



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CONCORDIA OF MONROEVILLE**

LEGAL ENTITY

To operate **CONCORDIA OF BRIDGEVILLE-PERSONAL CARE**

NAME OF FACILITY OR AGENCY

Located at **3570 WASHINGTON PIKE, BRIDGEVILLE, PA 15017**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **200**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **May 8, 2024** until **May 8, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455890**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 – 04/23



Emailing Date: May 8, 2024

[REDACTED]
Concordia of Monroeville
[REDACTED]

RE: Concordia of Bridgeville –
Personal Care
3570 Washington Pike
Bridgeville, Pennsylvania 15017
License #: 45589

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on May 1, 2024, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes. a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in dark ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *CONCORDIA OF BRIDGEVILLE - PERSONAL CARE* License #: 45589 License Expiration:
Address: 3570 WASHINGTON PIKE , BRIDGEVILLE , PA 15017
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: *CONCORDIA OF MONROEVILLE*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/20/1999 Issued By: Labor and Industry
Type: C-2 LP Date: 01/13/1999 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 131 Waking Staff: 98

Inspection Information

Type: Partial Notice: Announced BHA Docket #:
Reason: Complaint, Change Legal Entity Exit Conference Date: 05/01/2024

Inspection Dates and Department Representative

05/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: 98

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 25

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 98
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 33 Have Physical Disability: 5

Inspections / Reviews

05/01/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: Exception

NO DEFICIENCIES FOUND