

Department of Human Services
Bureau of Human Service Licensing

June 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 04/06/2022, 04/07/2022, 04/18/2022 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
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *CONCORDIA AT RIDGEWOOD PLACE* License #: *43004* License Expiration: *06/17/2023*
Address: *1460 RENTON ROAD, PITTSBURGH, PA 15239*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/17/2000* Issued By: *L & I*
Type: *I-1* Date: *09/20/2017* Issued By: *Borough of Plum*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *04/18/2022*

Inspection Dates and Department Representative

04/06/2022 - On-Site: [REDACTED]
04/07/2022 - On-Site: [REDACTED]
04/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *48*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *7* Have Physical Disability: *0*

Inspections / Reviews

04/06/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2022*

05/23/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/25/2022*

06/03/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/09/2022*

06/09/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

20b3 - Written Receipts

1. Requirements

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 and is the representative payee for resident #1. The home does not obtain the resident's signature for the receipt of the cash disbursements made from the residents funds indicated in the residents quarterly report for the period 1/1/21 to 3/31/22, including:

- * A withdrawal of [REDACTED], for Withdrawal for Expenditures incontinent supplies.
- * A withdrawal of [REDACTED], for Withdrawal for Expenditures – Apply to ledger.
- * A withdrawal of [REDACTED], for Withdrawal for Expenditures – Incontinent products.

Plan of Correction

Do Not Accept

Home met with resident #1 regarding the expenditures and explained that she would need to agree to Concordia paying a bill/invoice when she receives one, with her signature beside each payment transaction. Educated business office manager as to regulation and procedure Concordia at Ridgewood Place will follow to ensure compliance. Each month an invoice will be presented to resident and she will need to agree to pay each charge and sign beside each transaction. Please see attachment of re-education.

Completion Date: 05/06/2022

Plan of Correction

Directed

Home met with resident #1 regarding the expenditures and explained that she would need to agree to Concordia paying a bill/invoice when she receives one, with her signature beside each payment transaction. Educated business office manager as to regulation and procedure Concordia at Ridgewood Place will follow to ensure compliance. Each month an invoice will be presented to resident and she will need to agree to pay each charge and sign beside each transaction. Please see attachment of re-education.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall ensure the home obtains a written receipt from the resident for cash disbursements at the time of disbursement for any resident the the home provides financial management or holds resident funds. 6/3/22 JK

Completion Date: 05/06/2022

Document Submission

Implemented

Home met with resident #1 regarding the expenditures and explained that she would need to agree to Concordia paying a bill/invoice when she receives one, with her signature beside each payment transaction. Educated business office manager as to regulation and procedure Concordia at Ridgewood Place will follow to ensure compliance. Each month an invoice will be presented to resident and she will need to agree to pay each charge and sign beside each transaction. Please see attachment of re-education.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator or designated staff person shall ensure the home obtains a written receipt from the resident for cash disbursements at the time of disbursement for any resident the the home provides financial management or holds resident funds. 6/3/22 JK

20b3 - Written Receipts (continued)

See attached.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/18/22 at approximately 10:30 a.m., Room #216 had a used catheter bag in a grey wash bin with some remains of a yellowish/brownish liquid. The grey bin was on the white shower chair inside the shower stall.

Plan of Correction

Do Not Accept

Staff were re-educated on 5/06/2022 regarding sanitary conditions. Please see attached re-education.

Completion Date: 05/06/2022

Plan of Correction

Directed

Staff were re-educated regarding sanitary conditions. Please see attachment. Nursing staff will do daily walk throughs of building to ensure sanitary conditions are being met.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person shall audit the home weekly to ensure compliance with regulation 2600. 85(a) 6/3/22 JK

Completion Date: 05/06/2022

Document Submission

Implemented

Staff were re-educated regarding sanitary conditions. Please see attachment. Nursing staff will do daily walk throughs of building to ensure sanitary conditions are being met.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person shall audit the home weekly to ensure compliance with regulation 2600. 85(a) 6/3/22 JK

See attached.

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 4/6/22, an approximate 4" piece of the corner guard is broken off from the bottom left side of the framing around the elevator wall on the lower level. Approximately 11" of the corner guard is sticking out approximately 3/4" from the frame.

On 4/18/22, at approximately 10:30 a.m., there was a crack, measuring approximately 6" across the front lip of the fiberglass shower stall, where the resident's step to get in/out of shower.

Plan of Correction

Do Not Accept

On the day of inspection 4/06/2022, the corner guard was immediately fixed. The corner guard was removed from the elevator wall.

88a - Surfaces (continued)

The crack on the front lip of the fiberglass shower staff, was fixed on 4/20/2022 by Iovino Tuba and Spa Repair. A new walk in shower was put in the resident's bathroom.

Completion Date: 04/20/2022

Plan of Correction

Directed

On the day of inspection 4/06/2022, the corner guard was immediately fixed. The corner guard was removed from the elevator wall.

The crack on the front lip of the fiberglass shower staff, was fixed on 4/20/2022 by Iovino [REDACTED] and [REDACTED] Repair. A new walk in shower was put in the resident's bathroom.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person shall audit the home weekly to ensure compliance with regulation 2600. 88(a) 6/3/22 JK

Completion Date: 05/06/2022

Document Submission

Implemented

On the day of inspection 4/06/2022, the corner guard was immediately fixed. The corner guard was removed from the elevator wall.

The crack on the front lip of the fiberglass shower staff, was fixed on 4/20/2022 by Iovino [REDACTED]. A new walk in shower was put in the resident's bathroom.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person shall audit the home weekly to ensure compliance with regulation 2600. 88(a) 6/3/22 JK

See attached.

