

Department of Human Services
Bureau of Human Service Licensing

December 2, 2021

[REDACTED]
104 CONCORDIA WAY
BUTLER, PA 16001

RE: CONCORDIA AT THE ORCHARD
104 CONCORDIA WAY
BUTLER, PA, 16001
LICENSE/COC#: 42506

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/17/2021 of the above facility, no regulatory citations have been identified as a result of this inspection.

Sincerely,
Amy Duncan

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 ORCHARD* License #: *42506* License Expiration Date: *01/11/2023*
Address: *104 CONCORDIA WAY, BUTLER, PA 16001*
County: *BUTLER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7242854490* Email: [REDACTED]

Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH & HUMAN CARE*
Address: *104 CONCORDIA WAY, BUTLER, PA, 16001*
Phone: *7242854490* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/25/2021* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *11/17/2021*

Inspection Dates and Department Representative

11/17/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *53*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: <i>1</i>	Are 60 Years of Age or Older: <i>53</i>
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>15</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

11/17/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *Not Required*

No Deficiencies Identified