

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/28/2025
NAME OF PROVIDER OR SUPPLIER Concordia at the Cedars		STREET ADDRESS, CITY, STATE, ZIP CODE 4363 Northern Pike Monroeville, PA 15146	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on observations, resident, and staff interviews, it was determined that the facility failed to assess and care plan for self-administration of medications for a cognitively intact resident who wished to do so for one of three residents (Residents R41).</p> <p>Findings include:</p> <p>Review of the facility policy Medication Administration dated 1/16/25, indicated to observe resident consumption of medication.</p> <p>Review of the clinical record indicated Resident R41 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of resident care needs) dated 12/11/24, included diagnoses of diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time) and heart failure (a progressive heart disease that affects pumping action of the heart muscles). Review of Section C: Cognitive Patterns revealed Resident R41 to be cognitively intact.</p> <p>During an observation on 2/27/25, at 10:19 a.m. Resident R41 was seated in bed. On his overbed table a medicine cup was observed, with a pill in it.</p> <p>During an interview on 2/27/25, at 10:25 a.m. Registered Nurse (RN) Employee E1 was asked if Resident R41 had been assessed and care planned for self-administration of medication, and she was unsure if he had, or what the process to do so would be. RN Employee E1 confirmed that Resident R41 is alert and oriented, and she usually doesn't have a concern about him taking his medication.</p> <p>Review of Resident R41's clinical record on 2/28/25, the day after the observation, revealed an assessment for self-administration of medication, and the care plan then updated to include goals and interventions for self-administration of medications.</p> <p>During an interview on 2/28/25, at approximately 12:15 p.m. the Director of Nursing confirmed the facility failed to assess and care plan for self-administration of medications for a cognitively intact resident who wished to do so for one of three residents.</p> <p>28. Pa. Code 211.12(d)(1)(2) Nursing services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31343</p> <p>Based on review of facility policy, review of facility provided documents, clinical records, and staff interview, it was determined that the facility failed to identify and/or investigate and/or report potential abuse for two of five residents (Resident R4 and R3).</p> <p>Findings include:</p> <p>Review of the facility policy Abuse, Neglect and Exploitation last reviewed on 1/16/25, indicated that it is the policy of the facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit abuse, neglect and exploitation and misappropriation of resident property. An investigation is warranted when suspicion of abuse, neglect, etc., occur. Written procedures include investigating different types of alleged violations. The facility will provide complete and thorough documentation of the investigation.</p> <p>Review of the clinical record indicated that Resident R4 was admitted to the facility on [DATE], with diagnoses which included dementia, abnormalities of gait and mobility and a stroke. A Minimum Data Set (MDS- periodic assessment of resident care needs) dated 11/19/24, indicated the diagnoses remained current.</p> <p>Review of a progress note dated 2/11/25, indicated Resident R4 developed a skin tear to her right lower extremity. The documentation indicated that the area was cleansed with saline, and a dry dressing was applied.</p> <p>Review of a skin observation tool dated 2/17/25, indicated a skin tear of Resident R4 right ankle measuring 1 cm x 0.8 cm which required Xeroform (mesh occlusive dressing impregnated with petroleum for use on low drainage wound that required non adhesion). The note indicated that staff stated she had the skin tear for over a week. No further documentation was available to determine an investigation into this injury.</p> <p>During an interview on 2/28/25, at 9:33 a.m., the Director of Nursing (DON), confirmed that the facility failed to thoroughly investigate the injury of unknown origin to determine the root cause and rule out potential for abuse.</p> <p>Review of the clinical record indicated that Resident R3 was admitted to the facility on [DATE], with diagnoses which included a heart attack and pacemaker insertion, kidney disease, diabetes and lung disease. A MDS dated [DATE], indicated the diagnoses remained current.</p> <p>Review of a facility provided document dated 1/29/25, indicated Resident R3 had developed multiple bruises of her right arm and a large bruise that wrapped around her right upper arm. The report indicated that the resident stated that she had the bruising for a long time and the facility could not identify a perpetrator.</p> <p>(continued on next page)</p>		

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 2/26/25, at 2:19 p.m., the DON stated that there was no further information that a the facility failed to determine the root cause and although the facility indicated they ruled out abuse and the information provided did not indicate a thorough investigation had been completed.</p> <p>28 Pa. Code: 201.14(c)(d)(e) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(2)(e)(1) Management.</p> <p>28 Pa. Code: 201.19 Personnel policies and procedures.</p> <p>28 Pa. Code: 201.20(a)(b)(c)(d) Staff development.</p> <p>28 Pa. Code: 201.29(a)(c)(d)(j)(m) Resident rights.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39311</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to make certain that residents were provided appropriate treatment and services to maintain bowel function for one of two residents (Resident R53).