

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

November 12, 2025

[REDACTED]  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
[REDACTED]

RE: CONCORDIA OF FOX CHAPEL  
931 ROUTE 910  
CHESWICK, PA, 15024  
LICENSE/COC#: 44247

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/18/2025 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 FOX CHAPEL* License #: *44247* License Expiration: *07/14/2026*  
 Address: *931 ROUTE 910, CHESWICK, PA 15024*  
 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: *106* Waking Staff: *80*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *08/18/2025*

**Inspection Dates and Department Representative**

08/18/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *61* Residents Served: *53*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *Entire Home* Capacity: *61* Residents Served: *53*

**Hospice**  
 Current Residents: *10*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *53* Have Physical Disability: *0*

**Inspections / Reviews**

08/18/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2025*

09/19/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/24/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/25/2025*

Inspections / Reviews *(continued)*

09/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/25/2025

11/12/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/24/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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 [REDACTED] at approximately 8:30 pm, resident # [REDACTED] used their hand to forcibly grab resident [REDACTED]'s arm during a verbal altercation, causing a skin tear on resident [REDACTED] left forearm. Resident [REDACTED] was evaluated and received treatment from direct care staff.

On [REDACTED] at approximately 1:30 pm, resident [REDACTED] hit resident [REDACTED] in the face during a verbal altercation, causing a large red scratch on resident [REDACTED]'s right cheek. Resident # [REDACTED] was evaluated and monitored by direct care staff for any changes to their injury.

Plan of Correction

Directed [REDACTED] - 09/22/2025)

After reporting these incidents to AAA and DHS resident [REDACTED] was sent out to Allegheny Valley hospital at 3pm on 8/8/25 for an evaluation and change in mental status. [REDACTED] returned at 352am with no new orders. Upon return [REDACTED] was moved to the other side of the building to room [REDACTED] until further notice to keep [REDACTED] away from residents [REDACTED] and [REDACTED], who [REDACTED] had already physically harmed. On 8/11/25 we received positive urinalysis results of a urinary tract infection from AVH hospital. A script for macrobid was sent to Providence pharmacy and the medication was started on 8/ 12/25. In addition, resident [REDACTED]'s [REDACTED] was increased on 8/ 8/25 for increased anxiety. We had also done a referral to geri-psych through Concordia Visiting Nurses and [REDACTED], geriatric practitioner. Resident [REDACTED] had hourly checks for pain as per orders from [REDACTED] PCP, [REDACTED] skin tear was treated daily as per orders, [REDACTED] denies any pain and is not frightened or upset. Resident [REDACTED] had hourly checks for pain, and resident [REDACTED] was moved out of the room that they shared to the other wing of the building. For resident [REDACTED]: we will continue the hourly checks for behaviors that we built into our PCC/MAR, [REDACTED] will routinely be followed by psych and CVN, in addition [REDACTED] has started on a prophylactic medication [REDACTED] to prevent urinary tract infections. Nursing will also continue to communicate with [REDACTED] POA and PCP with any updates and or changes. Resident [REDACTED]'s family/POA is aware that if [REDACTED] behaviors continue to occur a room change and or private attendant may be necessary.

DIRECTED: By 9/25/25: The administrator shall update resident [REDACTED] assessment and support plan to include resident [REDACTED]'s recent behaviors, as well as a plan to meet resident [REDACTED] behavioral needs. A copy of resident # [REDACTED] updated assessment and support plan shall be kept in resident [REDACTED] record and be made available to all direct care staff persons at all times. [REDACTED] 9/22/25

Proposed Overall Completion Date: 09/23/2025

Directed Completion Date: 09/25/2025

Implemented [REDACTED] 11/12/2025)