121a - Unobstructed Egress

1. Requirements

2600.

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

Description of Violation

The emergency exit doors on the first floor (2A) by room #101 and (2B) by room #125 on the other side of the building, have delayed magnetic locks with a keypad. Posted on the door "EMERGENCY EXIT ONLY". When the push bar is engaged there is a three second delay, the alarm will sound for 15 seconds, and the door will unlock. On 4/6/22, between approximately 10:12 a.m. and 10:25 a.m., the magnetic locking system malfunctioned on both doors. They remained locked until the code posted next to the keypad was manually entered.

The emergency exit door (1A) on the lower level, was malfunctioning. On 4/6/22, at approximately 10:50 a.m., when the push bar was engaged with normal pressure the locking mechanism did not operate, no alarm sounded. However, when force was applied on the push bar, the alarm went off and released the locking mechanism after 15 seconds and the door opened.

Plan of Correction

Do Not Accept

A weekly check was implemented by the Director of Maintenance to ensure that the doors are working properly.

121a - Unobstructed Egress (continued)

On 4/06/2022 day of inspection, a repairman immediately came out and the doors were in proper working order. Please see attachment of weekly audit sheet.

Completion Date: 05/06/2022

Plan of Correction

Accept

A weekly check was implemented by the Director of Maintenance to ensure that the doors are working properly. On 4/06/2022 day of inspection, a repairman immediately came out and the doors were in proper working order. Please see attachment of weekly audit sheet.

Completion Date: 05/06/2022

Document Submission

Implemented

A weekly check was implemented by the Director of Maintenance to ensure that the doors are working properly. On 4/06/2022 day of inspection, a repairman immediately came out and the doors were in proper working order. Please see attachment of weekly audit sheet.

See attached.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 4/7/22, there was an expired bottle of [redacted] with an expiration date of August, 2021, prescribed for resident #2 in the med cart.

Plan of Correction

Do Not Accept

Re-education on prescriptions was provided on 05/06/2022. The medication that was expired was not given to the resident at any point. A new bottle of medication was ordered from the pharmacy and delivered on the day of inspection on 04/07/2022. Please see attachment of re-education.

Completion Date: 05/06/2022

Plan of Correction

Directed

Re-education on prescriptions was provided on 05/06/2022. The medication that was expired was not given to the resident at any point. A new bottle of medication was ordered from the pharmacy and delivered on the day of inspection on 04/07/2022. Please see attachment of re-education.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person shall audit the home weekly to ensure compliance with regulation 2600. 183(d) 6/3/22 JK

Completion Date: 05/06/2022

Document Submission

Implemented

Re-education on prescriptions was provided on 05/06/2022. The medication that was expired was not given to the resident at any point. A new bottle of medication was ordered from the pharmacy and delivered on the day of inspection on 04/07/2022. Please see attachment of re-education.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person

183d - Prescription Current (continued)

shall audit the home weekly to ensure compliance with regulation 2600. 183(d) 6/3/22 JK

See attached.

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED] subcutaneously three times daily (8:00 a.m., 11:00 a.m. 4:00 p.m.) per sliding scale: 70-140=0 units; 141-180=3 units; 181-220=6 units; 221-260=9 units; 261-300=12 units; 301-340=15 units; 341-450=18 units; >450, notify attending MD.
On 4/3/22, a 4:00 p.m., resident #3's glucometer indicated a blood glucose level of 399 requiring 18 units of insulin per sliding scale. However, a blood glucose level of 388 was documented in the April 2022 Medication Administration Record (MAR) and 9 units of insulin was administered. The MAR exception indicated, "Error wrong BSR was 399 and documented as 388." "Resident would only take 9 units."

Plan of Correction

Do Not Accept

Staff was give re-education regarding following the directions of the prescriber. Re-education occurred on 05/06/2022. Please see the attachment.

Completion Date: 05/06/2022

Plan of Correction

Directed

Staff was give re-education regarding following the directions of the prescriber. Re-education occurred on 05/06/2022. Please see the attachment. Nursing staff will review medications as necessary to ensure that all prescriber's orders are being followed.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person shall audit all staff persons administering medications once a week for four (4) weeks to ensure the home's procedures for medication administration are followed. 6/3/22 JK

Completion Date: 05/06/2022

Document Submission

Implemented

Staff was give re-education regarding following the directions of the prescriber. Re-education occurred on 05/06/2022. Please see the attachment. Nursing staff will review medications as necessary to ensure that all prescriber's orders are being followed.

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator of designated staff person shall audit all staff persons administering medications once a week for four (4) weeks to ensure the home's procedures for medication administration are followed. 6/3/22 JK

See attached.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1’s assessment, dated [REDACTED], formal supports does not include the name or contact number of the hospice agency providing services to the resident. The resident is assessed with no special dietary needs. However, on 4/4/22, hospice ordered a mechanical soft diet for the resident that is not addressed in the resident’s assessment.

Plan of Correction

Accept

Resident #1 RASP was updated the day of inspection on 4/18/2022. 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 on an ongoing basis. See attachments.

Completion Date: 04/18/2022

Document Submission

Implemented

Resident #1 RASP was updated the day of inspection on 4/18/2022. 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 on an ongoing basis. See attachments.

See attached.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4’s assessment, dated [REDACTED], does not include the name and contact information of the hospice agency providing services in the Formal Supports.

Plan of Correction

Accept

Resident #1 RASP was updated the day of inspection on 4/18/2022. 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 on an ongoing basis. See attachments.

Completion Date: 04/18/2022

Document Submission

Implemented

Resident #1 RASP was updated the day of inspection on 4/18/2022. 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 on an ongoing basis. See attachments.

See attached.