

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

February 16, 2024

[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 01/08/2024 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: *05/15/2024*  
 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**

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *01/08/2024*

**Inspection Dates and Department Representative**

01/08/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *87* Residents Served: *60*

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

Hospice  
 Current Residents: *9*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *2*

**Inspections / Reviews**

01/08/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/02/2024*

02/05/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/15/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/15/2024*

Inspections / Reviews *(continued)*

02/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/15/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] significant change assessment completed on [redacted] indicates that the resident needs "some physical assistance with transfers" and the support plan indicates "staff will provide physical assistance with resident's transferring needs." The home's administrator also indicated that resident [redacted] would require assistance to evacuate in an emergency that takes place during sleeping hours. However, the resident's Mobility Assessment indicates that the resident's need for assistance is "Minimal (Mobile)."

Resident [redacted] significant change assessment completed [redacted] also indicates that resident was "admitted to hospice." However, there is no contact information for the hospice agency nor what services the hospice agency provides.

Plan of Correction

Accept [redacted] 02/05/2024)

- 1. Administrator immediately updated the resident's mobility need and added contact information and services provided from Good Samaritan Hospice.
- 2. An Audit was conducted on [redacted] to ensure that all resident's mobility needs were accurate and all hospice residents had contact information and services provided. No other residents were affected. Outcome of Audit will be kept by administrator
- 3. Resident Care Coordinator will be educated by Administrator on regulation 225c by [redacted]. Documentation of education to be kept by administrator.
- 4. Administrator and/or designee to conduct and audits of 5 RASP's weekly for one month, then a monthly audits of 3 RASP's to determine if facility is in compliance with regulation 225c. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on [redacted]. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [redacted] - 02/16/2024)

227g -Support Plan Signatures

2. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] annual support plan completed [redacted] was not signed by the assessor or by the resident. There is no indication that resident [redacted] was unable or refused to participate in or sign the support plan.

Plan of Correction

Accept [redacted] 02/05/2024)

- 1. Administrator immediately met with the resident to review her support plan and have [redacted] sign showing participation and agreeance with the plan.
- 2. An Audit was conducted on [redacted] to ensure that all resident's had participated in the development of the support plan and signed off on it. No other residents were affected. Outcome of Audit will be kept by administrator.
- 3. Resident Care Coordinator will be educated by Administrator on regulation 227g by 1/26/24. Documentation of

**227g -Support Plan Signatures (continued)**

education to be kept by administrator.

4. Administrator and/or designee to conduct and audits of 5 RASP's weekly for one month, then a monthly audits of 3 RASP's to determine if facility is in compliance with regulation 227g. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 2/15/24. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 04/05/2024

Implemented [REDACTED] - 02/16/2024)