</p> <p>Findings include:</p> <p>Review of the clinical record revealed that Resident R53 was admitted to the facility on [DATE].</p> <p>Review of the Minimum Data Set (MDS - periodic assessment of care needs) dated 8/9/24, included diagnoses of atrial fibrillation (disease of the heart characterized by irregular and often faster heartbeat), traumatic brain injury (a disruption in the normal function of the brain), and history of a stroke. Section GG: Functional Abilities substantial/maximal assistance with toileting. Section H: Bladder and Bowel indicated that Resident R53 was occasionally incontinent of bowel.</p> <p>Review of the physician orders dated 11/7/24, indicated that Resident R53 had orders for:</p> <p>-Milk of magnesia, give 30 ml by mouth every 72 hours as needed for Constipation no bowel movement by the morning of the 3rd day (72 hours) AND Give 30 ml by mouth every 24 hours as needed for constipation.</p> <p>-Bisacodyl suppository, insert 10 mg rectally every 96 hours as needed for constipation, if MOM is unsuccessful no bowel movement by the morning of the 4th day (96 hours) AND Insert 10 mg rectally every 24 hours as needed for constipation.</p> <p>-Enema, insert 1 application rectally every 120 hours as needed for constipation, if suppository is unsuccessful no bowel movement by the morning of the 5th day (120 hours) AND Insert 1 application rectally every 24 hours as needed for constipation.</p> <p>Review of Resident R53's plan of care since admission failed to include goals and interventions related to bowel management and/or bowel continence.</p> <p>Review of Resident R53's plan of care for the use of psychotropic medications dated 11/28/24, indicated that Resident R53 will remain free of psychotropic drug related complications, including constipation.</p> <p>Review of Resident R53's bowel record, dated 11/23/24, at 1:59 p.m. through 11/30/24, at 9:29 p.m. (21 shifts) did not include documentation of a bowel movement.</p> <p>Review of Resident R53's medication administration record (MAR) failed to reveal any administrations of milk of magnesia, bisacodyl, or an enema from 11/23/24, through 11/30/24.</p> <p>Review of Resident R53's bowel record, dated 12/1/24 at 1:59 p.m. through 12/7/24, at 1:59 p.m. (18 shifts) did not include documentation of a bowel movement.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R53's MAR failed to reveal any administrations of milk of magnesia, bisacodyl, or an enema from 12/1/24, through 12/7/24.</p> <p>Review of Resident R53's bowel record, dated 12/15/24 at 9:35 p.m. through 12/22/24, at 1:07 p.m. (20 shifts) did not include documentation of a bowel movement.</p> <p>Review of Resident R53's MAR failed to reveal any administrations of bisacodyl or an enema from 12/15/24, through 12/22/24. One administration of milk of magnesia was administered on 12/21/24, at 10:20 a.m.</p> <p>Review of Resident R53's bowel record, dated 12/23/24 at 7:30 p.m. through 12/31/24, at 8:57 p.m. (23 shifts) did not include documentation of a bowel movement.</p> <p>Review of Resident R53's MAR failed to reveal any administrations of milk of magnesia, bisacodyl, or an enema from 12/23/24, through 12/31/24.</p> <p>Review of Resident R53's bowel record, dated 1/7/25 at 9:37 a.m. through 1/14/25, at 3:04 a.m. (19 shifts) did not include documentation of a bowel movement.</p> <p>Review of Resident R53's January MAR failed to reveal any administrations of milk of magnesia, bisacodyl, or an enema.</p> <p>Review of Resident R53's bowel record, dated 2/6/25 at 5:04 p.m. through 2/19/25, at 9:47 p.m. (33 shifts) did not include documentation of a bowel movement.</p> <p>Review of Resident R53's February MAR failed to reveal any administrations of milk of magnesia, bisacodyl, or an enema.</p> <p>During an interview on 2/28/25, at approximately 12:00 p.m. the Director of Nursing confirmed that the facility failed to administer medications to maintain bowel function for one of two residents.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> <p>28 Pa. Code 201.29(a) Resident rights.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies.</p> <p>28 Pa. Code:211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>31343</p> <p>Based on review of facility policy, manufacturers' instructions, observations, and staff interviews it was determined that the facility failed to prevent the potential for cross-contamination during medication administration for two of four residents (Resident R9 and R21).</p> <p>Findings Include:</p> <p>Review of the facility policy Medication Administration, last reviewed on 1/26/25, indicated that medications are administered in accordance with professional standards of practice in a manner to prevent contamination or infection.</p> <p>During a medication administration completed by Registered Nurse Employee E1 the following was observed:</p> <p>Three oral medication tablets for Resident R9 were removed from the cards into RN Employee E1's ungloved left hand then placed into medication cup.</p> <p>Two oral medications tablets for Resident R21 were removed from the cards into RN Employee E1's ungloved left hand then placed into medication cup.</p> <p>During an interview on 2/27/25, at 8:35 a.m., RN Employee E1 confirmed that she had removed the tablets and placed into ungloved hand allowing for the potential of cross contamination.</p> <p>During an interview on 2/28/25, at approximately 12:15 p.m. the Nursing Home Administrator and the Director of Nursing confirmed that the facility failed to prevent the potential for cross-contamination during medication administration for two of four residents.</p> <p>28 Pa. Code S201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code S201.18(b)(1)(3)(e)(1) Management.</p> <p>28 Pa. Code S201.20(c) Staff development.</p> <p>28 Pa. Code S201.29(d) Resident rights.</p> <p>28 Pa. Code S211.12(d)(1)(2)(3)(5) Nursing services.</p>