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

October 29, 2025

[redacted]
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[redacted]

RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/22/2025 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 THE CEDARS* **License #**: *44624* **License Expiration**: *05/15/2026*

Address: *4363 NORTHERN PIKE, MONROEVILLE, PA 15146*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *08/19/1998* **Issued By**: *Department of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *79* **Waking Staff**: *59*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *09/22/2025*

Inspection Dates and Department Representative

09/22/2025 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *87* **Residents Served**: *69*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *69*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *10* **Have Physical Disability**: *3*

Inspections / Reviews

09/22/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/11/2025*

10/14/2025 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/28/2025*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/24/2025*

Inspections / Reviews *(continued)*

10/29/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/28/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

81a - Accomodation

1. Requirements

2600.
81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

At approximately 9:45 AM, there were numerous tripping hazards present throughout resident [redacted] bedroom, to include piles of dirty laundry, numerous laundry baskets containing dirty clothing and various debris lying on the floor creating unsafe movement for resident [redacted] Resident [redacted] currently uses a wheelchair and a rollator wheeled-walker for assistance with mobility needs.

Plan of Correction ***Accept [redacted] - 10/14/2025)***

1. Residents room was immediately cleaned and all tripping hazards were corrected.
2. Residents have the potential to be affected. Audits to be completed by administrator and or designee to determine all rooms are clean and free of tripping hazards by 10/3/25. This audit will include walking rounds of the entire facility. Any other residents affected will be corrected immediately. No other rooms or residents were affected. Outcome of audit to be kept by administrator.
3. The administrator and/or designee will educate all nursing staff on regulation 81a by 10/17/25. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct weekly whole home walkthrough audits beginning 10/13/25, to determine if facility is in compliance with regulation 81a. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/23/25. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented [redacted] - 10/29/2025)

183b - Meds and Syringes Locked

2. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 1:30 PM, there was an unlocked, unattended and accessible white pill lying on the carpet near the doorway of residents [redacted] and [redacted] s shared bedroom.

REPEAT VIOLATION: [redacted]

Plan of Correction ***Accept [redacted] - 10/14/2025)***

1. Resident medication was immediately picked up and properly wasted.
2. Residents have the potential to be affected. Audits to be completed by administrator and or designee to

183b - Meds and Syringes Locked (continued)

determine if all medications are locked away by 10/3/25. This audit will include walking rounds of the entire facility and the medication carts. Any medications left out will be corrected immediately. Outcome of audit to be kept by administrator.

3. The administrator and/or designee will educate all nursing staff on regulation 183b by 10/17/25. Documentation of education to be kept by administrator.

4. Administrator and/or designee to conduct weekly whole home walkthrough audits beginning 10/13/25, to determine if facility is in compliance with regulation 183b. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/23/25. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented [redacted] 10/29/2025)

227d - Support Plan Medical/Dental

3. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] has fallen in the home numerous times, including on [redacted] and [redacted] however, resident [redacted] most recent support plan, dated [redacted], does not include a description or plan to address resident [redacted] fall risk.

Plan of Correction ***Accept [redacted] - 10/14/2025)***

1. Residents RASP was immediately updated to include a plan to address residents fall risk.

2. Residents have the potential to be affected. Audits to be completed by Administrator and/or designee of all residents with increased fall risks RASP's to determine if there is a plan stated in the RASP by 10/10/25. Any other residents affected will be corrected immediately. Outcome of audit to be kept by administrator.

3. The administrator and/or designee will educate Resident Care Coordinator on regulation 227d by 10/17/25. Documentation of education to be kept by administrator.

4. Administrator and/or designee to conduct weekly audits of all new residents and all residents with a fall that week beginning 10/13/25, to determine if facility is in compliance with regulation 227d. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 10/23/25. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: *10/24/2025*

Implemented [redacted] - 10/29/2025)