

Department of Human Services  
Bureau of Human Service Licensing

March 28, 2022

[REDACTED], PCHA  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2022, 02/10/2022 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

March 28, 2022

[REDACTED], PCHA  
[REDACTED]  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 02/09/2022, 02/10/2022 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 THE CEDARS* License #: *44624* License Expiration: *05/15/2022*  
Address: *4363 NORTHERN PIKE, MONROEVILLE, PA 15146*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: *sgoga@concordialm.org*

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *02/10/2022*

**Inspection Dates and Department Representative**

02/09/2022 - On-Site: [REDACTED]  
02/10/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *87* Residents Served: *55*

**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: *55*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *23* Have Physical Disability: *1*

**Inspections / Reviews**

**02/09/2022 - Full**

Lead Inspector: *Jan Cutter* Follow-Up Type: *POC Submission* Follow-Up Date: *03/05/2022*

Inspections / Reviews (*continued*)

03/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/29/2022*

03/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/30/2022*

03/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

87 - Lighting

1. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

*On 2/9/2022, there were signs on the first floor emergency exit doors at the ends of both the "long" and "short" halls which limited access to exit. The signs read "STOP -DO Not Enter- Authorized Personnel Only". The word STOP was surrounded by a block of red.*

Plan of Correction

*Signs were immediately removed from the area.*

**Completion Date:** 02/10/2022

**Accept**

Document Submission

*documents previously submitted*

**Implemented**

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

*An unannounced fire drill was not conducted in January 2022.*

Plan of Correction

*February was completed on 02/28/2022 at 219 pm*

**Completion Date:** 03/28/2022

**Accept**

Document Submission

*documents previously submitted*

**Implemented**

132b - Safety Inspection/Fire Drill

1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

*The last safety inspection and fire drill observed by a fire safety expert was conducted on 5/28/2020.*

Plan of Correction

*Fire Inspector is scheduled to come out on April 8th 2022*

**Completion Date:** 02/10/2022

**Accept**

Document Submission

*documents previously submitted*

**Implemented**

132d - Evacuation

1. Requirements

132d - Evacuation (continued)

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The evacuation time for all of the monthly fire drills conducted in 2021 was longer than 2 minutes and 30 seconds, including 10/31/21 - 6 minutes, 11/29/21 - 8 minutes, and 12/10/21 - 7 minutes. The home does not have longer evacuation time specified in writing within the past year by a fire safety expert.

Also, the evacuation times indicated on the fire drill record for fire drills for April 2021 through December 2021, did not have the exact evacuation times. All were rounded to the whole minute, as follows:

- 4/12/21 - 4 minutes
- 5/20/21 - 6 minutes
- 6/20/21 - 5 minutes
- 7/18/21 - 5 minutes
- 8/27/21 - 5 minutes
- 9/18/21 - 8 minutes
- 10/31/21 - 6 minutes
- 11/29/21 - 8 minutes
- 12/10/21 - 7 minutes

Plan of Correction

Accept

Education was done again that times have to be actual and not rounded

Completion Date: 02/10/2022 The administrator or designee will review the fire drill log monthly to ensure it is completed correctly. -- JRW 3/28/22

Document Submission

Implemented

documents previously submitted

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [redacted]; however, the resident's preadmission screening form was not dated when completed. It is not possible to determine if the form was completed before admission.

Plan of Correction

Accept

attached is a prescreen document The prescreen document will be reviewed at the time of admission to ensure all documents, including the preadmission screening form, are completed in full. -- JRW 3/28/22

Document Submission

Implemented

documents previously submitted