

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  396089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2025
NAME OF PROVIDER OR SUPPLIER  Concordia of the South Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  1300 Bower Hill Road Pittsburgh, PA 15243	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43725</b></p> <p>Based on review of clinical records, and staff interviews, it was determined that the facility failed to assess, document, and notify physicians of increased and decreased Capillary Blood Glucose (CBG) levels for two of seven residents reviewed (Residents R1, and R12)</p> <p>Findings include:</p> <p>The Centers for Disease Control defines diabetes as: Diabetes Mellitus is a chronic (long-lasting) health condition that affects how your body turns food into energy. Most of the food you eat is broken down into sugar (also called glucose) and released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy. If you have diabetes, your body either doesn't make enough insulin or can't use the insulin it makes as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, such as heart disease, vision loss, and kidney disease. Hypoglycemia is a condition that occurs when blood glucose is lower than normal, usually below 70 milligrams per deciliter (mg/dl). If left untreated, hypoglycemia may lead to weakness, confusion, unconsciousness, arrhythmias and even death. People with Diabetes Mellitus may be prescribed injectable insulin to assist in maintaining acceptable levels of CBG's. Hyperglycemia, or high blood glucose, occurs when there is too much sugar in the blood. This happens when your body has too little insulin. Hyperglycemia is blood glucose greater than 125 mg/dL while fasting (not eating for at least eight hours, or a blood glucose greater than 180 mg/dL one to two hours after eating. If you have hyperglycemia and it 's untreated for long periods of time, you can damage your nerves, blood vessels, tissues and organs. Damage to blood vessels can increase your risk of heart attack and stroke, and nerve damage may also lead to eye damage, kidney damage and non-healing wounds.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses that included diabetes, legal blindness (severe visual impairment that cannot be corrected with glasses or contacts), and high blood pressure.</p> <p>Review of Resident R1 Minimum Data Set (MDS - a mandated assessment of a resident's abilities and care needs) dated 1/29/25, indicated the diagnoses remain current.</p> <p>Review of Resident R1 physician ' s order revealed the following orders:</p> <p>(continued on next page)</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- An order dated 5/9/24, oral hypoglycemia protocol: If blood glucose is less than 70 mg/dl and resident is able to swallow, administer 4 ounces (oz) of high-calorie shake; if unable to swallow follow emergency glucagon order, recheck blood glucose level in 15 minutes. If blood glucose remains below 70, contact MD (doctor).</p> <p>- An order dated 5/9/24, accu-check every 15 minutes as needed for signs and symptoms of low blood sugar. If blood glucose is less than 70 mg/dl and resident is able to swallow, administer 4 ounces (oz) of high-calorie shake, recheck blood glucose level in 15 minutes, if unable to swallow - administer glucagon per MD order.</p> <p>- An order dated 5/9/24, glucagon emergency injection kit 1 mg give if blood glucose less than 70 and resident unable to swallow/unconscious. recheck blood glucose in 15 minutes, if less than 70 (after glucagon administration) call 911.</p> <p>- An order dated 5/30/24, Humalog (fast-acting insulin that starts to work about 15 minutes after injection, peaks in about 1 hour, and keeps working for 2 to 4 hours) 4 units in morning, hold if accucheck less than 70.</p> <p>- An order dated 12/2/24, Humalog 4 units before lunch and dinner.</p> <p>- An order dated 12/2/24, Humalog sliding scale 341-400 = 6 units.</p> <p>- An order dated 10/15/24, glargine (long-acting type of insulin that works slowly, over about 24 hours) 12 units in the morning.</p> <p>- An order dated 10/15/24, glargine 8 units at 6 pm (resident's preferred time).</p> <p>Review of the clinical record, and electronic Medication Administration Record (eMAR) revealed that the resident's CBG's were as follows:</p> <p>- On 12/8/24, at 6:33 a.m. the CBG was noted to be 58.</p> <p>- On 2/5/25, at 6:34 a.m. the CBG was noted to be 60.