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

July 20, 2026

[redacted], ADMINISTRATOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
931 ROUTE 910
CHESWICK, PA, 15024

RE: CONCORDIA OF FOX CHAPEL
931 ROUTE 910
CHESWICK, PA, 15024
LICENSE/COC#: 44247

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/18/2026, 05/19/2026 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: *931 ROUTE 910, CHESWICK, PA, 15024*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *11/06/1997* **Issued By**: *Labor and Industry*

Type: *I-2* **Date**: *05/20/2026* **Issued By**: *Township of Indiana*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *110* **Waking Staff**: *83*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *05/19/2026*

Inspection Dates and Department Representative

05/18/2026 - On-Site: [redacted]

05/19/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* **Residents Served**: *55*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Entire home* **Capacity**: *61* **Residents Served**: *55*

Hospice

Current Residents: *17*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *55*

Diagnosed with Mental Illness: *5* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *55* **Have Physical Disability**: *0*

Inspections / Reviews

05/18/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/25/2026*

Inspections / Reviews *(continued)*

06/25/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/17/2026*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *07/01/2026*

07/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/17/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/20/2026*

07/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/17/2026*

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

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], direct care staff person A witnessed an incident of sexual abuse between residents #1 and resident #2; however, this incident was not reported to the local Area Agency on Aging until 4/9/26 at 10:08am.

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

The incident was reported to AAA on 4/9/26 by the RCC [redacted] once [redacted] realized this step was missing. All LPN's and med tech/supv will receive the following attached training that is a step by step reporting process. In addition, Staff Dev. Coord. and Admin will do a simulated training of a phone call to the AAA for suspected abuse. This was a scenario based guided phone call with examples and Q&A. In practicing this thought process our hope is to make them feel more comfortable so that they do not skip any steps in the reporting process in the future. The training and the simulated phone calls will occur on 6/29 and 6/30. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26).

DIRECTED: Beginning on 7/10/26: The administrator/designee shall review all internal incidents daily to ensure all allegation of abuse are reported to the local Area Agency on Aging in accordance with 2600.15a. [redacted] 7/7/26

DIRECTED: By 7/20/26: The home shall conduct a quality management review which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 7/7/26

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/20/2026*

Implemented ([redacted] - 07/20/2026)

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], direct care staff person A entered resident #1's bedroom and observed resident #1 straddled on top of resident #2. At the time of discovery, both residents [redacted] Direct care staff person A immediately separated the residents and indicated both residents appeared confused, as neither resident #1 or resident #2 could recall the incident, nor could recall who the other resident was. According to resident #1's most recent medical evaluation, dated [redacted], resident #1 has a diagnosis of Vascular Dementia with behavioral disturbance, and according to resident #2's medical evaluation, dated [redacted] resident #2 has diagnoses of Alzheimer Dementia with behavioral disturbance and wandering behaviors.

On [redacted] direct care staff person B entered resident #3's bedroom and observed residents

42b Abuse (continued)

#3 and #4 [redacted]. Direct care staff person B immediately separated the residents and indicated both residents appeared confused, as neither resident #3 or resident #4 could recall the incident, nor could recall who the other resident was. According to resident #3's medical evaluation, dated [redacted], resident #3 has a diagnosis of Dementia, and according to resident #4's medical evaluation, dated [redacted] resident #4 has a diagnosis of Dementia (severe) with other behavioral disturbance.

The entire home is licensed as a secured dementia care unit (SDCU).

