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

August 14, 2026

[redacted], ADMINISTRATOR
CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH
1600 GEORGETOWN DRIVE
SEWICKLEY, PA, 15143

RE: CONCORDIA OF FRANKLIN PARK
1600 GEORGETOWN DRIVE
SEWICKLEY, PA, 15143
LICENSE/COC#: 44363

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2026, 07/22/2026 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 FRANKLIN PARK* **License #**: *44363* **License Expiration**: *03/15/2027*

Address: *1600 GEORGETOWN DRIVE, SEWICKLEY, PA 15143*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *CONCORDIA LUTHERAN MINISTRIES OF PITTSBURGH*

Address: *1600 GEORGETOWN DRIVE, SEWICKLEY, PA, 15143*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *08/11/1998* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *14* **Total Daily Staff**: *91* **Waking Staff**: *68*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *07/22/2026*

Inspection Dates and Department Representative

07/21/2026 - On-Site: [redacted]

07/22/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served**: *63*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *62*

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

Have Mobility Need: *14* **Have Physical Disability**: *0*

Inspections / Reviews

07/21/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/03/2026*

08/03/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/07/2026*

Inspections / Reviews *(continued)*

08/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/14/2026*

08/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/14/2026*

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

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

On 7/14/26 at 7:27 p.m., resident #2's blood glucose reading of 196mg/dL was taken on the Evencare G3 glucometer that belonged to resident #3.

On 7/21/26 at approximately 11:28 a.m. there was yellow and brown liquid of unknown origin that appeared to be melted ice cream that was frozen to the surface of the home's activity room freezer in multiple spaces between the ridges molded into the freezer liner and underneath two three-gallon tubs of ice cream.

On 7/21/26 at approximately 12:12 p.m. there was a white powder of unknown origin in addition to what appeared to be medical tape stained a light yellowish-brown that was stuck to the front of the toilet-riser resting over the toilet in the private half bathroom of resident room [redacted] South belonging to resident #1.

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

Immediately upon discovery of the substance in the activity room freezer the housekeeper was made aware by PCHA and attended to the matter, cleaning the freezer completely. Immediately upon discovery of the issues in the private bathroom belonging to resident #1 the floor was mopped by the housekeeper and the toilet riser was removed and replaced with a new riser by maintenance. Activity Director and Activity Aide were educated by PCHA regarding the importance of maintaining sanitary conditions. This education occurred on 7/21/26. Education is occurring with all staff regarding the importance of cleaning their work areas & reporting unsanitary conditions to management or housekeeping immediately. This education is being completed by RCCs and will be occurring between 7/21/26 and 8/5/26. A record of the trainings will be maintained by the administrator.
Immediately upon discovery of the errant reading, the Evencare G3 glucometers belonging to both residents #2 and #3 were discarded and replaced with new units by the LPN. Also on 7/22/26, [redacted], RCC, reviewed all glucometers currently in use for proper labelling and added a label to the glucometer itself, which had not been done previously. [redacted], LPN, notified provider of both residents impacted on 7/24/26 – CRNP expressed no need for testing at this time. [redacted], RCC, contacted the families of both residents by phone on 8/3/26 to notify them of the violation. Neither family returned [redacted] call and so on 8/6/26 [redacted] was able to successfully reach both families who expressed no concerns related to potential shared glucometer use. All glucometers for all residents who are ordered accuchecks were replaced by the facility on 8/5/26. All glucometers and cases were labelled with the resident name on 8/5/26 and this was verified by PCHA. Upon further discussion with CRNP [redacted] on 8/6/26 regarding this violation CRNP provided a new order for each resident receiving blood glucose monitoring for weekly checks of all glucometers in use to include ensuring date/time are correct, labels are correct and intact and the devices are cleaned/sanitized using a manufacturer-approved product. This will be completed by the med tech on the overnight shift weekly as per physician order and as necessary by med techs/LPNs when glucometer is soiled.
Med Techs and LPNs were educated beginning on 7/14/26 regarding glucometer policy/procedure. This education is ongoing until all med techs & LPNs are educated with an expected completion date of 8/5/26. Education is being completed by [redacted], LPN, and [redacted], RCCs. The med tech who used the incorrect glucometer on a resident will be enrolled in the new department-approved Diabetic Education class being offered by Northampton Community College. RCCs are contacting to enroll and administrator is obtaining required demonstration items. Expected to enroll staff person for a class occurring in August of 2026.

