

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

March 17, 2025

[REDACTED], EXECUTIVE DIRECTOR
CONCORDIA OF MONROEVILLE
[REDACTED]

RE: CONCORDIA OF BRIDGEVILLE-
MEMORY CARE
3560 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45590

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2025 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 OF BRIDGEVILLE-MEMORY CARE* License #: *45590* License Expiration: *05/08/2025*
Address: *3560 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: *01/29/1999* Issued By: *L&I*
Type: *Other* Date: *09/20/2017* Issued By: *South Fayette Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *114* Waking Staff: *86*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *02/26/2025*

Inspection Dates and Department Representative

02/26/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire Home* Capacity: *100* Residents Served: *57*

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *57* Have Physical Disability: *0*

Inspections / Reviews

02/26/2025 - Full

Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/12/2025*

03/11/2025 - POC Submission

Submitted By: [Redacted] Date Submitted: *03/17/2025*
Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2025*

Inspections / Reviews (*continued*)

03/17/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

03/17/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/17/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

At 10:20am, the incorrect code for operating the keypad was posted at the Gathering Room exit door, which leads to the rear outdoor area.

At 10:35am, there were no instructions for operating the keypad posted near the Fox Chapel exit door, which leads to the front parking lot.

REPEAT VIOLATION: 5/1/2024

Plan of Correction

Accept (████) - 03/14/2025)

Both doors were corrected on the spot on 2/25/2025 with the proper codes posted near the keypad for exiting. See attachments. In addition, starting 3/10/25, as part of the daily morning walk throughs by the nurse/MOD and Resident Care Coordinator they will monitor that all exit doors have proper codes posted and will replace immediately if the postings fall off for whatever reason.

Proposed Overall Completion Date: 03/14/2025

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented (████) - 03/17/2025)

234a - Admission Support Plan

2. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

No support plan was completed for resident #1, who was admitted to the home on ██████████. The home is licensed entirely as a secured dementia care unit (SDCU).

Plan of Correction

Accept (████) - 03/14/2025)

Education on this was done via a meeting on 2/26/2025 for the Resident Care Coordinators, Admissions Director, Assistant Executive Director and the Executive Director. In addition, the Wellness Secretary along with the Resident Care Coordinator will verify and ensure that any new admit has a proper support plan in place within 72 hours of admission or 72 hours prior to admission. Resident #1 support plan was completed by the Assistant Executive Director on 2/19/2025. In addition, all resident support plans were reviewed and found to be complete by the Assistant Executive Director on 2/20/2025. To ensure compliance the Wellness Secretary and Resident Care Coordinator will utilize our PC/MC Admissions Checklist (see attachment) effective 3/10/2025 which includes RASP completion. The Wellness Secretary will also verify all support plans are complete and admission checklists are utilized on a monthly basis effective 3/10/2025.

234a - Admission Support Plan (continued)

Proposed Overall Completion Date: 03/14/2025

Licensee's Proposed Overall Completion Date: 03/14/2025

Implemented ([REDACTED] - 03/17/2025)