

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

September 5, 2025

[REDACTED]  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2025 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:** 147    **Waking Staff:** 110

**Inspection Information**

**Type:** Partial    **Notice:** Unannounced    **BHA Docket #:**  
**Reason:** Incident    **Exit Conference Date:** 06/02/2025

**Inspection Dates and Department Representative**

06/02/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

<b>General Information</b>			
<b>License Capacity:</b> 127	<b>Residents Served:</b> 108		
<b>Secured Dementia Care Unit</b>			
<b>In Home:</b> Yes	<b>Area:</b> SDCU	<b>Capacity:</b> 33	<b>Residents Served:</b> 27
<b>Hospice</b>			
<b>Current Residents:</b> 13			
<b>Number of Residents Who:</b>			
<b>Receive Supplemental Security Income:</b> 1	<b>Are 60 Years of Age or Older:</b> 108		
<b>Diagnosed with Mental Illness:</b> 5	<b>Diagnosed with Intellectual Disability:</b> 0		
<b>Have Mobility Need:</b> 39	<b>Have Physical Disability:</b> 0		

**Inspections / Reviews**

06/02/2025 Partial  
**Lead Inspector:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 07/11/2025

07/21/2025 - POC Submission  
**Submitted By:** [REDACTED]    **Date Submitted:** 08/29/2025  
**Reviewer:** [REDACTED]    **Follow-Up Type:** POC Submission    **Follow-Up Date:** 07/24/2025

Inspections / Reviews (*continued*)

## 08/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/01/2025

## 09/05/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On the evening of [REDACTED], resident [REDACTED] was running down the hallway and was verbally redirected by staff member A. Resident [REDACTED] then began arguing with staff member A at the nursing station and spat at [REDACTED]. Resident [REDACTED] was then slapped in the face with an open hand by staff member A at the nursing station. This was witnessed by other staff persons but not reported to the Department until [REDACTED].

Plan of Correction

Accepted [REDACTED] 07/21/2025)

Incident on 5/17/2025 was reported late by witnessing staff to Administrator [REDACTED] on 5/19/2025. Administrator [REDACTED] and manager [REDACTED] immediately reported the incident to the Department of Aging and DHS on 5/19/2025. All 4 witnesses who failed to report the incident to management immediately were counseled and educated on reporting by nursing management. All direct care staff was educated on 2600.15, 2600.16c, 2600.42b, Concordia's policy #304 and given abuse/reporting education. These trainings were presented by the nursing management on 6/12/2025. All direct care staff was also educated on Abuse and reporting as part of their required mandatory training in March 2025. All direct care staff will be re-educated every month for 6 months starting July 1st, 2025 by nursing management. This will reinforce the importance Abuse and reporting abuse and will be turned into administrator monthly. Administrator will track and audit that the education was completed.

A copy of all reportable incidents will be sent to the Administrator or designee within 24 hours of completion. The Administrator or designee will review for compliance of 2600. 15, 2600 .16c and 2600.42b. and proceed if required. The reportable incident review will begin July 1st, 2025 and continue for 6 months. A copy of all reportable incidents will be kept in Administrator's office.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 09/05/2025)

42b - Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On the evening of [REDACTED], resident [REDACTED] was running down the hallway and was verbally redirected by staff member A. Resident [REDACTED] then began arguing with staff member A at the nursing station and spat at [REDACTED]. Resident [REDACTED] was then slapped in the face with an open hand by staff member A at the nursing station.

Plan of Correction

Accepted [REDACTED] - 08/05/2025)

Incident on 5/17/2025 was reported late by witnessing staff to Administrator [REDACTED] on 5/19/2025. Administrator [REDACTED] immediately suspended staff member A indefinitely on 5/19/2025 and started an investigation into the incident. On 5/21/2025, Administrator [REDACTED] finished the investigation and it was determined staff member A did slap resident [REDACTED]. Staff member A was on vacation out of the country at the time the investigation was completed.

**42b Abuse (continued)**

Staff member A was terminated on [REDACTED]. All direct care staff was educated on 2600.15, 2600.16c, 2600.42b, Concordia's policy #304 and given abuse/reporting education. These trainings were presented by the nursing management on 6/12/2025. All direct care staff was also educated on Abuse and reporting as part of their required mandatory training in March 2025. All direct care staff will be re educated every month for 6 months starting July 1st, 2025 by nursing management. This will reinforce the importance Abuse and reporting abuse and will be turned into administrator monthly. Administrator will track and audit that the education was completed.

Starting 8/1/2025, three residents will be privately interviewed by the administrator monthly to ensure they are receiving care and services in a dignified manner free from abuse. The administrator will document the interviews using the attached interview sheet and track for compliance. The monthly interviews will last 6 months.

**Licensee's Proposed Overall Completion Date:** 01/31/2026

**Implemented** [REDACTED] 09/05/2025)