85a Sanitary Conditions (continued)

All LPNs/Med Techs will be observed by either the RCC or PCHA (or designee) demonstrating glucometer procedure for obtaining accucheck reading, documentation & administration of insulin. This observation was initiated the week of 8/3/26 and will occur for each LPN/Med Tech one time weekly for a period of 12 weeks and then one time monthly for a period of 3 additional months. A record of these observations will be maintained by the administrator.
An audit was implemented on 07/27/26 to be conducted weekly for 12 weeks by PCHA or designee focusing on sanitary conditions in 5 random resident rooms, 3 random refrigerators/freezers.
Audit results will be reviewed at the QA meeting scheduled in Q4 (date TBD). All training records and audit reports will be maintained by administrator.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/14/2026)

95 - Furniture and Equipment

2. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 7/21/26 at approximately 10:25 a.m., the towel bar was missing between the wall mounts in the private half bathroom of resident room #102 North belonging to resident [redacted]

On 7/21/26 at approximately 11:56 a.m., the vanity countertop in the private half bathroom of resident room #203 South belonging to resident [redacted] *was not firmly secured to the wall and could be shifted up and down approximately one half inch on either side of the sink.*

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

Immediately upon discovery of the missing towel bar in resident room #102 North, the housekeeper was made aware and replaced the towel bar. Upon completion of the physical site walk thru which maintenance participated in, maintenance returned to resident room #203 South and secured the vanity to the wall to ensure no further shifting. Administrator provided education to maintenance and housekeeper regarding ensuring furniture and equipment are in good repair, clean and free of hazards. This education was initiated on 7/21/26 and concluded with part time maintenance staff on 7/31/26. An audit was initiated the week of 7/27/26 to be conducted by maintenance or designee weekly for a total of 12 weeks to randomly check equipment in 10 resident rooms and 2 common areas. Audit results will be reviewed at the QA meeting scheduled in Q4 (date TBD). All training records and audit reports will be maintained by administrator.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/14/2026)

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

103g Storing Food *(continued)*

Description of Violation

On 7/21/26 at approximately 11:06 a.m., there was an unsealed bag of dried cranberries that contained approximately eight ounces of cranberries and was found on the shelving in the home's walk in cooler.

On 7/21/26 at approximately 11:45 a.m. there was a box dated 7 16/26 that indicated "Burger Patties" and contained four individual frozen burger patties that were uncovered and unsealed inside of a plastic bag within.

Plan of Correction ***Accept (- 08/03/2026)***

Dietary Manager was made aware of findings during physical site walk through by maintenance and immediately removed and discarded items. PCHA initiated education with the Dietary department staff on 7/21/26 with an expected completion date of 8/5/26 to capture all staff regarding regulatory requirements for food storage. Beginning the week of 7/27/26, Dietary Manager or designee will complete an audit of all food storage areas to ensure proper storage. This audit will continue weekly for a total of 12 weeks. Audit results will be reviewed at the QA meeting scheduled in Q4 (date TBD). All training records and audit reports will be maintained by administrator.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented (- 08/14/2026)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 7/21/26 at approximately 11:13 a.m., there were six loaves of cinnamon swirl bread stored on the speed rack outside and to the right of the home's walk in freezer, however, the loaf on front right side of the tray had mold growing on it in two separate areas.

Plan of Correction ***Accept (- 08/03/2026)***

Dietary Manager was made aware of findings during physical site walk through by maintenance and immediately removed and discarded item. PCHA initiated education with the Dietary department staff on 7/21/26 with an expected completion date of 8/5/26 to capture all staff regarding regulatory requirements regarding outdated food. Beginning the week of 7/27/26, Dietary Manager or designee will complete an audit of all food storage areas to ensure proper storage and an absence of outdated items. This audit will continue weekly for a total of 12 weeks. Audit results will be reviewed at the QA meeting scheduled in Q4 (date TBD). All training records and audit reports will be maintained by administrator.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented (- 08/14/2026)

185a - Implement Storage Procedures

5. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed blood glucose testing before meals and at bedtime. However, the resident's blood glucose

185a - Implement Storage Procedures (continued)

readings were incorrectly entered onto the residents July 2026 medication administration record (MAR) as follows:

- *7/3/26 at 8:18 p.m., the resident's Evencare G3 glucometer had a reading of 329 mg/dL; there was no entry on the MAR.*
- *7/10/26 at 3:39 p.m., the resident's Evencare G3 glucometer had a reading of 429 mg/dL; 439mg/dL was entered on the MAR.*
- *7/21/26 at 7:37 p.m., the resident's Evencare G3 glucometer had a reading of 328mg/dL; 357mg/dL was entered on the MAR.*

Resident #4's Evencare G3 glucometer indicated a blood glucose reading of 248mg/dL on 7/19/26 at 8:47 p.m., however, the resident's July 2026 medication administration record documented a blood glucose reading of 148 mg/dL on 7/19/26 at 8:00 p.m.

