REDACTED] that [REDACTED] behavior was not acceptable, that [REDACTED] was just trying to get [REDACTED] ready, that there was no need for it, and then continued to badger the resident and told resident [REDACTED] was not cooperating and not helping.

Plan of Correction

Accept [REDACTED] - 01/06/2025)

The two care staff employees identified have been terminated due to their actions and communication with this resident.

On November 12, 2024, an in service was held for all staff on Resident Rights by the Assistant Executive Director and both Resident Care Coordinators to understand and learn about the importance of treating every resident with dignity and respect. The documentation of this education will be kept in accordance with Regulation 2600.65(i).

This particular incident along with other examples were discussed so employees understand what it means to show dignity and respect and how they may come across to residents when they think they are only trying to help and assist the resident. In addition, if a resident is being uncooperative and hard on the care staff employees, the care staff know to call for help and assistance from the Resident Care Coordinator, Nurse, MOD, or other care staff members before they let their frustrations get the better of them.

To help ensure no other issues are out there with other residents, the Executive Director is creating a short survey (attached) for residents to complete centered around being treated with dignity, respect and compassion. This survey will start January 5, 2025, and be given in PC to 3 residents a week for 3 months by the Resident Care Coordinators. The results will be shared with the Executive Director weekly and the Department Head Team during their scheduled quarterly quality meetings.

Licensee's Proposed Overall Completion Date: 01/05/2025

Implemented [REDACTED] - 01/21/2025)

141b2 - Medical Evaluation Changes

3. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident [REDACTED] status change medical evaluation, dated [REDACTED] did not indicate the resident's body positioning and movement needs, that area of the form was left incomplete.

Plan of Correction

Accept [REDACTED] - 01/06/2025)

This resident's DME was updated on November 27, 2024, by the Assistant Executive Director so there are no blank areas or missing information including body positioning and movement needs.

All DME's in PC are currently being reviewed for blanks or missing information by the Resident Care Coordinators and will be 100% completed by January 17, 2025.

The Resident Care Coordinator in every building will review every DME that comes in with a resident to ensure all information is complete and there are no banks or missing information.

The final check off will be the ED or AED will verify all incoming DME's for completeness.

141b2 Medical Evaluation Changes *(continued)*

Licensee's Proposed Overall Completion Date: 01/17/2025

Implemented [REDACTED] - 01/21/2025)