

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

December 15, 2025

[REDACTED]  
CONCORIDA OF MONROEVILLE  
[REDACTED]

RE: CONCORDIA AT WEATHERWOOD  
896 WEATHERWOOD LANE  
GREENSBURG, PA, 15601  
LICENSE/COC#: 45616

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/03/2025, 09/04/2025, 09/11/2025 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 WEATHERWOOD      **License #:** 45616      **License Expiration:** 08/13/2026  
**Address:** 896 WEATHERWOOD LANE, GREENSBURG, PA 15601  
**County:** WESTMORELAND      **Region:** WESTERN

**Administrator**

**Name:** [REDACTED]      **Phone:** [REDACTED]      **Email:** [REDACTED]

**Legal Entity**

**Name:** CONCORIDA OF MONROEVILLE  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1      **Date:** 03/26/2013      **Issued By:** Hempfield TWP

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 108      **Waking Staff:** 81

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 09/11/2025

**Inspection Dates and Department Representative**

09/03/2025 - On-Site [REDACTED]  
09/04/2025 - On-Site [REDACTED]  
09/11/2025 - Off-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 106      **Residents Served:** 78

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 12

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 78  
**Diagnosed with Mental Illness:** 20      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 30      **Have Physical Disability:** 1

**Inspections / Reviews**

09/03/2025 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/12/2025

Inspections / Reviews *(continued)*

10/23/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

12/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

25c4 - Payment Responsibility

1. Requirements

- 2600.
- 25.c. At a minimum, the contract must specify the following:
  - 4. The party responsible for payment.

Description of Violation

The resident-home contract, dated [REDACTED] for resident [REDACTED] does not specify the party responsible for payment.

Plan of Correction

Accept [REDACTED] 10/23/2025)

On 9/05/2025, PCHA and designees educated nursing/admission staff on PCH reg 2600.25.c. PCHA and/or designee to complete a full house audit of resident home contracts to ensure each contract has a listed part responsible for payment by 10/06/2025. PCHA and/or designers to complete a weekly audit of all new resident contracts for 3 weeks, then randomly and annually.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [REDACTED] - 12/15/2025)

85a - Sanitary Conditions

2. Requirements

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

Description of Violation

On [REDACTED] at 6:52 a.m., resident [REDACTED]'s [REDACTED] was used to measure resident [REDACTED]'s [REDACTED] level.

Plan of Correction

Accept [REDACTED] - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.85.a. On the same day, PCHA supplied each resident who uses a glucometer with a new device and informed their primary care physician of the reason for the replacement. Each resident's glucometer was labeled with their name and room number and placed in a clear, sealed bag that also displayed their room number to keep the devices organized within the cart. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of the cart and glucometers for three weeks, followed by random audits, and then an annual review.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [REDACTED] - 12/15/2025)

101j7 - Lighting/Operable Lamp

3. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
  - 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On [REDACTED] at 12:03 p.m., resident [REDACTED] did not have access to a source of light that can be turned on/off at bedside. The bedside lamp was unplugged and approximately 3 feet away from the foot of the bed.

101j7 Lighting/Operable Lamp (continued)

Plan of Correction

Accept [redacted] - 10/23/2025)

On 09/5/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.101.j. On 09/03/2025 PCHA moved resident #4's lamp within reach so the resident can turn it on in bed. On 09/08/2025 PCHA and designees began random daily room audits to ensure that residents in the facility have operable lamps or sources of lighting that can be turned on at the bedside. The audit will continue daily for 2 weeks, then weekly for 3 weeks, and then randomly and annually afterward.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

103g - Storing Food

4. Requirements

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

Description of Violation

On [redacted] at 10:25 a.m., a tray containing approximately 18 pieces of breaded fish was uncovered in the main kitchen's walk in freezer.

On [redacted] at 10:27 a.m., a tray containing approximately 6 pork roasts was uncovered in the main kitchen's walk in freezer.

Plan of Correction

Accept [redacted] - 10/23/2025)

On 09/05/2025, PCHA provided reeducated kitchen staff on PCH reg 2600.103.g. On 09/03/2025 Kitchen staff immediately covered pork roasts and disposed of breaded fish. PCHA and/or designee will complete a daily kitchen audit to ensure that all food items are stored in a closed or sealed container for 2 weeks, then weekly for three weeks, then randomly, and then annually.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.  
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted] at 10:21 a.m., an approximate baseball size ball of lint was in the lint trap of the 1st floor main laundry room industrial dryer.

Plan of Correction

Accept [redacted] 10/23/2025)

On 09/03/2025, a state surveyor found a baseball sized ball of lint behind the lint trap in the central laundry room industrial dryer. No lint was found on the lint trap, but lint was found behind the lint trap screen. Facility staff cleaned the dryer lint per the manufacturer's instructions, as there was no lint on the screen. To combat any further

105g - Lint Removal and Duct Cleaning (continued)

issues on 09/11/2025, the Maintenance Department purchased an extended lint brush to ensure that the lint screen and the area behind the lint screen are cleaned per the manufacturer's instructions. PCHA also reeducated staff on 09/05/2025 on PCH 2600.105.g as a reminder.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] the emergency exit doors to the Alpha and Bravo staircases required a significant amount of force to be opened.

Plan of Correction

Accept [redacted] - 10/23/2025)

On 09/03/2025, Facility Maintenance loosened tension on all emergency exit doors to ensure that all residents can open the door in case of an emergency. On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.121.a. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of stairwells, and then three weeks, followed by random audits, and then an annual audit to ensure that the emergency exits are operable at all times.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

131f - Fire Extinguisher Inspection

7. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On [redacted], the fire extinguisher in the vehicle used to transport residents had not been inspected by a fire safety expert since January, 2024.

