

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 10/03/2025 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: *0* Total Daily Staff: *106* Waking Staff: *80*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *10/03/2025*

**Inspection Dates and Department Representative**

*10/03/2025 - 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: *7* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *53* Have Physical Disability: *0*

**Inspections / Reviews**

**10/03/2025 Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2025*

**10/29/2025 - POC Submission**

Submitted By: [REDACTED] Date Submitted: *11/11/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2025*

Inspections / Reviews (*continued*)

## 10/31/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/11/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 11/10/2025

## 11/12/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/11/2025

Reviewer: [REDACTED] Follow Up Type: Not Required

25c2 Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident [redacted] resident-home contract, dated [redacted], indicates resident [redacted] is receiving Level 3 level of care services for an additional [redacted]; however, resident [redacted]s resident-home contract does not include a fee schedule indicating what services are included in each level of care and how the level of care is determined.

Plan of Correction

Accept [redacted] 10/31/2025)

Our contract does state that they have been informed of their level of care upon admission and references it as Attachment A-Assessment tool. Resident #1's was not attached to the contract as it should have been. On 10/29/25 Concordia updated their level of care tool to include the points that are associated with the costs for each level on the last page. Effective immediately we will attach these levels of care to our contracts. RCC and Admin will do a full chart audit and accomplish this task by 11/10/25. Admin and RCC will continue to audit for six months to ensure new admission contracts are complete and correct.

Proposed Overall Completion Date: 11/10/2025

Licensee's Proposed Overall Completion Date: 11/10/2025

Implemented ([redacted] - 11/12/2025)

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 [redacted] at approximately 7:30 pm, resident [redacted] forcibly grabbed resident [redacted] hand during a verbal altercation, causing [redacted], which turned into a [redacted] on resident [redacted]s left hand. Resident # [redacted] was evaluated and monitored by direct care staff for any changes to their injury.

On [redacted] at approximately 6:30 am, resident [redacted] forcibly grabbed and hit resident [redacted]'s leg during a verbal altercation, causing a skin tear on resident [redacted] right leg. Resident [redacted] was evaluated and received treatment from direct care staff.

On [redacted] at approximately 9:20 pm, resident [redacted] and resident [redacted] got into a physical altercation, causing injuries to both residents. Resident [redacted] acquired a scratch on [redacted] nose and resident [redacted] acquired a [redacted] to [redacted] chest and multiple [redacted] on [redacted] hands. Both residents were evaluated and monitored by direct care staff for any changes to their injuries.

Plan of Correction

Accept [redacted] 10/31/2025)

On 10/7/25 Concordia of Fox Chapel added the following behavior monitoring and interventions task to our PCC dashboard. We now have the capability of adding and removing this feature for select residents. All new admissions will have this feature added automatically. We immediately initiated this for resident [redacted] for the nurse aides to

**42b - Abuse (continued)**

document on each shift. This tool has a progression of behaviors to interventions. In addition, the LPN's/med techs also have a reminder on the TAR to do 30 minute checks on resident [REDACTED].

See attached TAR with the behavior check reminder every thirty minutes. This initiative is a proactive approach to identify, treat and prevent future incidents and or abuse. To date resident [REDACTED] has not had any additional resident to resident abuse. Administrator and RCC have been reviewing all documentation every morning at our stand up meeting. RCC has updated resident # [REDACTED] RASP on 10/7/25 to include thirty minute checks. Urinalysis has been negative to date. Nursing management passes medication three times a day so they are on the floor for the majority of their shift. Supervisor/Med techs are also on the floor when they are not passing medication. There are always two out of five managers who round approximately once an hour.

**Licensee's Proposed Overall Completion Date:** 10/30/2025

**Implemented [REDACTED] - 11/12/2025)**