

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

May 8, 2026

[REDACTED]  
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH  
[REDACTED]

RE: CONCORDIA OF CRANBERRY  
10 ADAMS RIDGE BOULEVARD  
MARS, PA, 16046  
LICENSE/COC#: 44258

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/16/2025, 12/17/2025 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 CRANBERRY* License #: *44258* License Expiration: *01/31/2026*  
 Address: *10 ADAMS RIDGE BOULEVARD, MARS, PA 16046*  
 County: *BUTLER* 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**

Type: *C-2 LP* Date: *04/23/1998* Issued By: *Dept L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *72* Waking Staff: *54*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *12/17/2025*

**Inspection Dates and Department Representative**

12/16/2025 - On-Site: [REDACTED]  
 12/17/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *84* Residents Served: *64*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *17*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*  
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

12/16/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/26/2026*

04/01/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *04/30/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/06/2026*

Inspections / Reviews *(continued)*

04/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/01/2026

05/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/30/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], agents of the Department requested six resident and staff records from the administrator, Staff Person A, at 9:40 AM. After multiple inquiries regarding their status, 3 of the 6 records were received at 11:35 AM, and the fourth record was received at 11:40 AM. The final two records were received at 1:15 PM.

Plan of Correction

Accept [REDACTED] - 04/01/2026)

Administrator [REDACTED] and Resident Care Coordinator [REDACTED] will be educated by The Executive Director of Personal Care, [REDACTED] on the immediate and timely access of requested records by the DHS in a timely manner. This teaching was done on March 23,2026 and ongoing moving forward for the next 30 days to end on 4/23/26

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/08/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] support plan, dated [REDACTED], indicates the home is responsible for dressing treatment and changing dressings daily. However, on [REDACTED] the resident was observed in the common area with an exposed wound on the ankle with drainage. This wound had several maggots present on it.

Plan of Correction

Accept [REDACTED] - 04/10/2026)

Administrator [REDACTED] and Resident Care Coordinator [REDACTED] will educate care staff on the importance of assisting each resident with dressing treatment and changing dressings daily as indicated in the resident's assessment and support plan. this was to begin on 3/23/26 and continued for the next 30 days until 4/23/26 Education will be provided to all nurses and medtechs that provide this type of care . There will be an audit of this documenting changes that will be conducted by the RCC or designee weekly to determine if if the documents are being done accurately and timely. Discrepancies will be addressed immediately and reported at the quarterly QA meetings

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/08/2026)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

42s Privacy (continued)

Description of Violation

On [REDACTED], there was no locking mechanism for the door of the shared bathroom of resident room [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/01/2026)

Administrator, [REDACTED] will educate Director of Maintenance, [REDACTED] on the importance of a residents right to privacy of self and possessions. This is to include the right to privacy during bathing, dressing, changing and medical procedures. Locking mechanisms have been placed on all shared bathrooms. This was done at the time of inspection 12/16/25 and education will continue for the next 30 days until 4/23/26

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/08/2026)

89b - Hot Water Temperature

4. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [REDACTED], at approximately 11:30 AM, the hot water temperature in the bathroom sink of resident room [REDACTED] was measured at 123.4°F.

Plan of Correction

Accept [REDACTED] - 04/10/2026)

Administrator, [REDACTED] will educate Director of Maintenance, [REDACTED] on the proper temperature of hot water in areas where residents have access. Water temp is not to exceed 120 degrees Fahrenheit. This education will start immediately on 12/16/25 and documented from 3/23/26 untill the next 30 days 4/23 2026 Water temp was taken and recorded by [REDACTED] supplying maintenance who was on site at the time of survey, 12/16/25. [REDACTED] adjusted temp by turning it down in the boiler room and mixing the cold water into the hot water to regulate to the correct temp of 120 degrees Fahrenheit

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/08/2026)

100b - Removal Snow/Obstructions

5. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [REDACTED] at 10:49 AM, there was approximately ¼ inch of snow on the walkway immediately outside the living room exit door in Colonial Court Hall.

Plan of Correction

Accept [REDACTED] - 04/01/2026)

Administrator, [REDACTED] will educate Director of Maintenance, [REDACTED] on the importance of the removal of snow ,debris and any obstructions from outside walkways, ramps, steps. recreational areas and exterior fire escapes. This was corrected immediately at the time of inspection on 12/16/25. and education was provided on 3/23/26 and will continue for the 30 days until 4/23/26

100b - Removal Snow/Obstructions (continued)

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] - 05/08/2026)

103g - Storing Food

6. Requirements

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

Description of Violation

On [redacted], at 10:27 AM, an approximate 3-pound bag of pasta was open and unsealed in the pantry.  
On [redacted], at 10:31 AM, a bag in box of 64 beef patties was open and unsealed in the walk-in freezer.