Plan of Correction

Accept [redacted] - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.131.f. On 09/03/2025, the Facility Maintenance department and PCHA added a new fire extinguisher to the vehicle. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of facility vehicles, and then three weeks, followed by random audits, and then an annual audit to ensure that the fire extinguisher is in the vehicle and not expired at all times.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

171b5 - First Aid Kit

8. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On [redacted] the first aid kit in the vehicle used to transport residents did not include a breathing shield.

Plan of Correction

Accept [redacted] - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.171.b. On 09/03/2025, the Facility Maintenance department and PCHA added a breathing shield to the vehicle first aid kit. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of the facility vehicle, and then for three weeks, followed by random audits, and then an annual audit to ensure all parts of the first aid kit are in the vehicle.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

181d Storing Medication

9. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident [redacted] self-administers medications and stores medications in [redacted] room. On [redacted] at 11:35 a.m., a tube/unit of Medline Remedy Clinical Treatment [redacted] and a tube/unit of Medline Remedy Clinical Treatment [redacted] were unlocked, unattended and accessible on the bathroom sink in the resident's bedroom.

Plan of Correction

Accept [redacted] - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.181.d. On 09/03/2025, PCHA and designees placed all wound treatments and wound treatment supplies in the resident's locked black boxes in their rooms or locked cupboards in the kitchenettes in residents [redacted]'s room. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of resident rooms and then three weeks, followed by random audits, and then annual review to ensure all medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

183b Meds and Syringes Locked

10. 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

On [redacted] at 12:05 p.m., a tube of [redacted] was unlocked, unattended and accessible on the bathroom sink in resident [redacted] bedroom.

183b Meds and Syringes Locked (continued)

On [redacted] at 11:45 a.m., a tube of [redacted] was unlocked, unattended and accessible on the bathroom sink in resident [redacted] bedroom.

On [redacted] at 11:54 p.m., a bottle of [redacted] was unlocked, unattended and accessible on resident [redacted] bedside dresser.

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.183.b. On 09/03/2025, PCHA and designees placed all wound treatments and wound treatment supplies in the resident's locked black boxes in their rooms or locked cupboards in the kitchenettes in residents' 4 6's rooms. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of resident rooms and then three weeks, followed by random audits, and then an annual review to ensure all prescription medications, OTC medications, CAM and syringes are kept in a locked area.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented [redacted] - 12/15/2025)

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted], inject as per sliding scale subcutaneously before meals: [redacted] and call MD for glucose over [redacted].

The following blood glucose readings were documented on resident [redacted] September 2025 medication administration record; however these readings were not present on resident [redacted] glucometer:

[redacted]

Resident [redacted] is prescribed blood glucose readings twice daily. On [redacted] at 2100 the resident's September 2025 medication administration record indicated a [redacted] reading of [redacted]; however, this [redacted] reading was not indicated on the resident's glucometer.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█) - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.185.a. On the same day, PCHA supplied each resident who uses a glucometer with a new device and informed their primary care physician of the reason for the replacement. Each resident's glucometer was labeled with their name and room number and placed in a clear, sealed bag that also displayed their room number to keep the devices organized within the cart. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of the cart, blood glucose readings, prescribers' orders, and glucometers for three weeks, followed by random audits, and then an annual review.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented (█) - 12/15/2025)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident █ was prescribed █ tablet, take 1 time by mouth daily, and █ tablet, take 1 time by mouth daily. Resident █ August 2025 medication administration record does not include the initials of the staff person who administered these medications on █ at 8:00 a.m.

Plan of Correction

Accept (█) - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.187.b. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks of random resident's MAR to ensure that all medications are administered as per prescribers' orders for three weeks, followed by random audits, and then an annual review.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented (█) - 12/15/2025)

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident █ is prescribed █ readings twice daily. However, on █ and █ at 9:00 p.m., the resident's blood glucose readings were not taken.

Plan of Correction

Accept (█) - 10/23/2025)

On 09/05/2025, PCHA and designated staff provided training to nursing staff regarding PCH regulation 2600.187d. On the same day, PCHA supplied each resident who uses a glucometer with a new device and informed their

187d Follow Prescriber's Orders (continued)

primary care physician of the reason for the replacement. Each resident's glucometer was labeled with their name and room number and placed in a clear, sealed bag that also displayed their room number to keep the devices organized within the cart. Starting on 09/08/2025, PCHA and/or designated staff will conduct a daily audit for two weeks and weekly audits of the cart, blood glucose readings, prescribers' orders, and glucometers for three weeks, followed by random audits, and then an annual review.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented ( [redacted] - 12/15/2025)

224a - Preadmission Screen Form

14. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [redacted] was admitted into the home on [redacted]; however, the resident's preadmission screening was not completed until [redacted]

Repeat Violation: [redacted]

Plan of Correction

Accept [redacted] 10/23/2025)

On 9/05/2025, PCHA and designees educated nursing on PCH reg 2600.224.a PCHA and/or designee to complete a full house audit of Preadmission Screen Forms to ensure each resident has a form completed within 30 days prior to admission. PCHA and/or designers to complete a weekly audit of all new resident preadmission screen forms for 3 weeks, then randomly and annually.

Licensee's Proposed Overall Completion Date: 10/27/2025

Implemented ( [redacted] - 12/15/2025)