

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

May 14, 2025

[REDACTED], ADMINISTRATOR
CONCORDIA LUTHERAN HEALTH AND HUMAN CARE
[REDACTED]

RE: CONCORDIA LUTHERAN
MINISTRIES - OERTEL BUILDING
615 NORTH PIKE ROAD
CABOT, PA, 16023
LICENSE/COC#: 42407

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2025 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 LUTHERAN MINISTRIES - OERTEL BUILDING* License #: *42407* License Expiration: *06/22/2025*

Address: *615 NORTH PIKE ROAD, CABOT, PA 16023*

County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH AND HUMAN CARE*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/24/2004* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

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

Reason: *Renewal* Exit Conference Date: *04/22/2025*

Inspection Dates and Department Representative

04/22/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *48*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*

Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*

Have Mobility Need: *10* Have Physical Disability: *1*

Inspections / Reviews

04/22/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2025*

05/07/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/13/2025*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/14/2025*

Inspections / Reviews *(continued)*

05/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/01/2025

05/14/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/13/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The resident privacy coding document, including the names of multiple residents, including resident #1 and resident #2, was attached to the licensing inspection summary (LIS), dated 4/8/24.

Plan of Correction

Accept () - 05/07/2025

Privacy Coding removed at time of inspection on 4/22/25 by Assistant Administrator. Education provided to DCS by Assistant Administrator that it is their responsibility to monitor that all residents information is kept confidential on a daily basis and every shift as part of their regular duties. DCS will ensure confidentiality of records are maintained and may not be accessible to anyone other than the resident, the resident's designated person if any daily as part of their regular duties each shift. Assistant Administrator/designee will monitor to ensure confidentiality of records are maintained starting 5/5/25 weekly for 4 weeks then monthly for 6 months starting June 1, 2025 through December 31, 2025. See attached.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented () - 05/14/2025

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's training record does not record the duration of multiple trainings conducted in 2024 to include: care for residents with dementia, resident's rights and emergency procedures.

Plan of Correction

Accept () - 05/08/2025

Training plan revised by Administrator on 5/6/25. Revised training plan includes duration of trainings. The revised staff training plan will be reviewed at our next "Risk management meeting" on Thursday May 8th 2025 at 10a.m., See attached.

Licensee's Proposed Overall Completion Date: 05/08/2025

Implemented () - 05/14/2025

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At approximately 10:53 a.m., the shared powder room in bedroom #207, does not have an operable window and the

86b - Bathroom (continued)

exhaust fan for ventilation is inoperable.

Plan of Correction

Accept () - 05/07/2025

Maintenance staff person replaced inoperable fan in resident bathroom #207 on 4/22/25 at 1pm. DCS will monitor fans in bathrooms as part of their regular job duties daily and on each shift to ensure bathroom fans are operable, if any concerns are discovered DCS will notify Maintenance staff to address immediately. DCS educated by Assistant Administrator on 5/6/25 that is their responsibility to monitor bathroom fans on a daily basis and every shift as part of their regular duties. Weekly audits will be completed by Administrator Assistant/designee for 5 weeks beginning 4/28/25 through week of 5/26/25 and then monthly for 6 months beginning June 1, 2025, through December 31, 2025. See attached.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented () - 05/14/2025

96a - First Aid Kit

5. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit did not include scissors and tweezers.

Plan of Correction

Accept () - 05/07/2025

Assistant Administrator placed scissors and tweezers in first aid kit on 4/22/25. DCS will monitor first aid kit as part of their duties every day, every shift to ensure all supplies are available. Education completed with staff by Assistant Administrator on supplies required in first aid kit. Assistant Administrator/designee will complete audits of first aid kits to ensure all required supplies are available for 5 weeks starting week of 4/28/25 through week of 5/26/25 and then monthly for 6 months beginning June 1, 2025, through December 31, 2025. See attached.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented () - 05/14/2025

103f - Refrigerator/Freezer Temps

6. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 11:11 a.m., the silver upright freezer located in the dry storage measured 11 degrees Fahrenheit.

