

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

December 22, 2023

[REDACTED], ADMINISTRATOR  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
1600 GEORGETOWN DRIVE  
SEWICKLEY, PA, 15143

RE: CONCORDIA OF FRANKLIN PARK  
1600 GEORGETOWN DRIVE  
SEWICKLEY, PA, 15143  
LICENSE/COC#: 44363

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/07/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

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

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *CONCORDIA OF FRANKLIN PARK* License #: *44363* License Expiration: *03/15/2024*  
 Address: *1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143*  
 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**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *12/07/2023*

**Inspection Dates and Department Representative**

12/07/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *100* Residents Served: *60*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *11*

Number of Residents Who:  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *60*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *12* Have Physical Disability: *1*

**Inspections / Reviews**

12/07/2023 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND