

Department of Human Services
Bureau of Human Service Licensing

January 26, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: CONCORDIA OF CRANBERRY
10 ADAMS RIDGE BOULEVARD
MARS, PA, 16046
LICENSE/COC#: 44258

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/25/2021, 08/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *CONCORDIA OF CRANBERRY* License #: *44258* License Expiration: *01/31/2022*
Address: *10 ADAMS RIDGE BOULEVARD, MARS, PA 16046*
County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/12/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/26/2021*

Inspection Dates and Department Representative

08/25/2021 - On-Site: [REDACTED]

08/26/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *84* Residents Served: *66*

Secured Dementia Care Unit

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

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

08/25/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2021*

Inspections / Reviews *(continued)*

08/25/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/18/2021*

01/26/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/25/2021, at approximately 10:27a.m., the A-Hall "bathtique" door was not latched, leaving the attached laundry room unlocked and unattended. The cabinet above the sink in the laundry room contained a 22-ounce bottle of Resolve Pre-Treat and a 1-quart bottle of Comet disinfecting cleaner, both bearing labels indicating, "if ingested, contact a physician or poison control."

Not all residents on the home, including resident #1, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept

The A-Hall "Bathtique " door has an automatic closer and a handle that automatically locks when closed. On occasion the door jamb swells due to humidity and the door sticks in the jamb. Immediately the jamb was reinforced and lubricated so the door will close properly and automatically lock. Daily the maintenance director who is qualified to fix this type of issue will inspect the self closing/locking doors in the building to prevent accidental access into the laundry areas where laundry chemicals are stored.

Document Submission

Implemented

Maintenance director will fix and reported doors that are not closing and locking correctly.

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 8/25/2021, at approximately 9:37a.m., the end table nearest the door in the F-Hall common room was missing a drawer pull and had a screw protruding approximately 1/2 inch from the drawer face, posing a laceration hazard.

Plan of Correction

Accept

Immediately the drawer pull was reattached and secured to the end table in F hall. Maintenance and house keeping departments were instructed through a training (page 1 of pages sent with plan of correction) to inspect all furniture when cleaning/dusting. They will then report any loose or missing pulls/handles to the maintenance department for immediate repairs.

Document Submission

Implemented

Staff will report any missing pulls/handles to the maintenance department for repair.

186c - Change in Medications

1. Requirements

2600.

186c - Change in Medications (continued)

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On 8/23/2021, staff person A, LPN, received a verbal order from resident #2's physician to discontinue the resident's [REDACTED] however, the only documented reference to this order in resident #2's record indicates that the medication was "completed."

The Pennsylvania Department of State requires that "An oral order accepted by the LPN shall be immediately transcribed by the LPN in the proper place on the medical record of the patient. The transcription shall include the prescriber's name, the date, the time of acceptance of the oral order and the full signature of the LPN accepting the oral order."

Plan of Correction**Accept**

The staff member received the verbal order on 8/23/2021 and immediately discontinued/completed the MDs order for [REDACTED]. Completed and discontinued mean the same thing. The medication was stopped on 8/23/2021 as proved in pages 2 and 3 that i sent along with the plan of correction. The EMR we use (MyUnity) has two options to stop medication a discontinue button and a completed button. To prevent any confusion with in the future with DHS inspectors, all LPNs will be instructed to use only the discontinued button when receiving orders to stop a medication from the doctor.

Document Submission**Implemented**

Starting 1/25/22 any change in medications will be documented in the notes section of the resident's EMR. This will be implemented through a employee teaching form for the LPNs.

All change in medication orders are done by the LPN's receiving the MD orders and will be reviewed by the Resident Care Coordinator to ensure that the change was made. Moving forward, Concordia of Cranberry will be changing the EMR system from My Unity to Point Click Care and their is a built in auditing step after the change in medications has happened. The step is for conformation of the order.

187a - Medication Record**1. Requirements**

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy, if applicable.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).
 13. Date and time of medication administration.

187a - Medication Record (continued)

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is ordered [REDACTED], take 1 tab every 4 hours as needed for mild anxiety/restlessness/shortness of breath and take 2 tabs every 4 hours as needed for moderate to severe anxiety/restlessness/shortness of breath.

The August 2021 Medication Administration Record for resident #2 does not clearly differentiate between the strength and dose of the medication. The MAR entry for the Lorazepam order for moderate to severe anxiety/restlessness/shortness of breath indicates, "[REDACTED] tablet sublingual as needed every four hours."

Document Submission

Implemented

Was not a violation

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment for resident #1, dated [REDACTED], indicates that resident #1 is independent in numerous Activities of Daily Living (ADLs), to include bowel management and turning and positioning. Also, the assessment indicates that resident #1 requires only prompting and cueing for numerous additional ADLs, to include toileting and ambulating.

Resident #1 began receiving hospice services on 3/4/2021. The resident has undergone a significant change in condition and requires numerous personal care services that are not included on the resident's assessment and support plan, to include:

- Total staff assistance with all ADLs
- Frequent turning and positioning
- Use of a Broda Chair, a pressure reduction mattress and pillows, and numerous other assistive/adaptive devices
- Regular preventive skin care and heel elevation

Despite this significant change in condition, a new assessment has not been completed for resident #1.

Plan of Correction

Accept

The RASP was updated immediately and placed in the residents chart. The RASPs are completed by the RCC (Resident Care Coordinator). On 9/9/2021, The administrator will review all the RASPs done by the RCC in order to provide a second check/opinion to make sure the most up to date assessment/care plan is developed for each resident. After the RCC completes a draft of the the RASP, they will give to the administrator for review before finalizing and implementing the RASP.

Document Submission

Implemented

Administrator will assist in reviewing the RASP when the RCC has finished completing.

226a - Mobility Assessment

1. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident’s assessment.

Description of Violation

The assessment for resident #3, dated [REDACTED], indicates that the resident has minimal mobility needs; however, the support plan for resident #3, dated [REDACTED]. Indicates that the resident, "cannot safely transfer alone," and that the resident will receive staff assistance for both transferring and ambulation.

Plan of Correction

Accept

The residents mobility assessment was right on the RASP dated [REDACTED]. The resident's mobility need is Minimal Mobility. The resident can self transfer from bed or a chair into [REDACTED] wheelchair. The resident is alert and oriented x3 and would easily be able to explain that to the DHS inspector. The 5/13/2021 RASP was immediately reviewed and updated to clarify the residents mobility assessment. The resident "may" need assistance in transferring /ambulation and is capable of asking for assistance when/if needed. On 9/9/2021, The administrator will review all the RASPs done by the RCC in order to provide a second check/opinion to make sure the most up to date assessment/care plan is developed for each resident. After the RCC completes a draft of the the RASP, they will give to the administrator for review before finalizing and implementing the RASP.

Document Submission

Implemented

Administrator will assist in reviewing the RASP when the RCC has finished completing.