

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

February 21, 2025

[REDACTED], ADMINISTRATOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[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 12/10/2024 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 OF CRANBERRY* License #: *44258* License Expiration: *01/31/2025*
 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]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/23/1998* Issued By: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *81* Waking Staff: *61*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/10/2024*

Inspection Dates and Department Representative

12/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *84* Residents Served: *64*

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

Hospice
 Current Residents: *10*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

12/10/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/26/2024*

12/23/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/19/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/31/2024*

Inspections / Reviews *(continued)*

12/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/20/2025

02/21/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/19/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A, hired [REDACTED], completed 6 hours of the required 12 annual training hours.

Plan of Correction

Accept ([REDACTED] - 12/24/2024)

Immediate staff training was conducted to direct care staff person A by Resident Care Coordinator, [REDACTED] on the importance on the completion of mandatory annual training on 12/20/2024. All direct care staff will be monitored to make sure they have completed the 12 hours required by the state, by the Administrator, [REDACTED], or designee, and will sign dated training forms for the next three months ending on 3/20/25. Training will be conducted throughout the year to also include training on new system MedBridge for the year 2025 this will also be monitored by Administrator, [REDACTED] or designee monthly to end on 2/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented ([REDACTED] - 02/21/2025)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A, hired [REDACTED], did not receive the required annual training in training year 2023 in the following areas:

Medication self-administration training

Care for residents with dementia and cognitive impairments

Infection control

Personal care service needs of the resident

Safe management techniques

Plan of Correction

Accept ([REDACTED] - 12/24/2024)

Immediately, direct care staff person A was re educated on the importance of completing mandatory annual training by Resident Care Coordinator, [REDACTED] on 12/10/2024. Training topics to include Medication self administrating, care for residents with dementia and cognitive impairments, infection control, personal care

65f - Training Topics (continued)

service needs of the resident and safe management techniques, will be trained and monitored by the administrator, [REDACTED], or designee, monthly for the next three months ending 2/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented ([REDACTED] - 02/21/2025)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A, hired [REDACTED] did not receive the required annual training in training year 2023 in the following areas:

- Fire safety completed by a fire safety expert
- Resident Rights
- The Older Adult Protective Services Act
- Falls and accident prevention

Ancillary staff person B, hired [REDACTED] did not receive the required annual training in training year 2023 in the following areas:

- Fire safety completed by a fire safety expert
- Falls and accident prevention

Plan of Correction

Accept ([REDACTED] - 12/24/2024)

Immediate training was conducted to Ancillary staff person B on 12/19/2024 by Dining Service Manager/Cook, [REDACTED], to include Fire safety, and falls and accident prevention. Ancillary staff person B will be educated on the importance of completion of all mandatory trainings by Administrator, [REDACTED], and Administrator, [REDACTED], will monitor monthly trainings for the next three months to be completed by 2/20/2025. Trainings will include Falls and Accident prevention and Fire safety by a fire safety expert [REDACTED] or designee.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented ([REDACTED] - 02/21/2025)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bed belonging to resident #1 did not have a source of lighting that could be turned on/off from bedside.

Plan of Correction

Accept ([redacted] - 12/24/2024)

Director of Maintenance, [redacted] immediately placed a wall mounted lite source that could be turned on and off from bedside for resident #1, on 12/10/2024. Starting on 12/20/2024 all direct care staff will be re educated and monitor that all residents have a light source at beside as part of their everyday duties and report any abnormal findings for the next three months ending 2/20/25. Administrator, [redacted] and or designee will monitor monthly during monthly room rounds starting 12/20/2024 and ending in three months on 2/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented ([redacted] - 02/21/2025)

103c - Food Protected

5. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

Two bowls containing ice cream were uncovered in Hallway D's kitchenette freezer.

Plan of Correction

Accept ([redacted] - 12/24/2024)

Immediately on 12/10/2024 the two bowls of ice cream were removed by Food Service Director [redacted]. All dietary staff will be re educated by [redacted], on the proper storage of all food to protect from contamination while stored beginning 12/20/2024. Audits will be completed weekly by Food Service Director, [redacted] starting 12/20/24 and continued weekly for three months. Education on the proper storage and handling of food will be completed by administrator, [redacted] or designee by 2/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented ([redacted] - 02/21/2025)