Repeated Violation 2/2/2026, 10/3/2025, 8/18/2025

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

Hourly checks were done on residents 1 and 2 for twenty four hours, in addition resident two had medication changes. Resident 3 saw the geriatric nurse practitioner and visiting nurses and continues to. Resident 4 was moved to the other wing of the building. There was no history of inappropriate behaviors in the past for any of these residents and no reports of anything since these incidents occurred. If staff recognize a change in behavior or affection between two residents they need to immediately intervene and report it to the supervisor on staff who will then contact the administrator. This way we can take a more proactive approach in consulting the PCP, geriatric psychiatric practitioner, visiting nurses, a one on one companion, redirection techniques, or the activities department to see if they can get them engaged in some task. All current staff will be trained on abuse starting on 6/29 with completion by 7/8/26. Staff Dev. Coord, Admin and RCC will be doing this training. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26

DIRECTED: By 7/10/26: The administrator/designee shall update the assessments and support plans for residents #1, #2, #3 and #4 to include the most recent behaviors. [redacted] 7/7/26

By 7/20/26: The administrator shall develop and implement procedures to track and monitor all resident behaviors, which includes procedures for immediate remediation, which may include an increase in resident supervision. The procedures shall also include updating resident assessments and support plans immediately following changes in behaviors. All resident behaviors shall be reviewed by the administrator/designee on a weekly basis. Documentation of the procedures shall be kept. All staff persons shall be educated on the new procedures by 7/20/26. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26

Proposed Overall Completion Date: 07/08/2026

Directed Completion Date: *07/20/2026*

Implemented ([redacted] - 07/20/2026)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions *(continued)*

Description of Violation

On 5/18/26, the exhaust fan in the shared bathroom of residents #1 and #5 was covered with a thick layer of dust and dirt.

Plan of Correction ***Directed (- 07/07/2026)***

The exhaust fan was cleaned immediately by maintenance who had a hand held shop vacuum on his cart. A training was done by Staff Dev. Coord. with housekeeping and maintenance on 6/18/26 which stressed the importance of regulation 2600.85a. and 2600.88a. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. 7/7/26). In the future housekeeping will monitor the situation every Wednesday and sign off on the attached check list. will be responsible for the East side rooms and will be responsible for the West side. (DIRECTED: The audits shall begin on 7/8/26 and include a weekly inspection of the entire home to ensure sanitary conditions are maintained. 7/7/26). I have also included a sample of their checks from Wednesday, June 24,2026.

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/08/2026*

Implemented (- 07/20/2026)

88a - Surfaces

4. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/18/26, an approximate 3" wide area of the laminate flooring at the threshold of emergency exit door at the B court door was missing and raised at the area that was missing, posing a tripping hazard to residents.

On 5/18/26, the left closet door in resident #6's bedroom was detached from the track and was leaning against resident #6's clothing.

Plan of Correction ***Directed (- 07/07/2026)***

The floor in B court was fixed the same day and the closet door was fixed immediately by maintenance. The training was done with housekeeping at the same time regulation 2600.85a was reviewed on 6/18/26 by Staff Dev. Coord and they will be following the same process with a check list every Wednesday. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. 7/7/26). I have attached an example of what they have done today 6/24/26

DIRECTED: Beginning on 7/8/26: A member of the Housekeeping department shall inspect the entire home at least weekly to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. 7/7/26

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/08/2026*

Implemented (- 07/20/2026)

103d - Storing Food Off Floor

5. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 5/18/26 at 10:46am, a 25 pound bag of Japanese style breadcrumbs was stored on the dry storage room floor.

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

The Admin immediately put the bread crumbs on the shelf with DHS present. Effective immediately a sign was posted in the dry storage area that reads: Nothing is to be placed on the floor. In addition, the dietary service manager completed training with all employees in his department on(6/19/26) who would be responsible for putting the food away. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26). DS manager will inspect food storage areas weekly to ensure all food items are stored off the floor. (DIRECTED: The weekly audits of all food storage areas shall begin on 7/10/26 to ensure compliance with 2600.103d. [redacted] 7/7/26). The Dietary service manager was hired on 3/31/26 and the cook was hired on 6/1/26, continued monthly training on the kitchen regulations will be occurring.