At approximately 11:15 a.m., the walk-in freezer measured 11 degrees Fahrenheit.

Plan of Correction

Accept () - 05/07/2025

Maintenance staff person adjusted temperature 4/22/25 on stand up and walk-in freezers, temperatures decreased to 0 degrees Fahrenheit same day. Dietary staff were reeducated by Dietary manager on 4/24/25 that freezer temperatures must be monitored throughout shift daily and must remain at 0 degrees Fahrenheit or below and if

103f - Refrigerator/Freezer Temps (continued)

temperature is above 0 to notify dietary manager on duty immediately and document that manager was notified. Dietary Manager/designee will complete monitor weekly for 5 weeks starting week of 4/28/25 through week of 5/26/25 and then monthly for 6 months beginning June 1, 2025, through December 31, 2025. See attached.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (█) - 05/14/2025

103g - Storing Food

7. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

At approximately 11:15 a.m., the following items were opened and not sealed in the walk-in freezer:

- Large box ¾ full of garlic bread sticks
- Box containing Charbroil beef Salisbury Steak
- Box containing Chicken breast filets
- Large box ½ full of donuts

Plan of Correction

Accept (█) - 05/07/2025

Dietary staff removed and discarded unsealed and unlabeled food items from freezers 4/22/25. Dietary staff educated by dietary manager on 4/24/25 that any food items/boxes opened are to be labeled with the name of the item and the date it was opened at the time it was opened. The Dietary Manager/designee will monitor all freezers and dietary area to ensure compliance weekly for 5 weeks starting week of 4/28/25 through week of 5/26/25 then monthly for 6 months beginning 6/1/25 through 12/31/25. See attached.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (█) - 05/14/2025

121a - Unobstructed Egress

8. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 12:00 p.m., the door leading from the activity room to the emergency exit door, next to the porch, had a keypad locking mechanism built into the doorhandle. However, no code was posted nor was there any delay mechanism installed on this door.

Plan of Correction

Accept (█) - 05/07/2025

Maintenance staff person removed keypad locking mechanism from the door leading from the activity room to the emergency exit door, next to the porch on 4/23/25 and replaced with doorknob. Education was provided by Assistant Administrator that all key pads must have code posted. DCS and maintenance will monitor exit doors daily and every shift as part of their regular duties to ensure codes are posted. Assistant Administrator/designee will monitor Exit doors to ensure codes are posted. Assistant Administrator/designee will monitor weekly for 5 weeks beginning

121a - Unobstructed Egress (continued)

week of 4/28/25 through week of 5/26/25 and then monthly for 6 months starting 6/1/25 through 12/31/25. See attached.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (█ - 05/14/2025)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 was ordered Glargine Solution 100 unit/ml, inject 8 units subcutaneously in the afternoon at 1600; however, the label indicated inject 8 units at bedtime for diabetes.

Resident #1 was ordered Doxylamine Succinate tablet 25mg, give 12.5 mg by mouth at bedtime for insomnia; however, the label indicated Unisom tab 25mg, take ½ tab by mouth at bedtime every night.

Plan of Correction

Accept (█ - 05/07/2025)

Direction change sticker placed on Glargine solution label on 4/22/25 for Resident #3 by Unit Manager. Direction change sticker placed on Unisom label and order updated to indicate alternative medication name for Resident #1 by Assistant Administrator on 4/23/25. Starting 4/23/25 as part of their regular duties during each medication pass all LPN/M.T. will compare all prescribed orders with eMAR to ensure pharmacy label matches physician order on eMAR, if discrepancy noted, will notify MD and report to manager on duty. Education provided to MedTech's/LPNs on proper labeling of medications by Assistant Administrator. Assistant Administrator/designee will monitor residents' EMARs and medication orders monthly for 6 months starting 5/1/25 through 11/30/25 to ensure all prescribed orders match EMAR. See attached.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 05/14/2025)