



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 09 2017

Ms. Carol A. Strejcek
Executive Director
Concordia Lutheran Ministries, Inc.
1460 Renton Road
Pittsburgh, Pennsylvania 15239

RE: Concordia at Ridgewood Place
License #: 430040

Dear Ms. Strejcek:

As a result of the Department of Human Services' annual licensing inspection on February 16, 2017 and February 17, 2017, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA AT RIDGEWOOD PLACE		License Number: 43004
Address: 1460 RENTON ROAD, PITTSBURGH, PA 15239		County: Allegheny
Administrator: Carol Sirejcek		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES INC		
Legal Entity Address: 1460 RENTON ROAD, PITTSBURGH, PA 15239		RECEIVED
Certificate(s) of Occupancy I-2 08/11/2010 Borough of Plum		MAR 30 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 73	Working Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/16/2017: Grace, Desmond; Sulherland, Brent; Hoover, Douglas; Mulck, Cindy 02/17/2017: Grace, Desmond; Sulherland, Brent		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 75 Number of Residents Served: 62 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents In past year: 8	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 61 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 2	

Violation Report: 43004 - 02/16/2017 - Grace, Desmond
PCH Name: CONCORDIA AT RIDGEWOOD PLACE

MAR 30 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The 2 common bathrooms next to the salon on the home's lower level do not have an operable, outside window and the ventilation was inoperable on 2/16/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A NEW MOTOR, WHICH CONTROLLED THESE FANS, WAS INSTALLED.

MAINTENANCE WILL PUT MONITORS IN PLACE TO ENSURE ALL BATHROOMS IN THE FACILITY HAVE AN EXHAUST FAN THAT IS OPERABLE AND IN GOOD WORKING ORDER.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Stretzer

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CAROL STRETZER - ADMINISTRATOR

Date 3-28-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/2/17
(Date)

Plan of correction implementation status as of 10/2/17
(Date)

- Fully Implemented *BS*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by BS
(Initials)

MAR 30 2017

Violation Report: 43004 - 02/16/2017 - Grace, Desmond
PCH Name: CONCORDIA AT RIDGEWOOD PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION

The home is not licensed as a secured dementia care unit. The home has 2 stairwells that lead to emergency exits and both of the doors on the first floor and both of the doors on the second floor leading to the stairwells were locked by a delayed magnetic lock and a keypad with the code posted to immediately unlock the doors on 2/16/17 and 2/17/17. The lower level of the home has 2 emergency exits that were locked by a delayed magnetic lock and a keypad with the code posted to immediately unlock the doors on 2/16/17 and 2/17/17. The home does not have any written approval or a variance from the Department of Labor and Industry, the Department of Health, or the appropriate local building authority for these devices.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

THE LOCAL BUILDING AUTHORITY WAS NOTIFIED TO SCHEDULE AN INSPECTION TO APPROVE KEY PADS AND DELAYED EGRESS TO ALL DOORS USED FOR EGRESS. AFTER INSPECTION AND APPROVAL IS GIVEN, A COPY OF THE APPROVAL LETTER WILL BE SUBMITTED TO THE DEPARTMENT OF HUMAN SERVICES AS WELL AS BEING POSTED IN A CONSPICUOUS AREA FOR STAFF, RESIDENTS AND FAMILIES TO VIEW.

On 9/26/17, the home submitted an updated certificate of occupancy from the borough of Plum, dated 9/20/17, indicating written approval of the security door installation. BB 10/2/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Stretzke

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CAROL STRETZKE - ADMINISTRATOR

Date 3-28-17

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(Date)

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(Date)

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- Not Implemented

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(Initials)

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Violation Report: 43004 - 02/16/2017 - Grace, Desmond
PGH Name: CONCORDIA AT RIDGEWOOD PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident # 1's medical evaluation, dated 1/10/17, did not indicate height and body positioning/movement. These sections were blank.
Resident #2's medical evaluation, dated 1/17/17, did not indicate height and body positioning/movement. These sections were blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

MEDICAL EVALUATION FOR BOTH RESIDENT 1 AND RESIDENT 2 WERE UPDATED AND SENT TO THEIR PCP FOR SIGNATURE.
COMPLETE MEDICAL EVALUATION AUDIT PERFORMED ON ALL CURRENT RESIDENTS AND MONITORS PUT IN PLACE TO ENSURE EACH FORM IS FILLED OUT IN ITS ENTIRETY.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carol Streyck*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CAROL STREYCK - ADMINISTRATOR* Date *3-28-17*

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The above plan of correction was approved by BB (Initials)

Plan of correction implementation status as of 10/2/17 (Date)

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Violation Report: 43004 - 02/16/2017 - Grace, Desmond
PCH Name: CONCORDIA AT RIDGEWOOD PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Preservision Lutein 228 mg-200 units 5mg-0.8mg twice per day and the label did not indicate the dosage.

Resident #3 is ordered Preservision 14320 units-226mg-200 units capsule by mouth daily and the label did not indicate the dosage.

Resident #5 is ordered phenobarbital 15 mg by mouth at bedtime and the label indicated 16.2 mg. Resident #5 is ordered Preservision Areds 7160 units-1113mg-100 units daily and the label did not indicate the dosage.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

STICKER, INDICATING A CHANGE IN DIRECTION, WAS PLACED ON RESIDENT #1 PRESERVISION LUTEIN, RESIDENT #3 PRESERVISION AND RESIDENT #5 PHENOBARBITAL

NURSE RECEIVING MEDICATION WILL BE RESPONSIBLE FOR ENSURING ALL REQUIRED INFORMATION IS ON ALL MEDICATIONS
NURSE MANAGER WILL PERFORM MEDICATION AUDITS TO CHECK FOR ACCURACY.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Carol Strejcek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *CAROL STREJCEK - ADMINISTRATOR* Date *3-28-17*

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Plan of correction implementation status as of 10/2/17 (Date)

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Violation Report: 43004 - 02/16/2017 - Grace, Desmond
PCH Name: CONCORDIA AT RIDGEWOOD PLACE

MAR 30 2017

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

WEST HENRIETTA FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2's initial assessment, dated [redacted] 17, did not include enjoyment of group activities or non-participation in solitary or group activities. These sections of the assessment were blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

AN ADDENDUM WAS ADDED TO RESIDENT #2 INITIAL ASSESSMENT THAT INCLUDED GROUP ACTIVITIES RESIDENT PARTICIPATES IN AND INDICATING THAT THE RESIDENT DOES PARTICIPATE IN GROUP AND/OR SOLITARY ACTIVITIES SO THAT SECTION DOES NOT APPLY.
NURSE MANAGER WILL AUDIT ASSESSMENT AND SUPPORT PLANS TO ENSURE ACCURACY AND THAT ALL AREAS ARE ADDRESSED

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carol Street

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

CAROL STREET - ADMINISTRATOR

Date 3-28-17

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