

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 THE SOUTH HILLS  
1300 BOWER HILL ROAD  
MT. LEBANON, PA, 15243  
LICENSE/COC#: 44145

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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 THE SOUTH HILLS* License #: *44145* License Expiration: *03/08/2027*  
 Address: *1300 BOWER HILL ROAD, MT. LEBANON, PA 15243*  
 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-2 LP* Date: *03/17/2003* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *04/09/2026*

**Inspection Dates and Department Representative**

04/09/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *70* Residents Served: *50*

**Secured Dementia Care Unit**  
 In Home: *Yes* Area: *1st floor Memory Care* Capacity: *12* Residents Served: *6*

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*  
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *25* Have Physical Disability: *0*

**Inspections / Reviews**

04/09/2026 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2026*

04/27/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *05/07/2026*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/01/2026*

Inspections / Reviews *(continued)*

05/01/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/07/2026

05/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

At the time of inspection, no high school diploma, GED or active registry status on the Pennsylvania nurse aide registry was present for direct care staff person A, hired on [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/01/2026)

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 4/9/2026, it was brought to the administrator's attention that staff person A did not have a U.S High school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. On 4/10/2026, Staff person A provided [REDACTED] Non-U.S. College Degree – Bachelor of Science and Business Administration from Manila Central University of the Philippines an accredited university that [REDACTED] received on 5/15/2021. On 4/10/2026, all direct care staff person records were reviewed by the personal care home administrator and human resources to ensure qualifications specified in 2600.54.a are present for each current staff person. Effective 4/10/2026, a new process has been added for all new hires to be screened by the personal care home administrator or designee to ensure qualifications are obtained to ensure compliance with regulation 2600.54.a.

-Staff person A Bachelor Degree and accreditation are attached.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/08/2026)

183d - Prescription Current

2. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [REDACTED] is currently prescribed [REDACTED] solution-Instill 1 drop in both eyes 2 times a day; however, a bottle of [REDACTED] was stored in the medication cart for resident [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/01/2026)

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 4/9/2026, resident [REDACTED] had medication in the med cart that was not a current prescription. This medication was immediately removed from the home on 4/9/2026. On 4/10/2026, all other resident medications we reviewed by the personal care home administrator and resident care coordinator to ensure compliance with 2600.183.d. Reeducation was provided to all Med Tech's on 4/22/2026 regarding regulation

183d Prescription Current (continued)

2600.183.d. Starting on 4/22/2026, ongoing compliance will be assessed by the personal care home administrator or designee during weekly audits of 10% of the current residents for 1 month, then monthly for 3 months, and ongoing as needed. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly. Documentation of the staff education will be kept in accordance with 2600.65.i.

Education sheet with Med Tech's re: regulation 2600.183.d is attached.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 05/08/2026)

186a - Authorized Prescriber

3. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

A bottle of [redacted] prescribed for resident [redacted] was present in the medication cart; however, the home does not have a copy of resident [redacted] current prescription order for this medication.

Plan of Correction

Accept [redacted] - 05/01/2026)

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 4/9/2026, resident [redacted] had medication in the med cart that was not a current prescription. This medication was immediately removed from the home on 4/9/2026. On 4/10/2026, all other resident medications we reviewed by the personal care home administrator and resident care coordinator to ensure compliance with 2600.186.a. Reeducation was provided to all Med Tech's on 4/22/2026 regarding regulation 2600.186.a. Starting on 4/22/26, ongoing compliance will be assessed by the personal care home administrator or designee during weekly audits of 10% of the current residents during weekly audits for 1 month, then monthly for 3 months, and ongoing as needed. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly. Documentation of the staff education will be kept in accordance with 2600.65.i.

Education sheet with Med Tech's re: regulation 2600.186.a is attached.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 05/08/2026)

187b - Date/Time of Medication Admin.

4. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

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

**Description of Violation**

According to direct care staff person B, staff person B documents the administration of medications on resident medication administration records (MAR's) prior to administering the medications to a resident. Direct care staff person B also indicated they would update the resident's MAR following the administration of medications if a resident refuses any medications.

**Plan of Correction**

Accept [REDACTED] - 05/01/2026)

This plan of correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this plan is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by state and federal law.

During the annual survey on 4/9/2026, Staff member B stated that they document the administration of medication on resident medication administration records (MAR's) prior to administering the medications to a resident. Reeducation was provided to all Med Tech's, including Staff member B on 4/22/2026 regarding regulation 2600.187.b and Pennsylvania Department of Public Welfare medication administration program observation checklist. Starting on 4/22/2026, ongoing compliance will be assessed by the personal care home administrator or designee during weekly audits of 10% of the current residents for 1 month, then monthly for 3 months, and ongoing as needed. Any deficiencies will be corrected on the spot and the findings will be documented and reviewed quarterly. Documentation of the staff education will be kept in accordance with 2600.65.i.

-Education sheet with Med Tech's re: regulation 2600.187.b and Pennsylvania Department of Public Welfare medication administration program observation checklist are attached.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [REDACTED] - 05/08/2026)