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

February 14, 2025

[redacted], ADMINISTRATOR
CONCORIDA OF MONROEVILLE
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/17/2024 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 Township*

Staffing Hours

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

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *12/17/2024*

Inspection Dates and Department Representative

12/17/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* **Residents Served**: *55*

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**: *55*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *10* **Have Physical Disability**: *0*

Inspections / Reviews

12/17/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/19/2025*

01/24/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/05/2025*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/28/2025*

Inspections / Reviews *(continued)*

01/30/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/05/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/13/2025*

02/14/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/05/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

54a - Direct Care Staff

1. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:
1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A did not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry. Direct care staff person A has provided unsupervised ADL services to residents since [redacted]

Plan of Correction ***Accept ([redacted] - 01/24/2025)***

The high school transcript for Direct Care Staff Person A was obtained on 1/13/2025.
On 12/18/2024, an audit of all Direct Care Staff files was completed by the administrator to verify that a high school diploma, GED or active registry on the Pennsylvania nurse aide registry is present.
The administrator familiarized herself with the requirements of 2600.54.a on 12/17/2024. On 1/10/2025 PCHA conducted mandatory in-house training of the requirements of 2600.54.a as it relates to this violation with all staff member in the facility.
A pre-hire checklist to include the presence of a high school diploma, GED or active registry status will be completed by HR.
The administrator or designee will audit the pre-hire checklist for each Direct Care Staff new hire prior to the employee providing unsupervised ADL services to residents beginning 1/13/2025. The audit will continue for three months to ensure compliance and improvement. Results of the audits will be reviewed at the facility Quality Management meeting.

Licensee's Proposed Overall Completion Date: *02/18/2025*

Implemented ([redacted] - 02/14/2025)

65d - Initial Direct Care Training

2. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   i. Safe management techniques.
   ii. ADLs and IADLs
   iii. Personal hygiene.
   iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   vi. Implementation of the initial assessment, annual assessment and support plan.
   vii. Nutrition, food handling and sanitation.
   viii. Recreation, socialization, community resources, social services and activities in the community.

65d - Initial Direct Care Training *(continued)*

ix. Gerontology.
x. Staff person supervision, if applicable.
xi. Care and needs of residents with special emphasis on the residents being served in the home.
xii. Safety management and hazard prevention.
xiii. Universal precautions.
xiv. The requirements of this chapter.
xv. Infection control.
xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A did not receive training on any topics specified in 2600.65d, and direct care staff person A did not complete and pass the Department-approved online competency test. Direct care staff person A has provided unsupervised ADL services to residents since [redacted]

Plan of Correction ***Accept ([redacted] - 01/30/2025)***

The facility is appealing this violation as the Direct Care Staff Training and Competency Certificate issued to Staff Person A on [redacted] *was obtained from Temple University on 12/20/2024. This certificate was submitted to the lead inspector on 12/20/2024 via email. A copy of the certificate is attached.*
On the day of inspection, the Direct Care Staff Training and Competency Certificate issued to Staff Person A was not present in [redacted] *current HR file. The day following the inspection, Staff Person A confirmed that* [redacted] *completed the training and contacted Temple University to obtain a copy of the certificate. Upon further investigation, the Direct Care Staff Training and Competency Test Certificate for Staff Person A was located in an HR file from the previous employer and owner. The Administrator conducted an audit of all Direct Care Staff files on 12/18/2024 to confirm that the Direct Care Staff Training and Competency Test Certificate is present.*
A pre-hire checklist to include the presence of the Direct Care Staff Training and Competency Test Certificate will be completed by HR.
The administrator or designee will audit the pre-hire checklist for each Direct Care Staff new hire prior to the employee providing unsupervised ADL services to residents

Licensee's Proposed Overall Completion Date: *02/18/2025*

Implemented ([redacted] - 02/14/2025)

183d - Prescription Current

3. 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 #1 was prescribed Polyethylene Glycol – ½ capful in 8 oz. of water. This medication was discontinued on 8/23/24; however, this medication was still in the medication cart on 12/17/24.

