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

April 23, 2026

[redacted] EXECUTIVE DIRECTOR
CONCORDIA OF MONROEVILLE
[redacted]

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

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/17/2026, 02/18/2026 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 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

Type: *C-2 LP* **Date**: *01/29/1999* **Issued By**: *PA Dept L&I*

Type: *Other* **Date**: *09/20/2017* **Issued By**: *South Fayette Twp*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *116* **Waking Staff**: *87*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *02/18/2026*

Inspection Dates and Department Representative

02/17/2026 - On-Site: [redacted]

02/18/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *58*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire home* **Capacity**: *100* **Residents Served**: *58*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *58*

Diagnosed with Mental Illness: *8* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *58* **Have Physical Disability**: *1*

Inspections / Reviews

02/17/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/19/2026*

Inspections / Reviews *(continued)*

03/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *04/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *03/23/2026*

04/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *04/20/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

65e - 12 Hours Annual Training

1. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A, hired [redacted] did not receive any hours of training during the 1/1/25 – 12/31/25 staff training year.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Direct Care Staff Person A has received the 12 hours of annual training relating to their job duties as of 1/27/2026 for the 1/1/2025-12/31/2025. An audit was conducted for all staff persons to confirm they have their 12 hours of annual training relating to their job duties. Training Coordinator will audit computer training quarterly. Staff are educated to complete annual training by end of November for the current year. All Fire Safety & Proper Body Training will be completed by end of December each year.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

65f - Training Topics

2. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A, hired [redacted] did not receive training in any of the required topics during the 1/1/25 – 12/31/25 staff training year.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Direct Care Staff Person A has received the 12 hours of annual training relating to their job duties as of 1/27/2026 for the 1/1/2025-12/31/2025. An audit was conducted for all staff person to confirm they have their 12 hours of annual training relating to their job duties. Training Coordinator will audit computer training quarterly. Staff are educated to complete annual training by end of November for the current year. All Fire Safety & Proper Body Training will be completed by end of December each year.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

65g - Annual Training Content

3. Requirements

65g - Annual Training Content *(continued)*

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Direct care staff person A, hired [redacted] did not receive annual training in any of the required topics during the 1/1/25 – 12/31/25 staff training year.

Direct care staff person B, hired [redacted] did not receive annual training in (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during the 1/1/25 – 12/31/25 staff training year.

Ancillary staff person C, hired [redacted] did not receive annual training in (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, and (5) Falls and accident prevention during the 1/1/25-12/31/25 staff training year.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Direct Care Staff Person A, B and C have received the required training for 1/1/25-12/31/25 training year as of 1/27/2026. The Training Coordinator has now been certified for Fire Safety and will be conducting all fire training on the campus. All Fire Safety and Proper Body training will be completed by December of each year.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

183e - Storing Medications

4. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is ordered Latanoprost ophthalmic solution 0.005% - Instill 1 drop in both eyes at bedtime. On 2/18/26 at 1:24 p.m., there was a bottle of this medication in the "Shadyside" medication cart with a manufacturer's expiration date of "2025 Dec" on the bottle of eye drops.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Unopened new bottle of Latanoprost Ophthalmic Solution 0.005% was in the refrigerator in the Medication Room. It was immediately dated and put on the cart. The expired medication bottle was empty on the cart and discarded appropriately once the new bottle replaced it. Staff completed a thorough audit on the carts to confirm expired medication was not on the carts. Monthly audits are being conducted by the Resident Care Coordinator confirming no expired medication is left on the cart.

183e Storing Medications *(continued)*

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

184a - Resident's Meds Labeled

5. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is ordered Seroquel [Quetiapine fumarate] 25mg One 25mg tablet by mouth every morning. However, on 2/18/26 at 1:40 p.m., the pharmacy label for this medication indicated Quetiapine fumarate 25mg Take 1 tablet by mouth twice a day.

