

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

February 12, 2026

[REDACTED]
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[REDACTED]

RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/20/2026 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 THE CEDARS* License #: *44624* License Expiration: *05/15/2026*
 Address: *4363 NORTHERN PIKE, MONROEVILLE, PA 15146*
 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

Type: *C-1* Date: *08/19/1998* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/20/2026*

Inspection Dates and Department Representative

01/20/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *87* Residents Served: *64*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *10*
 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: *15* Have Physical Disability: *1*

Inspections / Reviews

01/20/2026 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/31/2026*

02/01/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/11/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/05/2026*

Inspections / Reviews *(continued)*

02/05/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/11/2026

02/12/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/11/2026

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 was completed on [redacted] however, the previous medical evaluation was completed on [redacted]. Additionally, the annual medical evaluation for resident [redacted] was not documented on the form specified by the Department.

Plan of Correction

Accept [redacted] - 02/05/2026)

1. Doctor notified to immediately that residents medical evaluation was out of date and residents need a medical evaluation annually on the correct form.
2. An audit was conducted on 1/23/26 to ensure that all medical evaluations have been completed timely and on the correct form. All other residents medical evaluations were completed timely. One other resident had the incorrect form. Outcome of audit will be kept by administrator.
3. Resident Care Coordinator will be educated by Administrator on regulation 141b1 by 1/23/26. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct audits of 4 DME's weekly, starting 1/23/26, for one month, then monthly audits of 2 DME's to determine if facility is in compliance with regulation 141b1. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 2/19/26. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [redacted] 02/12/2026)

251b - Record Entries Legible

2. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident [redacted] initial medical evaluation, dated [redacted] had corrective tape covering an 'X' in the box that indicated "The resident is Nursing Facility Clinically Eligible (NFCE). Services to be provided at home or in a nursing facility. The resident's needs CAN NOT be met safely at the Personal Care Home."

Plan of Correction

Accept [redacted] 02/05/2026)

1. Resident Care Coordinator immediately notified to not use corrective tape on anything on the resident's record.
2. An audit was conducted on 1/23/26 to ensure that all DME's did not have any corrective tape on the documents. No other residents were affected. Outcome of audit will be kept by administrator.
3. Resident Care Coordinator will be educated by Administrator on Regulation 251b by 1/23/26. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct audits of 4 DME's weekly, starting 1/23/26, for one month, then monthly audits of 2 DME's to determine if facility is in compliance with regulation 251b. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 2/19/26. Documentation of audits and meeting will be kept by administrator.

251b Record Entries Legible (*continued*)

Licensee's Proposed Overall Completion Date: 02/06/2026

Implemented [REDACTED] - 02/12/2026)