Resident #2 was prescribed Delsym 30mg/5ml – 10ml every 12 hours as needed for cough. This medication was discontinued on 8/14/24; however, this medication was still in the medication cart on 12/17/24.

Plan of Correction ***Accept ([redacted] - 01/24/2025)***

The Polyethylene Glycol for Resident #1 was removed from the medication cart by the licensed nurse on 12/17/2024.
The Delsym 30mg/5ml for Resident #2 was removed from the medication cart by the licensed nurse on 12/17/2024.

183d - Prescription Current (continued)

On 1/10/2025 PCHA conducted mandatory in-house training of regulation 2600.183.d as it relates to this violation with all staff members in the facility.
The administrator or designee will conduct an in-house audit of all resident medications to verify that only current prescriptions are in the medication cart. The audit will review all medications on hand, their proper labeling, and their placement on the medication cart to ensure compliance with this regulation. Any discrepancies identified will be immediately addressed. The audit will begin on 1/20/2025 and will be completed by 1/27/2025.
Beginning 1/27/2025, the administrator or designee will conduct weekly random audits of medications for five randomly selected residents to verify that only current prescriptions are kept in the medication cart. The weekly audit will continue for six weeks and then monthly for 3 months to ensure continuous compliance and improvement.
Results of the audits will be reviewed at the Quality Management meeting.
Documentation of education associated with this plan of correction will be maintained.

Licensee's Proposed Overall Completion Date: *02/18/2025*

Implemented ([redacted] - 02/14/2025)

185a - Implement Storage Procedures

4. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 was prescribed Stimulant Laxitive 8.6mg/50mg – 2 capsules at bedtime. This medication was not available in the home on 12/17/24.

Resident #3 was prescribed the following medications:
Bisacodyl Suppositories 10mg – 1 every 4 days as needed for constipation
Milk of Magnesia 400mg/5ml – 30ml daily as needed for constipation
Fleet enema – 1 every 5 days as needed for constipation.

These medications were not available in the home on 12/17/24.

Plan of Correction ***Accept ([redacted] - 01/24/2025)***

The prescriber Stimulant Laxative 8.6mg/50mg was delivered by the pharmacy on 12/17/2024 for Resident #1.
The orders for Bisacodyl Suppositories 10mg, Milk of Magnesia 400mg/5ml and Fleet Enema for Resident #3 were discontinued by the physician on 12/17/2024.
On 1/10/2025 PCHA conducted mandatory in-house training of regulation 2600.185.a as it relates to this violation with all staff members in the facility.
The administrator or designee will conduct an in-house audit of all resident medications to verify that all ordered medications are available for distribution in the facility. Any discrepancies identified will be immediately addressed. This audit will begin on 1/20/2025 and will be completed by 1/27/2025.
Beginning 1/27/2025, the administrator or designee will conduct weekly random audits of medications for five randomly selected residents to verify that ordered medications are available for distribution. The weekly audit will continue for six weeks and then monthly for 3 months to ensure continuous compliance and improvement. Results of the audits will be reviewed at the Quality Management meeting.
Documentation of education associated with this plan of correction will be maintained.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: *02/18/2025*

Implemented (- 02/14/2025)

224a - Preadmission Screen Form

5. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on ; however, a preadmission screening was not completed for

Plan of Correction ***Accept (- 01/24/2025)***

The Preadmission Screening was completed for Resident #4 was completed on 12/18/2024.
On 12/18/2024 PCHA completed an in-house audit to confirm a Preadmission Screen form has been completed for each resident.
On 1/10/2025 PCHA conducted mandatory in-house training of regulation 2600.224.a as it relates to this violation.
On 1/15/2025, the PCHA audited each new admission since 12/18/2024 to confirm a Preadmission Screen form has been completed for each resident.
Beginning 1/16/2025, the PCHA or designee will audit each scheduled admission prior to the resident moving in to confirm the Preadmission Screen was completed within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.
The audit will continue for three months to ensure compliance and improvement. Results of the audits will be reviewed at the facility Quality Management meeting.
Documentation of education associated with this plan of correction will be maintained.

Licensee's Proposed Overall Completion Date: *02/18/2025*

Implemented (- 02/14/2025)