

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CONCORDIA LUTHERAN MINISTRIES, INC.

LEGAL ENTITY

To operate CONCORDIA AT RIDGEWOOD PLACE

NAME OF FACILITY OR AGENCY

Located at 1460 RENTON ROAD, PITTSBURGH, PA 15239

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 75  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 15, 2011 until April 15, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430040

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 14 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Maryjane L. Mertz, Director  
Concordia Lutheran Ministries, Inc.  
Concordia at Ridgewood Place  
1460 Renton Road  
Pittsburgh, Pennsylvania 15239

Dear Ms. Mertz:

As a result of the Department of Public Welfare's licensing inspection on March 15, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA AT RIDGEWOOD PLACE, 1460 RENTON ROAD PITTSBURGH, PA 15239		CURRENT LICENSE NUMBER 430040	Region	
INSPECTION DATES (Include all dates of the inspection) 03/15/2011		REGIONAL REPRESENTATIVE Dennis Repon, Joseph Phillips, Jon Kimberland		APR 07 2011
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARYJANE M. MERTZ</i>			Adult Residential Licensing	
SIGNATURE OF LEGAL ENTITY <i>Maryjane L. Mertz</i>	DATE 4-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jon B. Kimberland</i>	DATE 4-8-11	

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65d Direct care staff persons hired after April 24, 2008, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Direct care staff person A, started work on 9/20/10, and began providing unsupervised ADL services. Staff person A, has not completed the Department-approved direct care training and passed the competency test.	3-16-11  4-1-11	65d We tried to obtain this employees certification from her last facility on four occasions. Each time the Administrator said she would send it but never did to date. This employee was made to take another test. This certificate is enclosed along with her First Day training info and her 80 hour department specific info. She has never worked alone because our midnight shift always works in two's.  All employees are monitored and do not work alone until the test is passed. This was an unusual circumstance.  A QA study is currently in process to Reflect employee training.	4-8-11 ✓

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NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA AT RIDGEWOOD PLACE, 1460 RENTON ROAD PITTSBURGH, PA 15239		CURRENT LICENSE NUMBER 430040	Region <b>Western Region</b>
INSPECTION DATES (Include all dates of the inspection) 03/15/2011		REGIONAL REPRESENTATIVE Dennis Ropon, Joseph Phillips, Jon Kimberland	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>MARYJANE L. MERTZ</b>		APR 07 2011 <small>Adult Residential Licensing</small>	
SIGNATURE OF LEGAL ENTITY <i>Maryjane L. Mertz</i>	DATE 4-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual		4-25-11	Orientation First Day Training Attached.  The Administrator or designee will check all current staff person records to ensure all staff persons complete the required training under 2600.650 prior to providing unsupervised ADL services. 4-8-11	

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Western Region

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<i>MARIJANE L. MERTZ</i> SIGNATURE OF LEGAL ENTITY			
DATE 4-5-11		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.			Training Records attached	

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Adult Residential Licensing  
only unless multiple

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA AT RIDGEWOOD PLACE, 1460 RENTON ROAD PITTSBURGH, PA 15239		CURRENT LICENSE NUMBER 430040
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARJANE L. MERTZ</i>		
SIGNATURE OF LEGAL ENTITY <i>Marjane L. Mertz</i>	DATE <i>4-5-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  <i>6 4-8-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			Training Records attached	

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Adult Residential License

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA AT RIDGEWOOD PLACE, 1460 RENTON ROAD PITTSBURGH, PA 15239		CURRENT LICENSE NUMBER 430040
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SIGNATURE OF LEGAL ENTITY <i>Maryjane L. Mertz</i>	DATE 4-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 4-8-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #2's medical evaluation, dated 11/9/10, was not signed by the physician that completed the evaluation.	4-1-11	Resident #2 - The medical evaluation signed by her physician is attached.	Steps have been taken to correct violation; full compliance is not verifiable 4-8-11 Date Initials (DPW)
	Resident #3's medical evaluation, dated 7/28/10, does not include a medication regimen.	4-4-11	Resident #3 - Nursing and physicians were educated on the importance of completing the forms for physician orders and typed med. A list may be attached as long as the MD signature is present on the sheet. We will not write "see MAR". MD's were asked to complete medication regimen card to use current date, Acknowledging the importance of proper documentation.	
	Resident #4's medical evaluation, dated 2/8/11, does not include a medication regimen.	4-4-11	Resident #4 - Had a list attached to the medical evaluation. MD notified and is completing with a signature. Staff and MD educated on proper documentation and requirements.	

Nurse Manager will review on a weekly basis to ensure all information is correct.

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SIGNATURE OF LEGAL ENTITY <i>Maryjane L. Mertz</i>	DATE <i>4-5-11</i>		DATE <i>4-8-11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			Answered on 141a previous page	

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARIWANE L. MERTZ</i>			
SIGNATURE OF LEGAL ENTITY <i>Mariwane L. Mertz</i>	DATE 4-5-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 4-8-11

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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1, admitted on 2/12/11 does not have a support plan completed.	4-1-11	227a Resident # 1 – Resident support plans are attached.  Staff will be re-educated on when and how to properly fill out required forms. 4-7-11.  The Nurse Manager is doing weekly monitors On material in the resident chart.	4-8-11 <i>g</i>