



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 04 2019

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's Bureau of Human Services Licensing annual inspection on February 11, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations 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.

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](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,

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report

**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 Strejcek		Region: WEST
Legal Entity Name: CONCORDIA LUTHERAN MINISTRIES INC		
Legal Entity Address: 1460 RENTON ROAD, PITTSBURGH, PA 15239		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 04/17/2000 Dept of L&I	I-2 08/11/2010 Plum Borough	I-2 09/20/2017 Plum Borough
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 81	Waking Staff: 61
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/11/2019: Klein, Scott; Barry, Courtney; Bartlett, Patricia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 75 Number of Residents Served: 60 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: 6 Number of Hospice Residents in past year: 20	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 60 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 0	

Violation Report: 43004 - 02/11/2019 - Klein, Scott  
 PCH Name: CONCORDIA AT RIDGEWOOD PLACE

1. REGULATION 55 Pa.Code §2600  
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION  
 The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires an approved carbon monoxide alarm be installed at every care facility not less than 15 feet from any fossil fuel-burning device or appliance. At approximately 11:35 a.m a carbon monoxide detector was located in the following areas, approximately 4 feet from a fossil fuel burning emergency generator in the mechanical room and within approximately 6 feet of an industrial gas laundry dryer in the laundry room.

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 CARBON MONOXIDE DETECTOR IN QUESTION, WAS MOVED AND NOW MEETS MANUFACTURER RECOMMENDATIONS OF PLACING DEVICE 15 FEET FROM ANY FOSSIL FUEL-BURNING DEVICE OR APPLIANCE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 2/27/2019
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2/27/19</u> (Date)	Plan of correction implementation status as of <u>2/27/19</u> (Date)
The above plan of correction was approved by <u><i>ES</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>g</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43004 - 02/11/2019 - Klein, Scott  
 PCH Name: CONCORDIA AT RIDGEWOOD PLACE

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual support plan completed on 12/20/18 indicates an update on 2/8/19 to include a Foley catheter, perform catheter care daily and continuous Oxygen at 2 L via nasal cannula. However, the support plan does not indicate the frequency or responsible party for the resident's care needs.

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'S SUPPORT PLAN WAS CORRECTED AND SHOWN TO THE DEPARTMENT INSPECTOR THE DAY OF INSPECTION (2-11-2019) ADMINISTRATOR OR DESIGNEE WILL AUDIT CURRENT SUPPORT PLANS AND MONITOR TO ENSURE COMPLIANCE. STAFF RE-EDUCATED THAT ALL SUPPORT PLANS MUST INDICATE FREQUENCY AND RESPONSIBLE PARTY FOR ALL RESIDENT CARE NEEDS. SEE ATTACHMENT #1  
 THE ELECTRONIC SUPPORT PLAN UPDATE FORM HAS BEEN REVISED/UPDATED, TO INCLUDE FREQUENCY AND RESPONSIBLE PARTY. SEE ATTACHMENT #2

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Carol Streetek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CAROL STREETEK</i>	Date <i>2/27/2019</i>
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The above plan of correction is approved as of 2/27/19  
 (Date)

Plan of correction implementation status as of 2/27/19  
 (Date)

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

The above plan of correction was approved by *eg*  
 (Initials)