



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2018

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' Licensing annual licensing inspection February 15, 2018 and February 16, 2018, 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 STREJECK		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES INC		
Legal Entity Address: 1460 RENTON ROAD, PITTSBURGH, PA 15239		RECEIVED
Certificate(s) of Occupancy		APR 06 2018
I-2 08/11/2010 Borough of Plum	I-2 09/20/2017 Borough of Plum	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/15/2018: Flinger-Alman, Lisa; Cutter, Jan 02/16/2018: Flinger-Alman, Lisa; Cutter, Jan		
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: 54 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: 5 Number of Hospice Residents in past year: 26	Number of Residents who: Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 1	

APR 06 2018

Violation Report: 43004 - 02/15/2018 - Flinner-Alman, Lisa

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 Ultram 50mg, 1 tablet three times daily, however, the medication label indicates Tramadol 50mg, 1 tablet three times daily.

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.

Resident #1 was discharged prior to receiving violation report.

A complete medication audit was performed by the Administrator and nurse manager to ensure both brand and generic names are on the medication administration record of All current residents

Nurse manager or designee will complete monthly audits to monitor and ensure All Medications have both brand and generic names listed on the medication administration record.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/16/2017 et al
-----------------------	-----------------------------------	------------------

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol Strojcek* Date *4/04/2018*

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

The above plan of correction is approved as of 4/12/18 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 4/12/18 (Date)

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

Violation Report: 43004 - 02/15/2018 - Flinner-Alman, Lisa
PCH Name: CONCORDIA AT RIDGEWOOD PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Midodrine HCL 10mg, 1 1/2 tablets three times daily. The medication administration record indicates the dosage is 10mg tablet (15mg), three times daily.

Resident #2 is ordered Zoloft 100mg, 2 tablets daily. The medication administration record indicates the dosage is 100mg tablet (200mg), 1 time daily.

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.

Resident #1 discharged prior to receiving violation report.
 I DO NOT feel Resident #2 medication record is a violation due to the dosage being listed in parentheses.
 Attachment #1 (a)-(c) is included to show the order was discontinued and re-written to include the amount of tablets to take as well as mg.
 A complete medication audit was performed by the Administrator and nurse manager to ensure accuracy of orders

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

Signature of Legal Entity Representative (Required on EVERY Page)	
--	--

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

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

The above plan of correction is approved as of 4/12/18
(Date)

Plan of correction implementation status as of 4/12/18
(Date)

The above plan of correction was approved by [Signature]
(Initials)

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

Violation Report: 43004 - 02/15/2018 - Flinner-Alman, Lisa
 PCH Name: CONCORDIA AT RIDGEWOOD PLACE

APR 05 2018

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The assessment, dated 1/15/18, for resident #1 does not include the diagnoses of GERD, constipation, chest pain, and atrial fibrillation that are indicated on the medical evaluation, dated 1/2/18.

The assessment, dated 4/6/17, for resident #2 does not include the diagnosis of depression that is indicated on the medical evaluation, dated 2/14/17.

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.

Resident #1 was discharged from the facility before the violation report was received.

A resident assessment update was done to include the diagnosis of depression and what plan will be used to meet this diagnosis for resident #2.

See Attachment #2.

Each resident assessment will be reviewed and compared with the medical evaluation by either the administrator or nurse manager before finalizing the support plan to ensure accuracy.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Carol Strojcek* Date *4/4/2018*

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

The above plan of correction is approved as of 4/12/18 (Date)

Plan of correction implementation status as of 4/12/18 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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

APR 06 2018

Violation Report: 43004 - 02/15/2018 - Flinner-Alman, Lisa
PCH Name: CONCORDIA AT RIDGEWOOD PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Correction fluid was used under the balance section of resident #3's record of financial transactions, dated 11/17/17, and \$160.00 was written on top over it.

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.

Resident #3's remaining cash was counted by the Administrator and compared with the financial transaction ledger to ensure accuracy. Business office manager was educated on regulation 2600.251(b)

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>Carol Strzelecki</i>
--	-------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Carol Strzelecki	4/4/2018

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

The above plan of correction is approved as of <u>4/12/18</u> (Date)	Plan of correction implementation status as of <u>4/12/18</u> (Date)
The above plan of correction was approved by <u><i>CS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43004 - 02/15/2018 - Flinner-Alman, Lisa
PCH Name: CONCORDIA AT RIDGEWOOD PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION

The home's policies and procedures for record accessibility does not include where the records are stored or who is responsible for them.

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 buildings policy on records storage was updated to show exact location of medical records and who is responsible for them.
See Attachment # 3(a)-(d)


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* Date *4/4/18*

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

The above plan of correction is approved as of 4/12/18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 4/12/18
(Date)

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