Resident #5's Evencare G3 glucometer contained a reading of 336 mg/dL on 7/6/26 at 8:18 a.m., however, the resident's July 2026 medication administration record documented the letter x on 7/6/26 at 8:00 a.m.

Resident #6 is prescribed Ativan Oral Tablet 0.5mg, one tablet by mouth every four hours as needed, if ineffective after two (2) 0.5mg doses, please call hospice for further instruction. However, on 7/22/26 at approximately 11:15 a.m., the resident's Ativan 0.5mg tablet was not on the medication cart or in the personal care home to administer if requested by resident #6.

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

Resident #2 & Resident #4's Medication Administration Records unable to be corrected at the time of discovery. RCC completed investigation into staff members entering incorrect values and completed a counseling with that staff member on 7/30/26.
Resident #5's glucometer reading of 336 mg/dl on 7/6/26 at 8:18am was recorded under the PRN Accucheck order and that page of the MAR showing this value is attached. Resident #5 initially refused her Accucheck that morning and that was documented as a code "2" on the MAR for 8:00am. When resident agreed to having [redacted] BG checked it was done under the PRN order so there was no error in this instance. Documentation attached.
Immediately upon discovery of Resident #6's Ativan Oral Tablet being unavailable for administration if needed, LPN [redacted] contacted Providence Pharmacy to request delivery. Pharmacy packing slip attached to indicate medication was received on 7/22/26.
All LPNs and Med Techs will be provided with education by RCCs and/or PCHA regarding regulatory requirements of 2600.185a. This education began on 7/22/26 and will end on 8/5/26. An audit was initiated the week beginning 7/27/26 during which the MARs of 5 random residents will be monitored for accuracy of information - values entered correctly and all ordered medications on hand. This audit will be conducted by RCC or designee weekly for 20 weeks. Audit results will be reviewed at the QA meeting scheduled in Q4 (date TBD). All training records and audit reports will be maintained by administrator.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/14/2026)

187a - Medication Record

6. Requirements

2600.

187a - Medication Record *(continued)*

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

11. Special precautions, if applicable.

Description of Violation

Resident #6 is prescribed Metoprolol Tartrate 12.5mg tablet, give 12.5mg by mouth two times a day and hold for systolic blood pressure less than 110. However, on 7/1/26, 7/3/26, 7/8/26 and 7/16/26, the resident's medication was held but the blood pressure reading was not documented on the July 2026 medication administration record (MAR) and that area of the MAR documented the letter x instead.

Plan of Correction ***Accept (- 08/03/2026)***

On 7/22/26, upon discovery of the errors, RCC investigated the occurrences and found a trend involving a Med Tech. RCC and PCHA counseled the Med Tech on 7/23/26 regarding regulatory requirements for 2600.187a and the importance of entering values into MAR when required. All Med Techs and LPNs will be educated regarding the regulatory requirements set forth in 2600.187a. This education is being conducted by RCCs and will occur between 7/23/26 and 8/5/26. An audit was initiated the week beginning 7/27/26 during which the MARs of 5 random residents will be monitored for accuracy of information - values entered correctly (being conducted with audit monitoring 2600.185a, 2600.187b). This audit will be conducted by RCC or designee weekly for 20 weeks. Audit results will be reviewed at the QA meeting scheduled in Q4 (date TBD). All training records and audit reports will be maintained by administrator.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented (- 08/14/2026)

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 #2 is prescribed is prescribed Novolog Insulin 100 Unit/mL, inject per sliding scale if 0 – 70 initiate hypoglycemic protocol; 71 – 140 = 0; 141 – 180 = 2; 181 – 220 = 4; 221 – 260 = 6; 261 – 300 = 8; 301 – 340 = 10; 341 – 400 = 12; 401 – 450 = 14; 451 – 999 = 0 call MD for dose, subcutaneously before meals and at bedtime. However, on 7/3/26 at 8:18 p.m. a reading of 329 was found on the resident's glucometer, direct care staff person A administered 10 units of Novolog insulin to resident #2 but did not document the medication administration record (MAR) at the time of administration, the areas for the glucometer reading and the Novolog Insulin administered were both left blank.

