



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: cstrejcek@concordialm.org

MAILING DATE: April 20, 2020

Mr. Michael Falbo
Secretary/Treasurer
Concordia Lutheran Health and Human Services
134 Maplewood Road
Cabot, Pennsylvania 16023

RE: Concordia at Ridgewood Place
1460 Renton Road
Pittsburgh, Pennsylvania 15239
License #430040

Dear Mr. Falbo:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 27, 2020, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *CONCORDIA AT RIDGEWOOD PLACE*
Address: *1460 RENTON ROAD,, PITTSBURGH, PA 15239*
County: *ALLEGHENY* Region: *WESTERN*

License Number: *43004*

Administrator

Name: Phone: *4127981855* Email: *BHORTERT@CONCORDIALM.ORG*

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES INC*
Address: *1460 RENTON ROAD, PITTSBURGH, PA, 15239*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *75* Waking Staff: *56*

Inspection

Type: *Full* BHA Docket #: Notice:
Reason:

Inspection Dates and Department Representative

02/27/2020 - On-Site: Karen Georgoulis, Joe Evegés, Cindy Mulick

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *58*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

20b3 - Written Receipts

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home provides financial management of the personal need's funds for resident #1. The homes Resident Trust Account dated 10/1/19 to 12/31/19 and AR Transaction Report 1/2020 through 2/2020 indicates the transactions made of personal needs funds. However, the home did not obtain the resident signature for the expenditures made by the resident or on the residents behalf from his/her personal needs funds, to include withdrawals for payment for health insurance premiums, Legend Pharmacy copays and barber.

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.)

See Page 2A of 5

Legal Entity Representative

Carol Strojcek
Signature

Carol Strojcek Administrator
Printed Name and Title

4-10-20
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 4/14/2020
(Date)

Plan of correction implementation status as of 4/14/2020
(Date)

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

- Implemented
- Not Implemented

20b3 – Written Receipts

Plan of Correction (POC)

Home immediately met with resident #1 and explained that he would need to agree to Concordia paying a bill/invoice when he receives one, with his signature/mark beside each payment transaction.

Educated Business manager as to regulation and procedure Concordia at Ridgewood will follow to ensure compliance.

Each month an invoice will be presented to resident #1 and he will need to agree to pay each charge and sign beside each transaction.

See Attachment's #1- #5

Carol Strzycek

Carol Strzycek - Administrator 4/10/2020

4/14/2020

CS

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contract for Resident #2, dated 11/21/19, was not signed by the payer. The payer is not the resident.

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.)

See Page 3A of 5

Legal Entity Representative

Carol Streycek
Signature

Carol Streycek Administrator 4-14-20
Printed Name and Title Date

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25b – Contract Signatures

Plan of Correction (POC)

On 3/31/2020, Payor of resident #2 hand signed the contract. See Attachment #6A - #6I

All Current contracts were audited by the Administrator on 3/02/2020 to ensure all signatures required were on the contract for the remaining current residents.

The Admissions department was educated on required signatures, stating that the contract shall be signed by the administrator or a designee, resident and the payer, if different from the resident.

The contracts of the new admissions will be reviewed for required signatures after their admission by the administrator or designee.

See Attachment #7

Carol Strepell Carol Strepell Administrator 4/10/2020

4/14/2020



95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 2/27/2020, at approximately 11:00 a.m., the bed halo attached to resident #1's bed in bedroom #108, is not properly secured to the bed frame. The bed halo moves back and forth approximately 4" to 5" on the bed frame.

On 2/27/2020, the foam stripping at the walk-in shower is ripped and there is an approximate 14" section that is pulling away from the floor in the common bath/shower room of room #208 on the second floor.

On 2/27/2020, the right side of the double fire door next to room# 213 does not latch when released from the wall. The top latch does not engage.

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.)

See Page 4A of 5

Legal Entity Representative

Carol Strojcek
Signature

Carol Strojcek Administrator
Printed Name and Title

4-10-20
Date

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95 – Furniture and Equipment

Plan of Correction (POC)

Resident #1 Bed Halo was secured day of inspection on 2/27/2020. Bed halos/enablers will be monitored by staff daily and on each shift as part of their regular duties, making sure all bed halos/enablers are in good repair, clean and free of hazards beginning 4/10/2020

Foam strip in walk in shower was removed day of inspection on 2/27/2020. All Staff re-educated to monitor to ensure furniture and equipment are in good repair, clean and free of hazards daily and on each shift as part of their regular duties beginning 4/10/2020.

The latch on the fire door was adjusted day of inspection on 2/27/2020. All staff were re-educated beginning 4/10/2020 to monitor daily and each shift as part of their regular duties to ensure all furniture and equipment are in good repair, clean and free of hazards. The fire expert will monitor to ensure fire door is engaging during monthly fire drills.

See teaching/re-education attachment #8

Carol Strojcek *Carol Strojcek Administrator* *4/10/2020*

4/14/2020



121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 2/27/2020, at approximately 10:00 a.m., the emergency exit door at the back stairwell across from room #125 does not open. The door has a Mag lock with a 15 second delay and keypad with a wander guard. However, the door would not open without a keypad code. There was no alarm and no delay release.

On 2/27/2020, the emergency exit receiving door, off the kitchen on the lower level took great force for the sensor to begin the 15 second delay sequence. Light pressure did not activate the delayed release.

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.)

See Page 5A of 5

Legal Entity Representative

Carol Strejcek
Signature

Carol Strejcek Administrator
Printed Name and Title

4-10-20
Date

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121a – Unobstructed Egress

Plan of Correction (POC)

The company that installed the keypads with the delayed release mag locks came and serviced the emergency exit door across from Room #125 and exit receiving door on 2/28/2020.

Daily Audits will be conducted by Maintenance staff or designee to ensure all exit doors with a keypad are functioning correctly and egress routes from rooms and from the building are unlocked and unobstructed.

Carol Strojcek Carol Strojcek Administrator 4/10/2020