

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

May 12, 2025

[REDACTED]
CONCORIDA OF MONROEVILLE
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2025, 03/04/2025 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: [Redacted] Issued By: *Hempfield TWP*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [Redacted]
 Reason: *Complaint, Incident* Exit Conference Date: *03/04/2025*

Inspection Dates and Department Representative

02/26/2025 - On-Site: [Redacted]
 03/04/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *106* Residents Served: *66*

Secured Dementia Care Unit
 In Home: *No* Area: [Redacted] Capacity: [Redacted] Residents Served: [Redacted]

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

02/26/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/29/2025*

04/11/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: *05/09/2025*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2025*

Inspections / Reviews *(continued)*

04/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/08/2025

05/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2025

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] and [redacted], the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by leaving the resident on the toilet for over 1 1/2 hours on 2/1/25. However, a written report of this allegation of abuse was not completed until [redacted].

On [redacted] and [redacted], the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by administering the resident on [redacted] an extra dosage of the medication [redacted]. However, a written report of this allegation of abuse was not completed until [redacted].

On [redacted] and [redacted], the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by on [redacted] the home using the resident's [redacted] on another resident. However, a written report of this allegation of abuse was not completed until [redacted].

On [redacted] and [redacted], the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by not seeking medical care soon enough on [redacted] and [redacted] after a fall resulting in a fracture of the left knee. However, a written report of this allegation of abuse was not completed until [redacted].

Plan of Correction

Accept ([redacted] 04/23/2025)

On 3/1/2025, PCHA provided training to all staff members on abuse and abuse reporting outlined in the RCGs, reporting to Westmoreland AAA, and Concordia's abuse reporting policies. Any allegations of abuse or neglect must be reported within 24 hours, along with documented records of the report. The Administrator or their designee will review incident reports and any verbally reported abuse within 24 hours and ensure that all allegations of abuse and neglect are reported to the appropriate agencies within that same timeframe. PCHA or its designee will be responsible for maintaining documentation of reported incidents. Staff training on abuse and neglect will be conducted monthly for three months and will continue randomly thereafter, with annual training sessions scheduled.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [redacted] - 05/12/2025)

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] and [redacted], the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by leaving the resident on the toilet for over 1 1/2 hours on 2/1/25. The home did not report this incident to the Department until [redacted].

16c Written Incident Report (continued)

On [redacted] and [redacted], the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by administering the resident on [redacted] an extra dosage of the medication [redacted]. The home did not report this incident to the Department until [redacted]

On [redacted] and [redacted], the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by on [redacted] the home using the resident's oxygen concentrator on another resident. The home did not report this incident to the Department until [redacted]

On [redacted] and [redacted] the local Area Agency on Aging was in the home to follow up on an allegation of care giver neglect of resident [redacted] by not seeking medical care soon enough on [redacted] and [redacted] after a fall resulting in a fracture of the left knee. The home did not report this incident to the Department until [redacted]

On [redacted], at 2:00 pm. resident [redacted] was given an extra dose/double dose of [redacted]. The home did not report this incident to the Department until [redacted].

Plan of Correction

Accept [redacted] 04/23/2025)

On 3/1/2025, PCHA provided training to all staff members on abuse and abuse reporting outlined in the RCGs, reporting to Westmoreland AAA, and Concordia's abuse reporting policies. Training also included reporting any listed reportable incidents and conditions to BHSL within 24 hours. Any allegations of abuse or neglect must be reported within 24 hours, along with documented records of the report. The administrator or their designee will review incident reports and any verbally reported abuse within 24 hours and ensure that all allegations of abuse and neglect are reported to the appropriate agencies within that same timeframe. PCHA or their designee will be responsible for calling the PCH complaint hotline within 24 hours and maintaining documentation of reported incidents. Staff training on abuse and neglect will be conducted monthly for three months and will continue randomly thereafter, with annual training sessions scheduled.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [redacted] 05/12/2025)

23a - Activities of Daily Living Assistance

3. 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

On [redacted] the assessment and support plan, dated [redacted], for resident [redacted] indicated the resident required assistance of 2 with transfers, and assist with toileting and hygiene. On [redacted] at 9:12 pm., resident [redacted] used [redacted] call bell for assistance with toileting. Staff did not respond to the call bell until 9:57 pm. (42 minutes).

On [redacted], the assessment and support plan, dated [redacted], for resident [redacted] indicated the resident required assistance with transfers, and assist with toileting and hygiene. On [redacted], at 11:57 am., resident [redacted] used [redacted] call bell for assistance with toileting. Staff did not respond to the call bell until 12:39 pm. (44 minutes).

