

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

June 5, 2025

[REDACTED], EXECUTIVE DIRECTOR  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
[REDACTED]

RE: CONCORDIA AT VILLA ST. JOSEPH  
PERSONAL CARE  
1040 STATE STREET  
BADEN, PA, 15005  
LICENSE/COC#: 45300

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/06/2025, 05/07/2025 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 AT VILLA ST. JOSEPH PERSONAL CARE* License #: *45300* License Expiration: *08/14/2025*  
 Address: *1040 STATE STREET, BADEN, PA 15005*  
 County: *BEAVER* 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**

Type: *I-1* Date: *07/14/2021* Issued By: *Baden Borough*  
 Type: *I-2* Date: *07/14/2021* Issued By: *Baden Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *149* Waking Staff: *112*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *05/07/2025*

**Inspection Dates and Department Representative**

05/06/2025 - On-Site: [REDACTED]  
 05/07/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *127* Residents Served: *109*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Memory Care* Capacity: *33* Residents Served: *28*

**Hospice**  
 Current Residents: *17*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *109*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *40* Have Physical Disability: *0*

**Inspections / Reviews**

05/06/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/25/2025*

Inspections / Reviews (*continued*)

## 05/28/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/13/2025

## 06/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/04/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has a carbon monoxide detector installs approximately 7 feet away from the gas fueled stove in the kitchen.

Plan of Correction

Accept ( [redacted] ) - 05/28/2025)

On 5/6/2025, the Maintenance Director [redacted] immediately moved the carbon monoxide detector to an appropriate distance to meet regulation 2600.18. All staff will be educated on regulation 2600.18 and Concordia's Carbon Monoxide Detector Policy #318 by Administrator [redacted] and managers [redacted] and [redacted]. The education will be completed June 4, 2025 Maintenance department will conduct a monthly Carbon Monoxide inspection starting June 2025. The inspection will include the location of the detector, the date completed, condition/battery check and who was the inspector. The inspection of the carbon monoxide detectors will be preformed monthly and will be scheduled in the maintenance work hub center for six months. After each monthly inspection, Maintenance will submit the inspection to administrator [redacted] who will audit and log the results. Additionally, new stickers will be placed at the location of each carbon monoxide detectors that read "Do Not Remove From This Location"

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented ( [redacted] ) - 06/05/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 5/6/25, the bed enabler on resident #1's bed is not attached and secured to the bedframe, leaving the enable to shift approximately 6 inches, posing an entrapment hazard and a fall risk.

Plan of Correction

Accept ( [redacted] ) - 05/28/2025)

On 5-6-2025, The maintenance director [redacted] immediately secured the bed enabler in question to meet Regulation 2600.81b. All staff will be educated on regulation 2600.81b and Concordia's Bedside Mobility Device Policy #115. The education will be preformed by Administrator [redacted] and managers [redacted] and [redacted]. The education will be completed by June 4, 2025. Maintenance will preform a weekly beside mobility device inspection of all bedside mobility devices in the facility. The inspection will consist of room number, bedside device type, condition, secured tight and inspector's initials. The weekly inspection will start the first week of June 2025 and continue weekly for 3 months. After each weekly inspection, maintenance will submit each inspection to administrator [redacted] who will audit and log the results.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ( [redacted] ) - 06/05/2025)

85a - Sanitary Conditions

3. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/6/25, a brown liquid was observed on the bottom of the silver refrigerator in the main kitchen.

On 5/6/25, a brown liquid was observed on the bottom of the silver freezer located in the serving station on the second floor.

Plan of Correction

Accept ( [redacted] - 05/28/2025)

On 5-6-2025, Dietary Manager [redacted] immediately cleaned both liquids from the refrigerator and freezer in the report. All dietary staff will be education on regulation 2600.85a which states Sanitary Conditions Shall Be Maintained. The education will be preformed by Dietary Manager [redacted] and will be competed by June 4, 2025. Starting June 1, 2025, a daily inspection of all refrigerators/freezers will be done by the Dietary Manger/cook manager on duty. The inspection log will be attached to each refrigerator/freezer and will consist of cleanliness and inspectors initials. The inspection will be done daily for 3 months. Each inspection log will be submitted to administrator [redacted] for audit and log the results.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ( [redacted] - 06/05/2025)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.  
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/6/25, at approximately 11:00 a.m., the freezer section, of the white refrigerator, in memory care measured 5 degrees Fahrenheit and at 3:50 p.m. the temperature measured 2 degrees Fahrenheit.