Plan of Correction

Accept [redacted] - 04/10/2026)

Administrator, [redacted] will educate Cook, [redacted] on the importance of the proper storage of all food. All food must be stored in a sealed container in correct areas and have an opened/purchase date as well. This was corrected at the time of inspection on 12/16/25 and education will continue from 3/23/26 until 4/23/2026 Audits will be completed by Dietary Manager [redacted] or designee weekly to educate all dietary staff about proper food storage . All findings will be addressed immediately and reported to the QA committee

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] - 05/08/2026)

127a - Portable Space Heaters

7. Requirements

2600.  
127.a. Portable space heaters are prohibited.

Description of Violation

On [redacted] at 10:39 AM, two black portable space heaters were observed in the laundry closet of Birchwood Hall.

Plan of Correction

Accept [redacted] - 04/01/2026)

Administrator, [redacted] will educate Director of Maintenance, [redacted] on the non use of portable space heaters in a Personal Care Community. These were immediately removed from the building as they were not in use during the time of inspection on 12/16/25. Education will continue from 3/23/26 for the next 30 days until 4/23/26

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] - 05/08/2026)

132e - Fire Drill Sleeping Hours

8. Requirements

2600.  
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a sleeping hours fire drill on [redacted] at 4:48 AM; however, the previous sleeping hours fire drill was conducted on [redacted] at 3:38 AM.

132e - Fire Drill Sleeping Hours (continued)

Plan of Correction

Accept [REDACTED] - 04/10/2026)

Administrator, [REDACTED] will educate the Director of Maintenance [REDACTED] on the importance of conducting a fire drill during sleeping hours once every 6 months. A fire drill was conducted on 12/19/25 during sleeping hours and the next one will be done in June of 2026. This education was done immediately 3/23/26 and will continue for the next 30 days Fire drills are being audited during facility mock surveys and will be reviewed monthly by the facility administrator, [REDACTED] or designee to ensure fire drills are being conducted during sleeping hours once every six months

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/08/2026)

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] is assessed to self-administer medications without assistance; however, on [REDACTED] at 11:21 AM, the resident's bedroom door was unlocked and [REDACTED] medications were observed accessible on the nightstand. The resident was not present in the room at the time.

Plan of Correction

Accept [REDACTED] - 04/01/2026)

Administrator, [REDACTED] and resident Care Coordinator [REDACTED] will educate all Care staff and residents that self medicate the importance of storing medications in a safe manor and will provide lock boxes for the residents who self medicate to assure all medicine is stored in a safe and secure manor. This education started at the time of survey, December 16th, 2025 and staff was educated again on 3/23/26 and will continue for the next 30 days to end on 4/23/2026

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [REDACTED] - 05/08/2026)

187b - Date/Time of Medication Admin.

10. 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

On [REDACTED] at 8:00 PM, Resident [REDACTED] was administered [REDACTED], [REDACTED] and [REDACTED]; however, the resident's December 2025 Medication Administration Record (MAR) was not initialed by the person who administered the medications.

On [REDACTED], and [REDACTED], Resident [REDACTED] was administered [REDACTED] however, the resident's December 2025 Medication Administration Record (MAR) was not initialed by the person who administered the medications.

187b - Date/Time of Medication Admin. (continued)

On [redacted] 5 at 8:00 AM, [redacted] at 8:00 PM, and [redacted] at 8:00 AM, Resident [redacted] was administered [redacted] [redacted] however, the resident's December 2025 Medication Administration Record (MAR) was not initialed by the person who administered the medications.

Plan of Correction

Accept [redacted] - 04/10/2026)

Administrator [redacted] and Resident Care Coordinator, [redacted] will educate all Care staff on the importance of initialing the Medication Administration Record ( MAR) at the time of administration of the medication by the person who is administering the medication as per required regulations This education will start as of 3/23/26 and will be completed by 4/23/26 Audits will be conducted on a weekly basis to ensure Resident MARs are being properly initialed at the time of medication administration. This will be done by the RCC, [redacted] or designee to include all nursing staff and Med tech staff

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] 05/08/2026)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [redacted] support plan, dated [redacted] does not address the resident's current use of a Broda chair. The support plan also indicates that the resident is able to evacuate independently in an emergency, however, the resident requires physical assistance from staff.

Plan of Correction

Accept [redacted] - 04/10/2026)

Administrator, [redacted] and Resident Care Coordinator, [redacted] will educate nursing staff on updating each resident support plan to include any assistant devices and required physical assistance needed by staff. This education was started at the time of inspection 12/16/25 and again on 3/23/26 and will continue for the next 30 days until 4/23/2026 Audits will be done on a weekly bases by RCC [redacted] or designee to assure the information is correct and accurately matches DME and RASP An Addendum was attached to the resident support plan to include the use of a Broda chair and the residents non ability to vacate the building during an emergency: designation of immobile . this addendum was attached on 3/23/26

Licensee's Proposed Overall Completion Date: 04/23/2026

Implemented [redacted] 05/08/2026)