23a - Activities of Daily Living Assistance (continued)

Plan of Correction

Accept () - 04/23/2025

On 3/1/2025, PCHA conducted staff training on 2600.23.a, providing each resident with assistance with ADLs as indicated in the resident's assessment and support plan. Staff were reeducated on call bell system procedures as well. Training will occur monthly for 3 months, randomly, and annually. PCHA and/or designee will complete random call bell audits daily for 1 week, weekly for 3 weeks, monthly for 3 months, and then randomly. PCHA and/or designee will address any call bell response issues immediately.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented () - 05/12/2025

186b - Medication Used by Resident

4. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On () at 12:00 am., resident () was administered () prescribed for and belonging to resident ()

Plan of Correction

Accept () - 04/23/2025

On 3/1/2025, PCHA conducted staff training on 2600.186.b, stating that prescription medications shall only be used by the resident for whom they were prescribed. PCHA reviewed the five rights of medication administration with all licensed and certified medical administration staff members. The facility's DME provider delivered () to the facility as of 2/20/2025. Staff were educated on the location of emergency tanks and oxygen tubing in case of an emergency by PCHA on 2/20/2025. They were also informed about contacting the medical provider to obtain an order for oxygen on the same date. PCHA and/or a designee will complete a weekly audit for three weeks, followed by three monthly audits, and then conduct random audits to ensure that all residents prescribed () have it available for their use according to their prescribed orders.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented () - 05/12/2025

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident () was prescribed (), take 1 tablet by mouth 3 times daily for pain at 0800,1400,

187b Date/Time of Medication Admin. (continued)

and 2100 (8:00 am., 2:00 pm., and 9:00 pm.). However, the February 2025 medication administration record (MAR) did not include the initials of the staff person who administered the [REDACTED] on [REDACTED], at 14:00.

Resident [REDACTED] was prescribed [REDACTED] instill 1 application in left eye at bedtime for left eye stye. The medication was discontinued on 1/4/25; however, the February 2025 MAR indicates the medication was administered on multiple days to include, [REDACTED] and [REDACTED].

Plan of Correction

Accept [REDACTED] 04/23/2025)

On 3/1/2024, PCHA conducted staff training on 2600.187.b. Staff administering medication shall record the time the medication is administered. PCHA reviewed the five rights of medication administration with all licensed and certified medical administration staff members. Additionally, PCHA educated staff on how to discontinue medications in the EMR and to do so immediately once a discontinue order is received.

PCHA or its designee will complete weekly audits for three weeks, monthly audits for three months, and random audits thereafter to ensure all discontinued medication orders are processed in the EMR immediately. This includes removing medications from the medication cart and resident rooms, and ensuring medications are administered at the prescribed time.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented ([REDACTED] - 05/12/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] was prescribed [REDACTED], take 1 tablet by mouth 3 times daily for pain at 0800,1400, and 2100 (8:00 am., 2:00 pm., and 9:00 pm.). However, staff interview indicated on [REDACTED], resident [REDACTED] was administered the medication, [REDACTED] at 8:15 am., 2:00 pm., 5:00 pm., and 11:38 pm.

Plan of Correction

Accept [REDACTED] - 04/23/2025)

On 3/1/2024, PCHA conducted staff training on 2600.187.d. Staff administering medication shall record the time the medication is administered. PCHA reviewed the five rights of medication administration with all licensed and certified medical administration staff members.

PCHA or its designee will complete weekly audits for three weeks, monthly audits for three months, and random audits thereafter, ensuring medications are administered at the prescribed time.

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [redacted] 05/12/2025)

225c - Additional Assessment

7. Requirements

2600.

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

- 1. Annually.

Description of Violation

On [redacted], resident [redacted] assessment, dated [redacted], indicates the resident is able to self administer medications. However, the resident's medical evaluation, dated [redacted] indicates the resident is not able to self administer medications.

Plan of Correction

Accept [redacted] 04/23/2025)

On 2/26/2025 Resident [redacted]'s assessment was reviewed and updated by MD provider to indicate that they are able to self administer medications.

On 3/1/2025, PCHA conducted staff training on 2600.225.c. Residents shall have additional assessments annually. During the training, PCHA reviewed specifics of DME and RASPs and highlighted the importance of ensuring that the residents' medical evaluations and support plans align with each other.

PCHA and/or its designee will complete audits of DME/RASPs weekly for three weeks, monthly for three months, annually, and randomly thereafter to ensure that residents' medical evaluations and support plans correspond with each other.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [redacted] 05/12/2025)

227g -Support Plan Signatures

8. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] support plan, dated [redacted], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident [redacted] support plan, dated [redacted] was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept [redacted] - 04/23/2025)

On 3/1/2025, PCHA conducted staff training on 2600.227.g. Individuals who participate in the development of the

227g Support Plan Signatures (continued)

support plan shall sign and date the support plan. PCHA reviewed each page of the resident support plan with staff members who contribute to completing the support plan and highlighted the importance of the resident signing the support plan. If the resident is unable to sign the support plan, then staff must indicate that the resident is unable to participate, declined to participate, refused to sign, or was unable to sign the support plan.

On 3/4/2025 PCHA reviewed resident [REDACTED] Support plan with them and had them sign their support plans.

PCHA and/or designee will complete a weekly audit of RASPs for 3 weeks, monthly for 3 months, annually, and randomly thereafter to ensure each support plan has a signature or indicates if the resident is unable to participate, declined to participate, refused to sign, or is unable to sign.

Licensee's Proposed Overall Completion Date: 05/07/2025

Implemented [REDACTED] - 05/12/2025)