Plan of Correction

Accept ( [redacted] - 05/28/2025)

On 5-6-2025, Administrator [redacted] placed a second thermometer into the freezer in question. Administrator returned several hours later and found the original thermometer reading warmer than the new thermometer. Administrator immediately disposed of faulty thermometer. All dietary staff will be educated on regulation 2600.103f. The education will be preformed by Dietary Manager [redacted] and will be completed by June 4, 2025. Starting June 1, 2025, a daily inspection of all refrigerators/freezers will be preformed by the dietary manager/cook manager on duty. The inspection will consist of logging the temperature of each refrigerator/freezer to ensure it meets regulation 2600.103f. if there is a temperature in question the dietary manager will recheck and take action to fix the temperature. The daily inspection log will be posted on each refrigerator/freezer. The daily inspection will continue for 3 months. At the end of each month, the dietary manager will submit each inspection log to administrator [redacted] for audit and log the results. I

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ( [redacted] - 06/05/2025)

103g - Storing Food

5. Requirements

2600.  
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 5/6/25, there was an unsealed bag, in a box, containing multiple pie crusts in the walk-in refrigerator.

Plan of Correction

Accept ( [redacted] - 05/28/2025)

On 5-6-2025, cook manager immediately sealed up the bag of frozen pie crusts when informed by administrator [redacted]. All dietary staff will be educated on regulation 2600.103g which states "Food shall be stored in closed or sealed containers". The education will be preformed by Dietary Manager [redacted] and be completed by June 4, 2025. A weekly inspection of food storage areas will be conducted by the dietary manager/cook manager on duty. The inspection will consist of any issues/fixes preformed by inspector. The weekly inspection will start the first week of June 2025 and will continue for 3 months. Each weekly inspection log completed will be turned into administrator [redacted] for audit and log results.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented ( [redacted] - 06/05/2025)

107c - Food/Water 3 Day Supply

6. Requirements

2600.  
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/6/25, the home services 107 residents requiring a minimum of 321 gallons of emergency drinking water. 137 gallons of water were stored on-site and the home's emergency drinking water contract did not guarantee that the water will be delivered as a priority even in the event of a regional general emergency and the amount of water to be delivered.

Plan of Correction

Accept ( [redacted] - 05/28/2025)

On May 15, 2025, Administrator [redacted] received an updated water letter from the vender specifying the amount of water and the priority delivery guarantee. With the 137 gallons of water on hand and the 270 gallons guaranteed for priority delivery, the water supply will meet regulation 2600.107c requirements. All management staff will be educated on regulation 2600.107c and will be completed by June 4, 2025. The education will be preformed by administrator [redacted]. A monthly inspection of the 3-day water supply will be preformed by administrator [redacted] and will start the month of June 2025 and be completed after 6 months. The monthly inspection will consist of inspecting the amount of water on hand and also that the priority delivery letter is up to date and on hand. The inspection will be logged by administrator [redacted].

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented ( [redacted] - 06/05/2025)

183b - Meds and Syringes Locked

7. Requirements

2600.  
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

**Description of Violation**

On 5/7/25, between approximately 3:15 p.m.-3:24 p.m., the medication cart on the 2nd floor, near the nurses station and the elevator was unlocked, unattended, and accessible to with multiple residents sitting nearby. Multiple resident medications were accessible, to include the following:

Resident #2 Melatonin 10mg, Risperidone 1.5mg, Vistaril Capsul 50mg

Resident #3 Levothyroxine 88mcg, Trazadone 50mg

REPEAT VIOLATION 4/30/24 et al

**Plan of Correction**

Accept ( [REDACTED] ) - 05/28/2025)

