

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

March 13, 2026

[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 02/02/2026 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 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: Total Daily Staff: *104* Waking Staff: *78*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/02/2026*

Inspection Dates and Department Representative

02/02/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *61* Residents Served: *52*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Whole Home* Capacity: *61* Residents Served: *52*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *52* Have Physical Disability: *0*

Inspections / Reviews

02/02/2026 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/21/2026*

02/18/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/12/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2026*

Inspections / Reviews *(continued)*

02/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/18/2026

03/13/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] at approximately 7:30pm, resident [REDACTED] used both hands to forcibly grab resident [REDACTED] around the neck, causing redness around resident [REDACTED] neck and a skin tear to the back of resident [REDACTED]'s right hand; however, this incident was not reported to the Department.

Plan of Correction

Directed [REDACTED] - 02/24/2026)

Administrator and RCC will re train staff responsible for reporting on abuse and Act 70 reporting. (DIRECTED: By 3/10/26: The administrator and/or the RCC will re-educate all current staff persons on all reportable incidents specified in 2600.16a to ensure all incidents are reported to the Department within 24 hours in accordance with 2600.16c. Documentation of the staff education shall be kept [REDACTED] 2/24/26). RCC sent the late incident report to DHS on 2/19/26 at 1:16pm. At the time of the incident on 11/14/25 both residents(#1 and [REDACTED] were redirected and put on hourly safety/pain checks and hourly behavior checks for twenty four hours. PRN's were also utilized for both residents. Resident [REDACTED]'s skin tear was cleansed and a band aid was applied. In addition an order for wound care was also added by the physician. Resident [REDACTED] is followed by psychiatric services. Resident [REDACTED]'s urine was checked on 11/20/26 and came back negative on 11/26/26. In addition resident [REDACTED] had medication changes on 11/24/26. Administrator and RCC will do the attached training with the nurses and med technicians. Each morning all incident reports will be reviewed by the management team but the Administrator and RCC will be responsible. (DIRECTED: The daily reviews of internal incidents shall begin on 2/27/26 to ensure all incidents specified in 2600.16a are reported to the Department within 24 hours in accordance with 2600.16c. [REDACTED] 2/24/26).

Proposed Overall Completion Date: 03/02/2026

Directed Completion Date: 03/10/2026

Implemented [REDACTED] - 03/13/2026)

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 7:30pm, resident [REDACTED] used both hands to forcibly grab resident [REDACTED] around the neck, causing redness around resident [REDACTED]'s neck and a skin tear to the back of resident [REDACTED]'s right hand.

On [REDACTED] at approximately 2:00pm, resident [REDACTED] used their hand to strike resident [REDACTED] across resident [REDACTED]'s face, causing redness to resident [REDACTED]'s face. Staff persons redirected resident [REDACTED] away from resident [REDACTED] however, a few minutes later, resident [REDACTED] used both hands to pull resident [REDACTED]'s hair and strike resident [REDACTED] across resident [REDACTED]'s face. Resident [REDACTED] also used both hands to forcibly grab resident [REDACTED]'s hands, causing bilateral skin tears to resident [REDACTED]'s hands, each measuring approximately 1/2".

On [REDACTED] at approximately 9:00pm, resident [REDACTED] entered resident [REDACTED]'s bedroom and used their hand to scratch

42b Abuse (continued)

resident [redacted] on the left side of resident [redacted]'s face.

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed ([redacted] - 02/24/2026)

Regarding resident [redacted] [redacted] has a one on one now 3 days a week for five hours a day. On 2/18/26 Administrator and RCC spoke to resident [redacted]'s POA/son and gave [redacted] the 30 day discharge, in addition, it was emailed to [redacted] and mailed to [redacted] (DIRECTED: A copy of resident [redacted]'s discharge notice shall be kept in resident [redacted]'s record. [redacted] 2/24/26). Resident [redacted] herself signed the discharge notice after it was explained to her. We had been doing hourly checks but have since gone back to thirty minute checks as of 2/19/26. (DIRECTED: Effective immediately: The administrator/designee shall monitor resident [redacted]'s behaviors daily and increase supervision as needed, which may include 1 to 1 direct supervision until resident [redacted] is discharged to ensure all residents are free from abuse. [redacted] 2/24/26). We are awaiting results from the genetic testing that was done on 1/28/26 in hopes of some additional interventions. Administrator is working with Peggy Powers Placement at the POA's request. All staff will receive dementia/sensitivity training by Administrator and Staff Development Coordinator. (DIRECTED: The education shall be completed by 3/10/26. Documentation of the education shall be kept. [redacted] 2/24/26).

DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator/designee shall update resident [redacted]'s assessment and support plan indicating the interventions provided to resident [redacted] to ensure all residents are free from abuse. A copy of resident [redacted]'s updated assessment and support plan shall be placed in resident [redacted]'s record and be accessible to all direct care staff persons. [redacted] 2/24/26

DIRECTED: Beginning on 3/2/26: The administrator shall develop and implement a system to track resident behaviors, including residents [redacted] and [redacted] to ensure all residents are free from abuse. Documentation of the tracking system shall be kept and reviewed on a daily basis. The tracking system shall also include interventions provided to ensure residents are free from abuse, which includes increased supervision when necessary. All direct care staff persons and management staff persons shall be educated on the system by 3/2/26. Documentation of the education shall be kept. [redacted] 2/24/26

Proposed Overall Completion Date: 03/02/2026

Directed Completion Date: 03/18/2026

Implemented [redacted] 03/13/2026)

121a - Unobstructed Egress

3. 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

At 9:33am, a Broda wheelchair was present in front of the emergency exit door outside bedroom [redacted], blocking this egress route.

At 9:43am, a Hoyer lift was present in front of the emergency exit door outside bedroom [redacted], blocking this egress route.

121a Unobstructed Egress (continued)

Plan of Correction

Directed (████ - 02/24/2026)

Equipment was moved by the nurse aides immediately on 2/2/26. Administrator and Staff Development Coordinator will train all staff on regulation 2600 121a. (DIRECTED: All current staff persons shall be re educated by 3/10/26 to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Documentation of the staff education shall be kept. █████ 2/24/26). Signs were posted on the fire doors that state do not block this area. And signs were posted on the doors of the designated rooms for equipment storage on each side of the building.

DIRECTED: Beginning on 2/27/26: The administrator/designee shall inspect the entire home at least weekly to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. █████ 2/24/26.

Proposed Overall Completion Date: 03/02/2026

Directed Completion Date: 03/10/2026

Implemented (████ - 03/13/2026)