

Department of Human Services  
Bureau of Human Service Licensing

April 5, 2022

[REDACTED]  
CONCORDIA LUTHERAN HEALTH & HUMAN CARE  
134 MARWOOD ROAD  
CABOT, PA, 16023

RE: CONCORDIA AT RIDGEWOOD  
PLACE  
1460 RENTON ROAD  
PITTSBURGH, PA, 15239  
LICENSE/COC#: 43004

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *CONCORDIA AT RIDGEWOOD PLACE* License #: *43004* License Expiration: *06/17/2022*  
 Address: *1460 RENTON ROAD, PITTSBURGH, PA 15239*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *4127981855* Email: [REDACTED]

**Legal Entity**

Name: *CONCORDIA LUTHERAN HEALTH & HUMAN CARE*  
 Address: *134 MARWOOD ROAD, CABOT, PA, 16023*  
 Phone: *4127981855* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *09/20/2017* Issued By: *Plum Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/27/2021*

**Inspection Dates and Department Representative**

*12/27/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *75* Residents Served: *57*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *6*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *55*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *11* Have Physical Disability: *0*

**Inspections / Reviews**

**12/27/2021 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/15/2022*

**02/11/2022 - POC Submission**

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/14/2022*

04/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

44e - Complaint Submission

1. Requirements

2600.

44.e. Within 2 business days after the submission of a written complaint, a status report shall be provided by the home to the complainant. If the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report must indicate the steps that the home is taking to investigate and address the complaint.

Description of Violation

On 11/12/21 a written complaint regarding resident #1 was filed with the home. The home did not provide a status report within 2 business days to the complainant.

Plan of Correction

Accept

On 11/12/2021 a complaint was filed by a resident's family member with the administrator. On Monday, November 15th, Executive Director, [REDACTED], responded to the family's complaint via a telephone call and email. At that time, a resolution was reached. Another follow up phone call was scheduled for 12/3/2021 to inform family of what kind of camera can be used in the resident's room.

Attached is our policy of following up on a complaint.

Moving forward, the attached Grievance/Complaint form will be used to document any concerns brought forward to have a record of the concern, but also to demonstrate a timely response within the required timeframe. Education will be done with staff on this form and the timeframe of completion by 2/15/2022.

All concerns will be summarized as part of our quarterly process improvement and audited for timely follow up by the administrator or designee each quarter.

Completion Date: 02/15/2022

Document Submission

Implemented

Documents Submitted.

44f - Written Decision

1. Requirements

2600.

44.f. Within 7 days after the submission of a written complaint, the home shall give the complainant and, if applicable, the designated person, a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the name of the affected resident removed, unless contraindicated by the support plan.

Description of Violation

On 11/12/21, a written complaint regarding resident #1 was filed with the home. The home did not provide a written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint within 7 days after submission by the complainant.

Plan of Correction

Accept

On 11/12/2021 a complaint was filed by a resident's family member with the administrator. On Monday, November 15th, Executive Director, [REDACTED] responded to the family's complaint via a telephone call and email. At that time, a resolution was reached. Another follow up phone call was scheduled for 12/3/2021 to inform family of what kind of camera can be used in the resident's room.

Attached is our policy of following up on a complaint.

Moving forward, the attached Grievance/Complaint form will be used to document any concerns brought forward

44f - Written Decision (continued)

to have a record of the concern, but also to demonstrate a timely response within the required timeframe. Education will be done with staff on this form and the timeframe of completion by 2/15/2022. All concerns will be summarized as part of our quarterly process improvement and audited for timely follow up by the administrator or designee each quarter.

The home will continue to utilize the complaint/grievance form and continue to monitor to ensure that the person filing the complaint/grievance receives a written response within the allotted time frame.

Completion Date: 02/15/2022

Document Submission

Implemented

Documents Submitted/attached.

227c - Support Plan Revision

1. Requirements

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.

Description of Violation

Resident #1’s support plan, dated [redacted], indicates “Staff to assist with toileting care. Staff to take resident to the toilet every 2 hours at family request.” However, resident #1 is ordered a toileting program every 2 to 3 hours while awake, toilet every 2 hours while awake, walk to bathroom each time and back to wheelchair.

Resident #1’s support plan, dated [redacted], indicates “Staff to assist with toileting care. Staff to take resident to the toilet every 2 hours at family request.” However, the support plan indicates a frequency of ‘daily’ and the resident’s physician has ordered toileting every 2 hours while the resident is awake.

Plan of Correction

Accept

On 12/28/2021, the support plan was updated by the administrator to state that staff will take the resident to the toilet every 2 hours. Please see attachment.

Attached is a RASP audit/monitoring form to ensure that the RASP is being followed.

Education will be done with staff on this form and the timeframe of completion by 2/15/2022.

Completion Date: 02/15/2022

Document Submission

Implemented

Documents Submitted/attached.