On 5-7-2025, immediately after being notified of the Med Cart being unlocked and unattended, Nurse Manager [REDACTED] made sure the cart was locked and the staff member responsible for the cart was counseled by [REDACTED]. All LPNs and Med Techs will be educated on regulation 2600.183b and also Concordia's Medication Administration Policy #201 and Storage of Medication Policy #203. The education will be preformed by Nurse Managers [REDACTED] and [REDACTED]. The education will be completed by June 4, 2025. In addition to the trainings, the facility will as of 5/21/2025, require med carts to be stored in the locked medication rooms on each section of the building when not in an active medication pass. A daily med cart log starting May 21, 2025 will be kept for each medication cart and will log if the cart was stored in the med room when not in an active med pass. All daily logs will be turned into Nurse managers on duty and reviewed for compliance. The daily log will be completed after 12 weeks. Each week the logs will be submitted to administrator [REDACTED] who will audit and log the results.

Licensee's Proposed Overall Completion Date: 08/16/2025

Implemented ( [REDACTED] ) - 06/05/2025)

183d - Prescription Current

**8. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On 5/6/25, the following discontinued medications, prescribed to multiple residents, were available and stored in medication cart #2:

Hydralazine tablet 25mg, prescribed to resident #2, was discontinued on 12/19/24.

Hydroxyzine tablet 25mg, prescribed to resident #2, was discontinued on 3/3/25.

Vitamin D3 tablet, prescribed to resident #4, was discontinued on 4/7/25.

Bupropion tablet 150mg, prescribed to resident #4, was discontinued on 4/7/25.

Sertraline tablet 100mg, prescribed to resident #4, was discontinued on 4/7/25.

183d - Prescription Current (continued)

**Plan of Correction**

Accept (█) - 05/28/2025)

On 5-6-2025, Nurse Manager █ immediately removed any discontinued medications from the med cart and disposed of them in accordance of Concordia's Policy #204. All LPNs and Med Techs will be educated on regulation 2600.183d and also Concordia's Medication Orders Policy #202 and Disposal of Medications Policy #204. The education will be preformed by nurse managers █ and █. The education will be completed by June 4, 2025. A weekly report of all discontinued medications will be printed and audited by Nurse Managers █ and █ to ensure all discontinued medications are pulled from the med carts. After each discontinued medication is checked by the nurse managers, it will be highlighted to show the medications was pulled from the cart and submitted to administrator █ to audit and log the results. The weekly inspection of the med carts for discontinued medications will start the first week of June 2025 and continue weekly for 3 months.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented (█) - 06/05/2025)

184a - Resident's Meds Labeled

**9. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

**Description of Violation**

Resident #3 was prescribed Divalproex 125mg, take 5 capsules by mouth at bedtime every night on 4/16/25; however, on 5/6/25, the label indicated take 6 capsules by mouth every evening.

REPEAT VIOLATION 4/30/24 et al

**Plan of Correction**

Accept (█) - 05/28/2025)

On 5-6-2025, Nurse Manager █ immediately placed a directions changed sticker on the medication card in question. All LPNs and Med Techs will be educated on regulation 2600.184a and Concordia's Policies #201 and #202. The education trainers will be Nurse Managers █ and █. The education will be completed by June 4, 2025. A weekly new order report will be printed and audited for accuracy and completion by nurse managers █ and █. They will check each order is accurate with the pharmacy label. They will highlight each order after it has been audited. The weekly audit will begin the first week of June 2025 and continue weekly for 3 months. Each week the audited order report will be submitted to administrator █ audit for completion and to log results.