Resident #4 is prescribed Novolog Insulin 100 Unit/mL, inject per sliding scale if 0 – 70 initiate hypoglycemic protocol; 71 – 140 = 0; 141 – 180 = 2; 181 – 220 = 4; 221 – 260 = 6; 261 – 300 = 8; 301 – 340 = 10; 341 – 400 = 12; 401 – 450 = 14; 451 – 999 = 0 call MD for dose, subcutaneously before meals and at bedtime. However, on 7/3/26 at 8:51 p.m. a reading of 257mg/dL was found on the resident's glucometer, direct care staff person A administered 8 units of Novolog insulin to resident #4 but did not document the medication administration record (MAR) at the time of administration, the areas for the glucometer reading and the Novolog Insulin administered were both left blank.

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

Resident #4 is prescribed Insulin Glargine 100 Units/mL inject 16 units subcutaneously at bedtime. However, on 7/3/26 at 8:00 p.m., direct care staff person A administered 16 units of insulin Glargine to resident #4, however, it was not documented on the resident's July 2026 medication administration record at the time of administration and was left blank.

REPEAT VIOLATION 1/15/26

Plan of Correction ***Accept ([redacted] - 08/03/2026)***

RCC and PCHA provided counseling and education to direct care staff person A on 7/30/26 to cover regulatory requirements of 2600.187b and Concordia policy and procedure #201 Medication Administration. All Med Techs and LPNs will be educated regarding the regulatory requirements set forth in 2600.187b. This education is being conducted by RCCs and will occur between 7/23/26 and 8/5/26. An audit was initiated the week beginning 7/27/26 during which the MARs of 5 random residents will be monitored for accuracy of information - values entered correctly (being conducted with audit monitoring 2600.185a, 2600.187a). This audit will be conducted by RCC or designee weekly for 20 weeks.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/14/2026)

187d - Follow Prescriber's Orders

8. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed is prescribed Novolog Insulin 100 Unit/mL, inject per sliding scale if 0 – 70 initiate hypoglycemic protocol; 71 – 140 = 0; 141 – 180 = 2; 181 – 220 = 4; 221 – 260 = 6; 261 – 300 = 8; 301 – 340 = 10; 341 – 400 = 12; 401 – 450 = 14; 451 – 999 = 0 call MD for dose, subcutaneously before meals and at bedtime. However, on 7/21/26, resident #2's blood glucose reading was 328mg/dL at 7:37 p.m. and the resident was administered 12 units of Novolog insulin.

Resident #4 is prescribed Novolog Insulin 100 Unit/mL, inject per sliding scale if 0 – 70 initiate hypoglycemic protocol; 71 – 140 = 0; 141 – 180 = 2; 181 – 220 = 4; 221 – 260 = 6; 261 – 300 = 8; 301 – 340 = 10; 341 – 400 = 12; 401 – 450 = 14; 451 – 999 = 0 call MD for dose, subcutaneously before meals and at bedtime. However, on 7/19/26, resident #4's blood glucose reading was 248mg/dL at 8:47 p.m. and the resident was administered 2 units of Novolog insulin.

REPEAT VIOLATION 1/15/26

Plan of Correction ***Accept ([redacted] - 08/07/2026)***

Upon notification of the errors and due to proximity to event, CRNP [redacted] was made aware via phone call with RCC on 7/22/26 and advised that no adverse reactions were anticipated or reported. Residents were notified of the error by RCC on 7/22/26. The responsible party for each resident was notified via phone call with RCC on 8/6/26. A DHS Incident Report Form was completed in our electronic medical record for each resident to record the medication error – one on 8/3/26 and the other completed on 8/6/26. This document was completed by [redacted] RCC, and will remain part of each residents' permanent medical record.

187d Follow Prescriber's Orders (continued)

All Med Techs and LPNs will be educated regarding the regulatory requirements set forth in 2600.187d. This education is being conducted by RCCs and will occur between 7/23/26 and 8/5/26. An audit was initiated the week beginning 7/27/26 during which the MARs of 5 random residents will be monitored for accuracy of information values entered correctly (being conducted with audit monitoring 2600.185a, 2600.187a, 2600.187b), sliding scale insulin coverage administered appropriately. This audit will be conducted by RCC or designee weekly for 20 weeks. Audit results will be reviewed at the QA meeting scheduled in Q4 (date TBD). All training records and audit reports will be maintained by administrator.

Licensee's Proposed Overall Completion Date: *08/07/2026*

Implemented ([redacted] - 08/14/2026)