

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

May 26, 2026

[REDACTED]
CONCORDIA LUTHERAN HEALTH & HUMAN CARE
[REDACTED]

RE: CONCORDIA AT THE ORCHARD
104 CONCORDIA WAY
BUTLER, PA, 16001
LICENSE/COC#: 42506

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2026 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 ORCHARD* License #: *42506* License Expiration: *01/11/2027*
 Address: *104 CONCORDIA WAY, BUTLER, PA 16001*
 County: *BUTLER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CONCORDIA LUTHERAN HEALTH & HUMAN CARE*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *10/21/1999* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *04/08/2026*

Inspection Dates and Department Representative

04/08/2026 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *60* Residents Served: *56*

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

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

04/08/2026 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *04/27/2026*

Inspections / Reviews (*continued*)

05/06/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/15/2026

05/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/06/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

184a - Resident's Meds Labeled

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident [redacted] was prescribed [redacted] tablet by mouth every 4 hours as needed for terminal restlessness/anxiety/shortness of breath if after two doses contact hospice. However, the medication's pharmacy label indicated give three times a day.

Plan of Correction

Accept [redacted] - 05/06/2026)

Direction change sticker was applied immediately to pharmacy label. Medication audit will be completed on all resident medications by the Resident Care Coordinator or designee by 5/8/26. Monthly audit will be completed on 10% of resident medications by resident care coordinator or designee and reported on at quarterly quality assurance meeting. Education will be provided to all med techs and LPN's on requirements for pharmacy labels and use of direction change stickers when appropriate by 5/1/26.

Licensee's Proposed Overall Completion Date: 05/08/2026

Implemented [redacted] - 05/26/2026)