Resident #2 is ordered ABHR gel, apply 1 ml gel for anxiety/agitation to inner wrist or back of neck 4 times daily PRN before care. However, the pharmacy label for this medication indicates ABHR apply 1 ml topically to affected area four times a day as needed before care.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Directions Change sticker applied to the medication while State in house for Seroquel 25mg as well as the ABHR Gel. Resident Care Coordinator will complete monthly audits on medication carts to confirm medication is labeled properly per 2600 184.a

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

185a - Implement Storage Procedures

6. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 receives blood glucose testing twice a day. However, the readings were incorrectly documented on the resident's February 2026 medication administration record (MAR) as follows:
** 2/8 at 8:00 a.m., MAR entry is 140; there was no reading in either of the resident's glucometers.*
** 2/3 at 8:00 a.m., MAR entry is 124; there was no reading in either of the resident's glucometers.*

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Resident Care Coordinator provided verbal education to staff members regarding the importance of using the glucometer of the individual to check blood sugar. Resident Care Coordinator will audit 25% of resident glucometers once a month to ensure nursing staff is accurately utilizing & recording the appropriate resident glucometer while

185a - Implement Storage Procedures (continued)

obtaining blood glucose readings. Audit began 2/25/2026.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented (- 04/23/2026)

187a - Medication Record

7. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is ordered levothyroxine – 75mcg by mouth one time a day. [redacted] pharmacy sends this medication in 25mcg tablets. However, on 2/18/26 at 1:24 p.m., the entry for this medication on the resident's February 2026 medication administration record (MAR) indicated Levothyroxine sodium tablet 75mcg – Give 1 tablet by mouth one time a day for [redacted].

Resident #2 is ordered ABHR gel, apply 1 ml gel for anxiety/agitation to inner wrist or back of neck 4 times daily PRN before care. However, on 2/18/26 at 1:40 p.m., the entry for this medication on the resident's February 2026 MAR indicated ABH(Ativan 2mg/ml, Benedryl 12.5mg/5ml, Haldol 2mg/ml) gel – apply to wrists/back of neck topically every 6 hours as needed for anxiety/agitation ... BEFORE CARE.

On 2/18/26 at 10:44 a.m., the entry on resident #3's February 2026 MAR for metformin did not include the strength of the tablets.

Plan of Correction ***Accept (- 03/17/2026)***

Resident 1 - Order corrected in MAR to give 3 tabs to equal 75mcg.
Resident 2 - Order corrected in MAR to match how label reads from pharmacy.
Resident 3 - Order corrected in MAR to read strength of the tablets.
Educated staff on the 6 rights as well as the label needs to match what is on the MAR. Resident Care Coordinator will include this check on the monthly audits for the cart vs. the MAR

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented (- 04/23/2026)

231b Medical Evaluation

8. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

On 2/17/26, resident #4's status change medical evaluation (DME) dated [redacted] did not indicate the resident's need for a secure dementia care unit.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

DME was faxed to the MD to correct while State was in house. MD faxed to facility the need for a secure dementia care unit before State left. Resident Care Coordinator will review all DME's when received from the MD to confirm it is properly completed.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

231c Preadmission Screening

9. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #3 was admitted to the secure dementia care unit on [redacted] However, resident #3's cognitive screening on the preadmission screening completed [redacted] does not indicate whether the person completing the screening is a physician or a geriatric assessment team representative.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Audit of all preadmission screenings were completed on 2/25/2026 to confirm a physician or geriatric assessment team representative had completed the screening and it was indicated as such. Assistant Executive Director will audit all Prescreens when received to confirm it is properly completed.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

231e No Objection Statement

10. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #2, admitted [redacted], did not sign the home's Agreement for Placement in a Secured Environment document dated [redacted]

Resident #5, admitted [redacted] did not sign the home's Agreement for Placement in a Secured Environment

231e - No Objection Statement (continued)

document dated [redacted].

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Resident #2 and #5 have signed an addendum to the agreement for placement in a secured environment. Agreement for placement in a secured environment is now included in the lease.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)

236 - Staff Training

11. Requirements

2600.
236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, hired [redacted], did not complete any hours of dementia training during the 1/1/25-12/31/25 staff training year.

Plan of Correction ***Accept ([redacted] - 03/17/2026)***

Direct Care Staff Person A has received the 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training as of 1/27/2026 for the 1/1/2025-12/31/2025. An audit was conducted for all staff person to confirm they have their 6 hours of dementia care and services training in addition to the 12 hours. Training Coordinator will audit computer training quarterly. Staff are educated to complete annual training by end of November for the current year.

Licensee's Proposed Overall Completion Date: *03/16/2026*

Implemented ([redacted] - 04/23/2026)