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/10/2026*

Implemented ([redacted] - 07/20/2026)

103f - Refrigerator/Freezer Temps

6. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/18/26 at 1:43pm, the temperature in the True commercial freezer, located in the kitchen, was 15 degrees Fahrenheit, and at 3:42pm, it was 11 degrees Fahrenheit.

On 5/18/26 at 1:45pm, the temperature in the upright Frigidaire freezer, located in the kitchen, was 12 degrees Fahrenheit, and at 3:40pm, it was 9 degrees Fahrenheit.

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

The true commercial freezer had a leak and was repaired on 5/19/26. Cabot maintenance came here to fix it and sent a detailed report which I have attached. The upright freezer was new, and the dial wasn't turned to the coolest setting. After the repairs and dial was set in the proper position the freezers were then reading a temperature of -4 degrees and 0 degrees. In addition, there was food piled up in front of the dial which is located inside the middle of the freezer. Dietary department will continue to check the temperature twice a day, once in the morning and once in the afternoon. (DIRECTED: Documentation of the temperatures of all refrigerators and freezers shall be kept for 2

103f - Refrigerator/Freezer Temps (continued)

months. [redacted] 7/7/26). Training was done by Admin and DSM on 6/19/26. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26).

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/07/2026*

Implemented ([redacted] - 07/20/2026)

183d - Prescription Current

7. 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

On 5/19/26, 2 pharmacy cards of resident #1's Quetiapine-25mg tablets were present in the home's medications cart; however, this medication was discontinued by the prescriber on 3/18/26.

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

Effective immediately the LPN's and med techs will begin using the attached form that goes through a series of check off questions related to procedures to accept medication from pharmacy delivery, and any other situation in regards to any medication changes. This should eliminate any room for errors. Training will be performed by RCC and Administrator by July 1, 2026. Resident #1's quetiapine tablets were removed from the cart on 5/19/26 with DHS present and wasted on 5/20/26 by LPN [redacted]

DIRECTED: By 7/20/26: The administrator shall re-educate all staff persons qualified to administer medications on the home's procedures for removing medications from the home immediately upon receipt of a discontinued order from a physician. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26

DIRECTED: Beginning on 7/10/26: The administrator/designee shall audit the medications of at least 3 different residents weekly to ensure compliance with 2600.183d. [redacted] 7/7/26

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/20/2026*

Implemented ([redacted] - 07/20/2026)

187a - Medication Record

8. Requirements

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

Description of Violation

Resident #3 is currently prescribed Divalproex Sodium 125mg delayed release tablet-Give 2 tablets (250mg) by mouth at bedtime; however on 5/19/26, resident #3's May 2026 medication administration record (MAR) only indicated Divalproex Sodium 125mg delayed release tablet and does not include the instructions to administer 2

187a - Medication Record (continued)

tablets at bedtime.

Resident #3 is currently prescribed Acetaminophen 500mg tablet-Take 2 tablets (1,000mg) by mouth every 6 hours as needed; however, on 5/19/26, resident #3's May 2026 MAR only indicated Acetaminophen-500mg tablet and does not include the instructions to administer 2 tablets as needed.

Resident #3 is currently prescribed Sertraline 50mg tablet-Take 2 tablets (100mg) by mouth every morning; however, on 5/19/26, resident #3's May 2026 MAR only indicated Sertraline-50mg tablet and does not include the instructions to administer 2 tablets every morning.

Resident #6 is currently prescribed Lorazepam 100mg tablet-Take 1 tablet by mouth at bedtime; however, on 5/19/26; resident #6's pharmacy label indicated Lorazepam 50mg tablet-Take 2 tablets by mouth at bedtime.

Resident #7 is currently prescribed Zoloft 50mg tablet-Take 2 tablets by mouth in the mornings; however, on 5/19/26, resident #7's May 2026 MAR only indicated Zoloft-50mg tablet and does not include the instructions to administer 2 tablets every morning.

