

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

January 31, 2025

[REDACTED]
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2024 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 CEDARS License #: 44624 License Expiration: 05/15/2025
Address: 4363 NORTHERN PIKE, MONROEVILLE, PA 15146
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 12/03/2024

Inspection Dates and Department Representative

12/03/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 87 Residents Served: 70
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 14
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 70
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 1

Inspections / Reviews

12/03/2024 Partial
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2025

01/10/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 01/31/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/15/2025

Inspections / Reviews (*continued*)

01/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/01/2025

01/31/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2025

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

On [redacted] at approximately 6:00 p.m., staff person A went to resident's room to provide care to resident [redacted] who is known to be combative during care. Staff person B came into resident [redacted] room along with staff person C. When resident [redacted] was combative and swung at staff person A, who was expecting this behavior, staff person B reportedly said to resident [redacted] "Why are you trying to attack someone trying to help you?" When resident [redacted] started screaming and called staff person B a [redacted], staff person B responded by calling the resident a [redacted] and saying, "Shut up or I will put a pillow over your face". Later that evening, staff person A notified staff person C, the medication technician on duty, about the incident. However, the allegation of abuse was not reported to the local Area Agency on Aging until [redacted] at 8:00 p.m.

Plan of Correction

Accept [redacted] - 01/14/2025)

- 1. Facility now reporting allegations and other reportables timely. Administrator immediately reviewed Pennsylvania's RCG and guidelines on reporting allegations of abuse as well as Concordia's abuse policy with all staff members on 1/13/2025. Documentation of education to be kept by Administrator.
- 2. Current patients have the potential to be affected. Grievance audits to be completed by Administrator to determine if other patients were affected by Monday 1/13/2025. Corrective action will be taken for any identified issues. Outcome of audit documentation to be kept by Administrator.
- 3. The administrator and/or designee will educate all staff on regulation 15a. by Tuesday 1/14/2025. Documentation of education to be kept by administrator. Staff Person B has since been terminated.
- 4. Administrator and/or designee to review internal incident reports on a daily basis to determine if AAA will need to be contacted in accordance to regulation 260 15.a beginning on Monday 1/13/2025.
- 5. Administrator and/or designee will conduct audits on filed grievances on a monthly basis. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 1/16/2025. The monthly audits will begin on 1/13/2025 and continue thereafter. Documentation to be kept by Administrator.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 01/31/2025)

16c - Written Incident Report

2. 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 6:00 p.m., staff person A went to resident's room to provide care to resident [redacted] who is known to be combative during care. Staff person B came into resident [redacted] room along with staff person C. When resident [redacted] was combative and swung at staff person A, who was expecting this behavior, staff person B reportedly said to resident [redacted] "Why are you trying to attack someone trying to help you?" When resident [redacted] started screaming and

16c Written Incident Report (continued)

called staff person B a [REDACTED] staff person B responded by calling the resident a [REDACTED] and saying, "Shut up or I will put a pillow over your face". Later that evening, staff person A notified staff person C, the medication technician on duty, about the incident. However, the incident was not reported to the Department until [REDACTED] at 2:30 p.m.

Plan of Correction

Accept [REDACTED] - 01/14/2025)

1. Facility now reporting allegations and other reportables timely to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours . Administrator immediately reviewed Pennsylvania's RCG and guidelines on reporting allegations of abuse as well as Concordia's abuse policy with all staff members on 1/13/2025. Documentation of education to be kept by Administrator.
2. Current patients have the potential to be affected. Grievance audits to be completed by Administrator to determine if other patients were affected by Thursday 1/16/2025. Corrective action will be taken for any identified issues. Outcome of audit documentation to be kept by Administrator.
3. The administrator and/or designee will educate all staff on regulation 2600 16c. by Friday 1/17/2025. Documentation of education to be kept by administrator. Staff Person B has since been terminated.
4. Administrator and/or designee to 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 to regulation 2600 16.c. beginning on Monday 1/13/2025.
5. Administrator and/or designee will conduct audits on filed grievances monthly. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 1/16/2025. The monthly audits will begin on 1/13/2025 and continue thereafter. Documentation to be kept by Administrator.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 01/31/2025)

42c - Treatment of Residents**3. Requirements**

2600.

