

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

September 22, 2025

[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 06/23/2025 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 THE CEDARS* License #: *44624* License Expiration: *05/15/2026*
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: Total Daily Staff: *77* Waking Staff: *58*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *08/12/2025*

Inspection Dates and Department Representative

06/23/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *87* Residents Served: *69*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *1*

Inspections / Reviews

06/23/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/24/2025*

08/25/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/22/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/29/2025*

Inspections / Reviews *(continued)*

09/02/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/19/2025

09/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/22/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

183b - Meds and Syringes Locked

1. 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.

Description of Violation

At 12:07pm, the door to the 2nd floor nurses station was open, unattended and accessible and contained numerous unlocked medications for numerous residents, including the medications for residents [redacted] and [redacted]

Plan of Correction

Accept [redacted] - 08/25/2025)

- 1. 2nd Floor Nurses station door was immediately closed and locked.
- 2. Residents have the potential to be affected. Audits to be completed by administrator and or designee to determine if nurses station is closed and all medications are locked away by 6/25/25. Any medications left out will be corrected immediately. Outcome of audit to be kept by administrator.
- 3. The administrator and/or designee will educate all nursing staff on regulation 183b by 7/1/25. Documentation of education to be kept by administrator.
- 4. Administrator and/or designee to conduct monthly whole home walkthrough audits beginning 6/25/25, to determine if facility is in compliance with regulation 183b. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/18/25. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [redacted] - 09/22/2025)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

On [redacted], resident [redacted] was prescribed, "[redacted]-Instill 1 drop in left eye every other day"; however, the pharmacy label indicates, [redacted]-Instill 1 drop in left eye daily".

REPEAT VIOLATION: [redacted], et. al.

Plan of Correction

Accept [redacted] 08/25/2025)

- 1. Nurse immediately placed a "change of direction" sticker on the medication label.
- 2. Administrator completed a cart audit on 6/27/2025 to confirm that no other residents were affected. Outcome of audit to be kept by Administrator.
- 3. Administrator and/or designee to educate med techs and nurses on regulation 184a by 7/1/25. Administrator will keep documentation of education.

184a Resident's Meds Labeled (continued)

4. The administrator and/or designee will conduct weekly cart audits of 5 residents beginning 6/27/25, for one month. After that month, the administrator and/or designee will conduct monthly cart audits of 5 residents to ensure all medications are fully labeled with in accordance with the doctors orders and no other residents are affected. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/18/25. Documentation of meeting will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented () - 09/22/2025

187d - Follow Prescriber's Orders

3. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

On (), resident () was prescribed " () Take 1 tablet by mouth twice daily"; however, according to resident () May 2025 medication administration record (MAR), the medication was not administered to resident () until ().

On (), Resident () was prescribed " () Take 1 to 2 tablets daily as needed for about 3 to 5 days for any swelling or weight gain of 3 to 5 pounds in a day"; however, according to resident () May 2025 MAR, the medication was not administered to resident () on () and ().

On (), resident () previous order for "Betadine Apply topically to left heel once daily" was discontinued; however, according to Resident # () May 2025 MAR, this medication continued to be administered to resident () daily from () through ().

On (), resident () was prescribed, " () Apply once daily and as needed"; however, according to resident () May 2025 MAR, the medication was not administered to resident () until ().

On () resident () was prescribed, "Crush Flagyl and place on wound bed, then place Alginate over once daily and as needed if saturated, soiled or dislodged"; however, the medication was was not administered to resident #8 daily from () through ().

REPEAT VIOLATION: (), et. al.

Plan of Correction

Directed () - 09/02/2025

1. Resident was previously discharged from facility before audit. The root cause was due to policy not being followed for outside providers and new orders.
2. Administrator completed a cart and chart audit on 8/29/2025 to confirm all residents with outside providers have accurate medication lists and appropriate medications on the carts. No other residents were affected.
3. The Administrator implemented and educated nursing staff on a new process to accurately update and follow

187d - Follow Prescriber's Orders (continued)

new prescriptions from outside doctor's visits. Administrator and/or designee to also educate med techs and nurses on regulation 187d by 9/5/25. Administrator will keep documentation of education.

4. The administrator and/or designee will conduct a weekly audit of all outside provider doctor's visits for the week and cross reference the documentation of visit with the current medication list and medications on the cart.

(DIRECTED: The weekly audits shall begin on 9/5/25 and be conducted weekly for 6 months, then monthly thereafter. Documentation of the weekly audits shall be kept to ensure compliance with 2600.187d. [REDACTED] 9/2/25).

~~After that month, the administrator and/or designee will conduct a monthly audit of 5 outside providers doctors visits and cross reference the documentation of visit with the current medication list and medications on the cart to confirm following prescribers orders. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [REDACTED] 9/2/25).~~

Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Assessment and Assurance Committee meeting on 9/18/25. Documentation of meeting will be kept by the administrator.

Proposed Overall Completion Date: 09/19/2025

Directed Completion Date: 09/19/2025

Implemented [REDACTED] - 09/22/2025)

254c - Records Storing

4. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

At 12:07pm, the door to the 2nd floor nurses station was open, unattended and accessible, which contained numerous resident records.

At 9:26am, a binder containing confidential information for numerous residents, to include the following information, was unlocked, unattended and accessible on top of the 2nd floor medication cart:

- A Suncrest Hospice patient roster indicating the names and medical diagnoses for residents [REDACTED] and [REDACTED]
- A narcotic count sheet for resident [REDACTED] [REDACTED] tablets, with instructions indicating, "Take 1 tablet by mouth at bedtime"
- A narcotic count sheet for resident [REDACTED] [REDACTED] tablets, with instructions indicating, "Take 1 tablet by mouth every 4 hours as needed for pain"

Plan of Correction

Accept [REDACTED] - 09/02/2025)

1. 2nd Floor Nurses station door was immediately closed and locked.
2. Residents have the ability to be affected. Audits to be completed by administrator and or designee to determine if nurses station door is closed and all resident records are stored away by 6/25/25. Any records left out will be corrected immediately. Outcome of audit to be kept by administrator.
3. The administrator and/or designee will educate all staff on regulation 254c by 7/1/25. Documentation of education to be kept by administrator.

254c - Records Storing (continued)

4. Administrator and/or designee to conduct monthly whole home walkthrough audits beginning 6/25/25, to determine if facility is in compliance with regulation 254c. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/18/25. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 09/22/2025)