Licensee's Proposed Overall Completion Date: 08/31/2025

Implemented (█) - 06/05/2025)

187a - Medication Record

**10. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

187a - Medication Record (continued)

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*On 5/6/25, resident #5, was prescribed Morphine 5mg, 1 syringe by mouth every 2 hours as needed for pain; however, the May 2025 Medication Administration Record (MAR) indicated to administer this medication ever 1 hour as needed for pain or shortness of breath.*

*REPEAT VIOLATION 4/30/24 et al*

**Plan of Correction**

Accept (█ - 05/28/2025)

*On 5-6-2025, Nurse Manager █ immediately corrected the medication order to match the pharmacy label. All LPN and Med Tech staff will be educated on regulation 2600.187a Medication Record and Concordia's Policies #201 Medication administration and #202 Medication Orders. The education trainers will be Nurse Managers █ and █. The education will be completed on June 4, 2025. A weekly new order report will be printed and audited for accuracy and completion by nurse managers █ and █. They will check each order is accurate with the pharmacy label. They will highlight each order after it has been audited. The weekly audit will begin the first week of June 2025 and continue weekly for 3 months. Each week the audited order report will be submitted to administrator █ audit for completion and to log results.*

**Licensee's Proposed Overall Completion Date: 08/31/2025**

Implemented (█ - 06/05/2025)

225c - Additional Assessment

**11. 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.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

*On 5/6/25, the assessment for resident #6, dated 1/10/25, indicated the resident is receiving hospice services; however, the contact number for the hospice services was not indicated under the formal support section or anywhere in the assessment or support plan. Additionally, this resident was admitted to hospice for a diagnosis █; however, this diagnosis is not included in the assessment or support plan.*

225c - Additional Assessment (continued)

**Plan of Correction**

Accept (█ - 05/28/2025)

On 5-7-2025, Nurse Manager █ immediately corrected the resident's RASP to include the hospice formal contact and also the █ admitting diagnosis. Nurse management staff will be educated on regulation 2600.225c Additional Assessments and also Concordia's Policy #105. The education will be presented by administrator █ and will be completed by June 4, 2025. A monthly audit of hospice residents, starting June 2025, to ensure the admitting diagnosis is shown and also the hospice company is listed as a formal contact will be completed by the nurse managers weekly for 6 months. Each month the audit results will be submitted to administrator █ to log the results.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 06/05/2025)

227d - Support Plan Medical/Dental

**12. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

On 5/6/25, the support plan, dated 8/8/24, for resident #1, did not address the resident's physician order, dated 2/3/25, requiring the use of a bedside mobility device, until 5/6/25. This addendum addressed the specific need for the device, the intended use, and the residents ability to use the device; however, it did not address any risks associated with the use nor the identification of the specific device to be used and whether a cover was required or not to meet the FDA guidelines.

**Plan of Correction**

Accept (█ - 05/28/2025)

The missing information required by regulation 2600.227d was completed and fixed by Nurse Manager █ following the Annual inspection on 5-6-2025. The nurse management staff will be educated on regulation 2600.227d and Concordia's Policy #115 on Use of Bedside Mobility Devices. The education will be presented by Administrator █ and completed by June 4, 2025. A monthly bedside mobility device audit will be completed by the nurse managers each month starting June 2025 and will continue for 6 months. Each month after the audit is completed, the audit sheets will be submitted to Administrator █ to log the results.

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 06/05/2025)

252 - Record Content

**13. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

**Description of Violation**

On 5/7/25, the most recent photograph in resident #6's record is dated █

On 5/7/25, the most recent photograph in resident #7's record is dated █

**252 - Record Content (continued)****Plan of Correction****Accept ( [REDACTED] - 05/28/2025)**

*On 5-6-2025, the admission's team immediately updated the outdated resident photos to be in compliance of regulation 2600.252. The admission's staff and nursing management staff will be educated on regulation 2600.252 on the content of the resident record. The education will be presented by administrator [REDACTED] and will be completed by June 4, 2025. A monthly audit of all resident photos will be completed by Administrator [REDACTED] to ensure all photos are up to date, This monthly audit will start the month of June 2025 and continue for 6 months. All audit records will be kept in the Resident Photo Log Binder. Starting the second week of February 2026, all resident photos will be taken yearly to ensure all resident pictures are up to date. The pictures will be taken by the admissions team.*

**Licensee's Proposed Overall Completion Date: 11/30/2025****Implemented ( [REDACTED] - 06/05/2025)**