

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

November 29, 2023

[REDACTED], ADMINISTRATOR  
CONCORDIA LUTHERAN HEALTH & HUMAN CARE  
[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 11/15/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** CONCORDIA AT RIDGEWOOD PLACE      **License #:** 43004      **License Expiration:** 06/17/2024

**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:** [REDACTED]

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/17/2000      **Issued By:** L&I

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 64      **Waking Staff:** 48

**Inspection Information**

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

**Reason:** Renewal      **Exit Conference Date:** 11/15/2023

**Inspection Dates and Department Representative**

11/15/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 75      **Residents Served:** 53

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 10

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 52

**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 11      **Have Physical Disability:** 0

**Inspections / Reviews**

11/15/2023 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/30/2023

Inspections / Reviews *(continued)*

11/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 12/01/2023

11/29/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/13/2023

11/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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

At 10:30am, the 2 exit doors leading from common dining room to the outside patio were locked with a deadbolt.

REPEAT VIOLATION: 4/6/2022, et. al.

Plan of Correction

Directed ( [REDACTED] - 11/29/2023)

Doors were immediately unlocked, doors will be checked daily by maintenance staff to make sure they are shut. Locks and deadbolt were removed from door., locks removed on 11/21/23 and deadbolts removed on 11/27/23 by maintenance director Andrew Fernandez. Doors cannot be locked from inside or outside. Maintenance staff will complete check on doors on daily safety rounds and document if doors would be obstructed as an exit path. This was implemented on 11/21/23. (DIRECTED: During the daily rounds, all stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be checked to ensure they are unlocked and unobstructed. LM 11/29/23). Documentation of daily check on doors by maintenance staff will be maintained for at least 2 months. Maintenance supervisor Andrew Fernandez provided staff education that doors are to be shut but never locked and that these doors cannot be blocked. Education completed on 11/27/23 and ongoing until 11/29/23. All staff will be provided training by 11/29/23. (DIRECTED: Documentation of staff education shall be kept in accordance with 2600.65i. LM 11/29/23). See attached photos. See attachment for education signoff and documentation of daily checks completed.

Proposed Overall Completion Date: 11/29/2023

Directed Completion Date: 12/13/2023

Implemented ( [REDACTED] - 11/29/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED] tablet by mouth once daily; however, [REDACTED] tablets are present in the home and being administered to resident #1.

REPEAT VIOLATION: 4/6/2022, et. al.

Plan of Correction

Directed ( [REDACTED] - 11/29/2023)

Incorrect medication dosage was removed and new medication was ordered and was brought in for resident that evening. Direct care staff- nurses and med techs will review any over the counter medication for proper name, medication dosage and that it is assigned to the correct resident and that it matches the prescribers order. Nurses and med techs educated on 187.d on 11/27/23 for following the orders of the prescriber. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 11/29/23). See attached

187d Follow Prescriber's Orders (continued)

education provided and signoff for medication training. Weekly medication cart audits are completed by nursing supervisor Tabatha McKendree, LPN. She will audit 5 different residents each week for at least 2 months. Weekly audits have been ongoing but were implemented for POC on 11/21/23. (DIRECTED: Documentation of the weekly audits shall be kept. [REDACTED] 11/29/23). This will be completed to ensure that correct over the counter medication is provided especially if supplied from family or outside pharmacy. Audits will continue for at least 2 months. See attached audits completed.

Proposed Overall Completion Date: 12/01/2023

Directed Completion Date: 12/13/2023

Implemented [REDACTED] - 11/29/2023)