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

Description of Violation

On [REDACTED] at approximately 6:00 p.m., staff person A went to resident's room to provide care to resident [REDACTED] who is known to be combative during care. Staff person B came into resident [REDACTED] room along with staff person C. When resident [REDACTED] was combative and swung at staff person A, who was expecting this behavior, staff person B reportedly said to resident [REDACTED] "Why are you trying to attack someone trying to help you?" When resident [REDACTED] started screaming and called staff person B a [REDACTED], staff person B responded by calling the resident a bitch and saying, "Shut up or I will put a pillow over your face".

On [REDACTED] during the 6:00 a.m. 2:30 p.m. shift, direct staff person E was providing incontinence care to resident [REDACTED]. Staff person B insisted on helping even after staff person E told [REDACTED] did not need assistance. Staff person B began attempting to roll resident [REDACTED] who became flustered and told staff person B to "hold on" because resident does not like to be rolled in that manner. Staff person B commented to resident [REDACTED] "You need to cooperate with us. You don't do this when your kids are here helping. You comply and cooperate, but you don't do that for us. You make it hard for us." Resident [REDACTED] replied, "I try to cooperate the best I can. It's the same if my kids are here or not." Staff person B disagreed with resident [REDACTED] saying, no, you don't. You do everything they say. I was here and I saw, and you're resisting us. You need to listen and stop resisting or my body's going to be in the bed with you. Staff person B then tried to force the

42c - Treatment of Residents (continued)

resident to roll again. Staff person E intervened and asked staff person B to stop touching the resident and staff person E finished the resident's incontinence care. A little while later, staff person E went back to check on resident [REDACTED] who was on the verge of tears. Resident [REDACTED] reported to licensing representatives that this exchange made resident [REDACTED] feel bad because [REDACTED] states that [REDACTED] always tries to assist as much as [REDACTED] can.

Plan of Correction

Accept [REDACTED] - 01/14/2025)

1. Staff member B was terminated immediately after report identified and internal investigation completed.
2. Current patients have the potential to be affected. The Administrator will conduct 15 interviews with residents to determine if they feel that they are being treated with dignity and respect and to determine if any other patients are affected by 1/17/2025. Corrective action will be taken for any identified issues. Documentation of these interviews will be kept by the Administrator.
3. The administrator and/or designee to educate all staff on regulation 42.c. by 1/14/2025. Staff person A has been terminated. Documentation of education to all staff to be kept by Administrator.
4. The administrator and/or designee will conduct 3 resident interviews per week beginning 1/13/2025, for one month. After that month, the administrator will conduct 3 resident interviews per month to ensure resident rights are protected and all residents are treated with dignity and respect. Documentation of the interviews will be kept by the Administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 1/16/2025 and then again at the next Quality Assessment and Assurance Committee meeting on 2/20/2025. Documentation of meetings will be kept by the Administrator.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [REDACTED] - 01/31/2025)

225c - Additional Assessment

4. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

According to direct care and management staff, resident [REDACTED] has a wound on [REDACTED] buttocks that has gotten worse lately. However, the resident's "status change" assessment completed [REDACTED] was not updated to include that the resident has a wound and what care is required to treat the wound. The assessment does not include contact information of the home health care agency that addresses the wound. The assessment only indicates that resident needs assistance with hygienic practices.

Plan of Correction

Accept [REDACTED] - 01/14/2025)

1. Administrator immediately updated the resident's wound need and added contact information and services provided from Concordia Visiting Nurses.
2. An Audit was conducted on 1/6/25 to ensure that all resident's significant change/ wound care needs were accurate, and all Home Health residents had contact information and services provided. No other residents were affected. Outcome of Audit will be kept by administrator
3. Assistant Administrator will be educated by Administrator on regulation 225c by 1/14/25. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct and audits of 5 RASP's weekly for one month, then a monthly audits

225c - Additional Assessment (continued)

of 3 RASP's to determine if facility is in compliance with regulation 225c. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 1/16/25. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented (█ - 01/31/2025)