</p> <p>Review of the care plan dated 1/8/24, indicated the following interventions: Provider follow up as needed. Resident will receive medications as ordered. Staff will cue resident to comply with measures to maintain blood sugars within desired range. Staff will evaluate resident for sign and symptoms of hyper-/hypoglycemia.</p> <p>Review of Resident's eMAR and clinical progress notes indicated the resident was not assessed for hypoglycemia, the blood glucose was not monitored for effectiveness of treatment, staff failed to follow interventions of the care plan, and the physician was not notified of abnormal results on the above listed dates.</p> <p>Review of a clinical record indicated Resident R12 was admitted to the facility on [DATE], with diagnoses that included diabetes, high blood pressure, and anxiety.</p> <p>Review of the MDS dated [DATE], indicated the diagnoses remain current.</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 R12 physician ' s orders revealed the following orders:</p> <ul style="list-style-type: none"> <li>- An order dated 12/26/24, oral hypoglycemia protocol: If blood glucose is less than 70 mg/dl and resident is able to swallow, administer 4 ounces (oz) of high-calorie shake; if unable to swallow follow emergency glucagon order, recheck blood glucose level in 15 minutes. If blood glucose remains below 70, contact MD (doctor).</li> <li>- An order dated 12/26/24, accu-check every 15 minutes as needed for signs and symptoms of low blood sugar. If blood glucose is less than 70 mg/dl and resident is able to swallow, administer 4 ounces (oz) of high-calorie shake, recheck blood glucose level in 15 minutes, if unable to swallow - administer glucagon per MD order.</li> <li>- An order dated 12/26/24, glucagon emergency injection kit 1 mg give if blood glucose less than 70 and resident unable to swallow/unconscious. recheck blood glucose in 15 minutes, if less than 70 (after glucagon administration) call 911.</li> <li>- An order dated 2/10/25, Humalog sliding scale 0-70 = 0 units initiate hypoglycemic protocol; 451-999 = call MD.</li> <li>- An order dated 12/26/24 through 3/24/25, glargine 35 units at bedtime.</li> <li>- An order dated 3/24/25, glargine 40 units at bedtime.</li> </ul> <p>Review of the clinical record, and electronic Medication Administration Record (eMAR) revealed that the resident's CBG's were as follows:</p> <ul style="list-style-type: none"> <li>- On 3/9/25, at 3:57 p.m. the CBG was noted to be 521.</li> <li>- On 3/10/25, at 5:52 a.m. the CBG was noted to be 65.</li> <li>- On 3/21/24, at 11:23 a.m. the CBG was noted to be 549.</li> <li>- On 3/28/24, at 10:23 p.m. the CBG was noted to be 591.</li> </ul> <p>Review of the care plan dated 8/13/24, indicated the following interventions: Provider follow up PRN (as needed). Resident will received medications as ordered. Staff will evaluate resident for signs and symptoms of hyper-/hypoglycemia.</p> <p>Review of Resident R12's eMAR and clinical progress notes indicated the resident was not assessed for hyperglycemia, failed to follow interventions of the care plan, blood sugar was not rechecked, and the physician was not notified of abnormal results.</p> <p>During an interview on 4/4/25, at 9:15 a.m. Licensed Practical Nurse (LPN) Employee E1 stated she would follow the ordered sliding scale. If the reading was low, she would give juice or a snack, recheck the blood glucose and call the doctor. If the reading was high, she would call the doctor for orders, recheck the blood glucose, and document.</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>During an interview on 4/4/25, at 9:45 a.m. LPN Employee E2 stated she would follow the sliding scale, and if there was not a sliding scale , she would follow facility policy.</p> <p>During an interview on 4/4/25, at 10:45 a.m. the Director of Nursing confirmed the facility failed to notify the doctor of a change in condition, failed to document an assessment or interventions used related to blood glucose, and failed to follow physicians orders for Residents R1 and R12. She stated the facility does not have policies regarding diabetic care of the residents, the facility follows nursing standards of below 70 and greater than 400, unless otherwise ordered.</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 201.29(d) Resident Rights</p> <p>28 Pa. Code 211.10 (c)(d) Resident Care policies</p> <p>28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services</p>		