

Department of Human Services
Bureau of Human Service Licensing

May 9, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]

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 03/03/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

May 6, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

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 licensing inspections on 03/03/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

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: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/20/2017* Issued By: *Borough of Plum*
Type: *I-2* Date: *08/11/2010* Issued By: *Borough of Plum*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *03/04/2022*

Inspection Dates and Department Representative

03/03/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *50*

Secured Dementia Care Unit

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

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

03/03/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/19/2022*

Inspections / Reviews (*continued*)

05/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/06/2022*

05/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/10/2022*

05/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There was no lock on the door to the bathroom in room #108. This room is occupied by 2 residents.

Plan of Correction

Accept

To ensure privacy for each resident, Administrator and/or Director of Maintenance will monitor weekly to ensure that locks are working and properly functioning. See attached form.

Completion Date: 05/06/2022

Document Submission

Implemented

Documentation attached.

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation for resident #1, dated [REDACTED], was not signed by the physician who completed the evaluation.

Plan of Correction

Accept

Resident Care Coordinators and Administrator will monitor DME's for signatures. timeliness and dates weekly. Administrator will monitor all DME updates and initial evals for accuracy, timeliness and signatures.

Completion Date: 05/06/2022

Document Submission

Implemented

Documentation attached.

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department’s support plan form.

Description of Violation

The support plan for resident #1, dated [REDACTED] does not address how the home will meet the resident's needs regarding the ongoing treatment of the resident's pressure sores the resident had upon admission.

Plan of Correction

Accept

Resident #1 RASP was updated the day of inspection on 3/4/2022. Nursing staff was re-educated on the RASP process. RASPS of all current residents will be reviewed for completeness, timeliness and accuracy by Resident Care Coordinators and Administrators by 5/10/2022. They will continue to be monitored as needed. Administrator will review all RASPS prior to implementation of the update/initial RASP. See attachments.

Completion Date: 05/10/2022

227a - Support Plan 30 Days (*continued*)

Document Submission

Implemented

Documentation attached.