

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

October 28, 2025

[REDACTED]
CONCORDIA OF MONROEVILLE
[REDACTED]

RE: CONCORDIA OF BRIDGEVILLE-
MEMORY CARE
3560 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45590

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/07/2025 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 BRIDGEVILLE-MEMORY CARE* License #: *45590* License Expiration: *05/08/2026*
 Address: *3560 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *112* Waking Staff: *84*

Inspection Information

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

Inspection Dates and Department Representative

10/07/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *56*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Entire building* Capacity: *100* Residents Served: *56*

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *56* Have Physical Disability: *1*

Inspections / Reviews

10/07/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2025*

10/20/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/28/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/23/2025*

Inspections / Reviews *(continued)*

10/28/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/28/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # [redacted] most recent medical evaluation (DME) was completed on [redacted] However, the DME did not include the resident's weight, pulse rate, blood pressure or temperature. These sections were blank.

Plan of Correction

Accept ([redacted] - 10/20/2025)

-This resident's DME was updated on October 7, 2025 by the Assistant Executive Director so there are no blank areas or missing information including weight, pulse rate, blood pressure or temperature.

-All DME's in MC are currently being reviewed for blanks or missing information by the Resident Care Coordinator and will be 100% completed by October 20, 2025.

-The Resident Care Coordinator will review every DME that comes in with a resident to ensure all information is complete and there are no blanks or missing information.

-The final check off will be the Executive Director and/or Assistant Executive Director will verify all incoming DME's for completeness.

Licensee's Proposed Overall Completion Date: 10/20/2025

Implemented ([redacted] - 10/28/2025)