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

July 28, 2026

[redacted], EXECUTIVE DIRECTOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
[redacted]

RE: CONCORDIA AT VILLA ST. JOSEPH
PERSONAL CARE
1040 STATE STREET
BADEN, PA, 15005
LICENSE/COC#: 45300

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/05/2026, 05/06/2026 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 VILLA ST. JOSEPH PERSONAL CARE* **License #**: *45300* **License Expiration**: *08/14/2026*

Address: *1040 STATE STREET, BADEN, PA 15005*

County: *BEAVER* **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: *I-1* **Date**: *07/14/2021* **Issued By**: *Baden Borough*

Type: *I-2* **Date**: *07/14/2021* **Issued By**: *Baden Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *174* **Waking Staff**: *131*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *05/06/2026*

Inspection Dates and Department Representative

05/05/2026 - On-Site: [redacted]

05/06/2026 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served**: *118*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SCDU* **Capacity**: *33* **Residents Served**: *32*

Hospice

Current Residents: *18*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *118*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *56* **Have Physical Disability**: *0*

Inspections / Reviews

05/05/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/07/2026*

Inspections / Reviews *(continued)*

06/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *06/24/2026*

07/21/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/28/2026*

07/28/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/27/2026*

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

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive training in telephone use and notification of emergency services until [redacted]

Staff person B, whose first day of work was [redacted], did not receive training in any of the required training topics in accordance with §2600.65(a) until [redacted].

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

On 6-1-2026, Administrator discussed with management team about the orientation forms not completed within the deadline. Administrator conducted a training for the management team of 2600.65.a Direct Care Staff Training and Orientation and Concordia Policy #501 Staff Qualifications, Staffing and Trainings. The Training will start 6-2-2206 and will end on 6-5-2026 (Completed) (Attachment 5). Administrator will audit the all new employee files each month to ensure everything required is completed. The audit will start July 1st, 2026, done monthly for 6 months and end on December 1st, 2026. The Administrator will use a checklist for all new employees and an audit sheet for that month. Administrator will file the audit sheets monthly for compliance (Attachment 6 & 7). The Audit of New Employee Files will not be a permanent part of our Quality Assurance Report and Meeting starting in the 3rd quarter of 2026.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/28/2026)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours *(continued)*

Description of Violation

Staff person B completed [redacted] 40th scheduled work hour on [redacted] However, this staff person did not complete training in the any of the required training topics in accordance with §2600.65(b) until [redacted]

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

On 6-1-2026, Administrator discussed with management team about the orientation forms not completed within the deadline. Administrator conducted a training for the management team of 2600.65.b Direct Care Staff Training and Orientation First 40 Hours Scheduled Trainings and Concordia Policy #501 Staff Qualifications, Staffing and Trainings. The Training will start 6-2-2206 and will end on 6-5-2026 (Completed) (Attachment 8). Administrator will audit the all new employee files each month to ensure everything required is completed. The audit will start July 1st, 2026, done monthly for 6 months and end on December 1st, 2026. The Administrator will use a checklist for all new employees and an audit sheet for that month. Administrator will file the audit sheets monthly for compliance (Attachment 9 & 10). The Audit of New Employee Files will not be a permanent part of our Quality Assurance Report and Meeting starting in the 3rd quarter of 2026.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/28/2026)

65g - Annual Training Content

4. Requirements

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

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 1/1/25 to 12/31/25.

Staff person C did not receive training in the following training topics during training year 1/1/25 to 12/31/25:

* *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert*
* *Emergency preparedness procedures and recognition and response to crises and emergency situations.*
* *Resident rights.*
* *The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
* *Falls and accident prevention.*

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

On 6-1-2026, Administrator discussed with management team about the staffs annual mandatory trainings. Administrator conducted a training for the management team and all employees of 2600.65.g Annual Direct Care

65g Annual Training Content (continued)

Staff Training and and Annual Ancillary Staff Trainings and Concordia Policy #501 Staff Qualifications, Staffing and Trainings. The Training will start 6 2 2206 and will end on 6 19 2026 (Attachment 11). Administrator audit 6 employees every month to ensure all staff is compliant with their trainings. Administrator will conduct these audits for 6 months starting July 1st, 2026 and end December 31st, 2026. Administrator will file the audit sheets monthly for compliance (Attachments 12 & 13). The audit of staff mandatory trainings will be added to the 3rd Quarter Quality Assurance Meeting and Report in the staff training section.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/28/2026)

91 - Telephone Numbers

6. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 5/5/26, the telephone number for the nearest hospital was not posted near the telephones with an outside line in bedroom #1002, bedroom #2004, bedroom #2217, and the 2nd floor activity room.

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

Administrator immediately removed all original Telephone Numbers in question. Administrator replaced with an edited list that included the nearest hospital in all resident rooms and at all Telephones in the facility (Attachment 19).
Administrator will conduct a training on 2600.92 Emergency numbers to all management and staff. This training will start on 6 2 2026 and end on 6 19 2026(Attachment 20),
Administrator will audit 10 resident/facility telephones a month for 6 months. The audit will start on 7 1 2026 and end on 12 31 2026 (Attachment 21). Administrator will file the monthly audit sheets for compliance. A new section of "Required Postings" will be added to the 3rd Quarter Quality Assurance Report and Meeting and continue. The audit information can go into that section to help with compliance.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/28/2026)

187b - Date/Time of Medication Admin.

7. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed 500mg Depakote delayed release tablet, 50mcg/ACT Fluticasone Propionate spray, 3mg Melatonin tablet, 1mg Risperidone tablet, and 650mg Acetaminophen. However, the resident's April 2026 medication administration record does not include the initials of the staff person who administered these medications on 4/1/26 at 8:00 p.m.

Plan of Correction ***Accept ([redacted] - 07/21/2026)***

On 5 6 2026, RCC [redacted] talked to the LPN about the missing initials on Resident #1's MAR. Staff member

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

was not aware that they were not signed off. RCC counseled staff member (Attachment 22). Administrator will conduct a staff training for the LPNs and Med Techs. The training will cover 2600.187 A & B and also Concordia Policy #201 Medication Administration. The training will start 6-2-2026 and end on 6-19-2026 (Attachment23). Resident Care Coordinators will audit 6 resident Medication administration records weekly to ensure all initials are captured during medication passes. The audit will be weekly and start July 1st and continue for 3 months ending 10-3-2026 (Attachment 24). The audit forms will be turned into the Administrator weekly to file for compliance. The Medication Administration Record audit will be addressed in the 3rd quarter Quality Assurance Report and Meeting and will be added to the Report permanently.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented ([redacted] - 07/28/2026)