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

Effective immediately LPN's and med techs will begin using a checkoff sheet that guides them through the process as to how to compare the MAR to the pharmacy labels and flag them if they do not match. This form will be used for LOA's, discharges or when new orders are being placed. RCC and Admin will complete this training by 7/1/26. RCC and or Admin will be checking the top drawer of the med cart each morning for these cards that will be flagged with post it notes with a question mark written on it. The LPN will then be responsible to make the necessary adjustments so that the label matches the MAR.

DIRECTED: By 7/15/26: The administrator/designee shall review the current MAR's for all residents, including residents #3, #6 and #7, to ensure each resident has an accurate and complete MAR present which includes all items specified in 2600.187a. [redacted] 7/7/26

DIRECTED: By 7/20/26: The administrator shall re-educate all staff persons qualified to administer medications on the home's procedures for updating resident MAR's immediately upon receipt of a new order from a physician, as well as the home's procedures for ensuring all required items specified in 2600.187a are present on each resident's MAR, which includes the strength and dosage for each prescribed medication. Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26

DIRECTED: Beginning on 8/1/26: The administrator/designee shall audit at least 3 different resident MAR's weekly to ensure accurate and complete MAR's are present in accordance with 2600.187a. [redacted] 7/7/26

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/20/2026*

Implemented ([redacted] - 07/20/2026)

231b - Medical Evaluation

9. 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

Resident #2's medical evaluation, dated [redacted] was updated by direct care staff person C in numerous areas, to include medical diagnoses; however, direct care staff person C is not a physician, physician's assistant, certified registered nurse practitioner or a licensed nurse.

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

DME training was done with all dept heads that audit the DME's. It was reiterated that it has to be a physician, physician's assistant, certified registered nurse practitioner or a licensed nurse making any changes to this form in the future. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 7/7/26). A new DME was done for resident #2 as [redacted] was due for an annual one.

DIRECTED: By 7/20/26: The administrator shall ensure a new medical evaluation is completed for resident #2 by a physician, physician's assistant or certified registered nurse practitioner. A copy of the new medical evaluation shall be kept in resident #2's record. [redacted] 7/7/26

DIRECTED: Beginning on 7/20/26: The administrator/designee shall review the medical evaluation of at least 5 different residents per month to ensure compliance with 2600.321b. [redacted] 7/7/26

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/20/2026*

Implemented ([redacted] - 07/20/2026)

234b Support Plan Needs Elements

10. Requirements

2600.
234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #2's progress notes indicate that on numerous occasions resident #2 has been aggressive/combative with care and can be angry/aggressive towards other residents; however, resident #2's support plan, dated [redacted], indicates resident #2 has no problems with agitation and aggression.

Resident #3's progress notes indicate that on numerous occasions resident #3 has been aggressive/combative with care and can be angry/aggressive towards other residents; however, resident #3's support plan, dated [redacted], indicates resident #3 has no problems with agitation and aggression.

234b - Support Plan Needs Elements *(continued)*

Plan of Correction ***Directed (- 07/07/2026)***

Resident #2 RASP was updated for aggression and agitation on 5/20/26. However, RASP update was performed in November of 2025 and stated that did have negative behaviors.
Resident #3 RASP update was done on 5/20/26 Resident #3 stating has aggression, agitation and irritability. This resident gets easily over stimulated by common environmental triggers that are common in a secured dementia care unit so it is difficult to predict. Moving forward we will try a more proactive approach. If a resident is having negative behaviors a RASP update will be performed immediately. The RCC who is responsible for updating the RASP's has been re-trained on regulation 2600.234b on 6/24/26 by administrator

DIRECTED: Beginning on 7/10/26: The administrator/designee shall review the assessments and support plans for at least 3 different residents weekly to ensure compliance with 2600.234b. 7/7/26

Proposed Overall Completion Date: 07/01/2026

Directed Completion Date: *07/10/2026*

Implemented (- 07/20/2026)