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

July 9, 2026

[redacted]
Concordia of Central Pennsylvania dba Concordia at SpiriTrust Luther Ridge
[redacted]

RE: CONCORDIA AT SPIRITRUST
LUTHER RIDGE
2735 LUTHER DRIVE
CHAMBERSBURG, PA, 17202
LICENSE/COC#: 34112

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2026 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 SPIRITRUST LUTHER RIDGE* **License #**: *34112* **License Expiration**:

Address: *2735 LUTHER DRIVE , CHAMBERSBURG, PA 17202*

County: *FRANKLIN* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *Concordia of Central Pennsylvania dba Concordia at SpiriTrust Luther Ridge*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *09/07/1993* **Issued By**: *Labor & Industry*

Type: *I-1* **Date**: *03/24/2026* **Issued By**: *Franklin County*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *33* **Waking Staff**: *25*

Inspection Information

Type: *Partial* **Notice**: *Announced* **BHA Docket #**: *0*

Reason: *Complaint, Change Legal Entity* **Exit Conference Date**: *05/21/2026*

Inspection Dates and Department Representative

05/21/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served**: *33*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *33*

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

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

Inspections / Reviews

05/21/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/15/2026*

06/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/08/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/29/2026*

Inspections / Reviews *(continued)*

06/26/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/17/2026*

07/09/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/08/2026*

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

121a Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted] at 11:40 AM, the emergency exit from the dining room was blocked by a white board.

Plan of Correction ***Directed [redacted] 06/26/2026)***

On 6/23/26 the white board was removed completely and put in storage. The residents did not like the location. White board is no longer in use.

[Directed]

- *In addition to the steps above, the Administrator or designee will educate staff on regulation 2600.121(a) by 7/17/26. Documentation of this education will be kept and available for review by the Department.*
- *Beginning no later than 7/17/26, the Administrator or designee will complete weekly audits of the home to ensure no exits are blocked. This will continue for 6 weeks. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *07/17/2026*

Implemented [redacted] - 07/09/2026)

124 Notice to Fire Department

2. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction ***Accept [redacted] - 06/26/2026)***

Email was sent by PCHA on 6/19 to Fayetteville Fire Chief. Email will be sent by the receptionist to Fayetteville Fire Chief with a read receipt when evacuation needs change. Starting 6/24/26 this will be monitor by the PCHA on every discharge and admission. The admissions checklist was update to reflect this step. The Discharge checklist was updated to confirm email was sent. The receptionist and PCHA were educated on these steps on 6/24/26.

Licensee's Proposed Overall Completion Date: *06/26/2026*

Implemented [redacted] - 07/09/2026)