

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

September 2, 2026

[REDACTED], CORPORATE EXECUTIVE DIRECTOR OF PERSONAL CARE
CONCORDIA OF MONROEVILLE
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146

RE: CONCORDIA AT THE CEDARS
4363 NORTHERN PIKE
MONROEVILLE, PA, 15146
LICENSE/COC#: 44624

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 AT THE CEDARS

License #: 44624

License Expiration: 05/15/2027

Address: 4363 NORTHERN PIKE, MONROEVILLE, PA 15146

County: ALLEGHENY

Region: WESTERN

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CONCORDIA OF MONROEVILLE

Address: 4363 NORTHERN PIKE, MONROEVILLE, PA, 15146

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1

Date: 08/19/1998

Issued By: Dept of Health

Staffing Hours

Resident Support Staff: 15

Total Daily Staff: 100

Waking Staff: 75

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal, Complaint

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: 87

Residents Served: 70

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 70

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 15

Have Physical Disability: 1

Inspections / Reviews

07/21/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/22/2026

08/24/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/01/2026

Inspections / Reviews (*continued*)

09/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/01/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's annual medical evaluation dated [REDACTED] did not indicate if the residents' needs can be safely met by the personal care home.

Resident #2's significant change medical evaluation dated [REDACTED] did not indicate if the residents' needs can be safely met by the personal care home.

Plan of Correction

Accept [REDACTED] - 08/24/2026

1. Administrator immediately notified Nurse Practitioner of missing indication of "needs can safely be met by the personal care home." Nurse Practitioner will correct next time [REDACTED] is in the facility.
2. An Audit was conducted on 7/24/2026 to ensure that all resident's Medical Evaluations were marked that the residents needs can safely be met in the personal care home. No other residents were affected. Outcome of Audit will be kept by administrator.
3. Resident Care Coordinator and Nurse Practitioner will be educated by Administrator on regulation 141a by 7/31/26. Documentation of education to be kept by administrator.
4. Administrator and/or designee to conduct and audits beginning 7/31/26 of 5 DME's weekly for one month, then a monthly audits of 3 DME's to determine if facility is in compliance with regulation 141a. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/17/26. Documentation of audits and meeting to be kept by administrator.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented [REDACTED] - 09/02/2026

162a - Hours Between Meals

2. Requirements

2600.

162.a. There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper. This requirement does not apply if a resident's physician has prescribed otherwise.

Description of Violation

On two different Saturdays in July 2026 resident #3 was served a meal at approximately 12:00 p.m., in [REDACTED] room,

162a - Hours Between Meals (continued)

however, resident #3 was not served any other meal until the following morning at approximately 7:30 a.m.

Plan of Correction

Accept () - 08/24/2026

1. Administrator immediately reeducated staff member responsible for missed meals about the importance of resident's receiving all meals.
2. Administrator completed audit on 7/24/31 of all resident's who receive meals in their room if they have missed any meals in the past month. Outcome of audit to be kept by administrator.
3. Administrator and/or designee to educate all nursing staff on regulation 162a by 162a. Administrator will keep documentation of education.
4. The administrator and/or designee will conduct a daily audit, starting 7/27/26 for one week of all resident's who receive dinner in their room to confirm it was received. After one week administrator and/or designee will interview 5 residents per week for one month to confirm they have received all meals. After that month, 5 residents will be interviewed per month to confirm all meals are being received. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/17/26. Documentation of meeting will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/02/2026

183e - Storing Medications**3. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 7/21/26 at approximately 4:00 p.m., resident #1's following medications in the medication cart were expired.:

- * Loperamide Hydrochloride 2MG PO CAP – Expired 5/14/2026
- * Loperamide Hydrochloride 2MG PO CAP – Expired 6/11/2026
- * Meclizine Hydrochloride 12.5MG PO TAB - Expired 4/22/2026
- * Hydralazine HCL oral Tablet 10MG (Pill bottle) - Start date 5/13/2025

Plan of Correction

Accept () - 08/24/2026

1. Resident Care Coordinator immediately destroyed expired medications and ordered the medications that were expired from the pharmacy to be delivered that night.
2. Administrator completed a cart audit on 7/24/2026 to confirm that no other residents were affected. Outcome of audit to be kept by Administrator.
3. Administrator and/or designee to educate med techs and nurses on regulation 183e by 7/31/26. Administrator will keep documentation of education.
4. The administrator and/or designee will conduct weekly cart audits of 5 residents beginning 7/31/26, for one month. After that month, the administrator and/or designee will conduct monthly cart audits of 5 residents to ensure all medications are not expired, and no other residents are affected. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/17/26. Documentation of meeting will be kept by the administrator.

183e Storing Medications (*continued*)

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/02/2026

184b - Labeling OTC/CAM

4. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #1 is prescribed Tylenol oral tablet (Acetaminophen) give 1000 mg by mouth in the afternoon for pain, however an over the counter bottle of Acetaminophen 500 mg is being used with no pharmacy label and only [REDACTED] name written on the bottle with marker.

Plan of Correction

Accept () - 08/24/2026

1. Nurse immediately added change of direction sticker to resident OTC medication.
2. Administrator completed a cart audit on 7/24/2026 to confirm that no other residents were affected. Outcome of audit to be kept by Administrator.
3. Administrator and/or designee to educate med techs and nurses on regulation 184b by 7/31/26. Administrator will keep documentation of education.
4. The administrator and/or designee will conduct weekly cart audits of 5 residents beginning 7/31/26, for one month. After that month, the administrator and/or designee will conduct monthly cart audits of 5 residents to ensure all OTC medications are available and labeled with resident's name and change of direction label, and no other residents are affected. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/17/26. Documentation of meeting will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/02/2026

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 #5 is prescribed Bisacodyl rectal suppository 10mg insert 10mg rectally every 24 hours as needed for constipation, however this was not available in the home or on the medication cart.

Resident #5 is prescribed Ondansetron HCL Tablet 4mg, give 4mg by mouth every 8 hours as needed for nausea/vomiting, however this was not available in the home or on the medication cart.

Resident #5 is prescribed hemorrhoidal relief external cream 5% (Lidocaine Anorectal? Apply to anus topically every 4 hours as needed for hemorrhoids apply 1 gram, however this was not available in the home or on the medication cart.

185a Implement Storage Procedures (*continued*)**Plan of Correction**

Accept () - 08/24/2026

1. Resident Care Coordinator immediately ordered the medications that were not available from the pharmacy to be delivered that night.
2. Administrator completed a cart audit on 7/24/2026 to confirm that no other residents were affected. Outcome of audit to be kept by Administrator.
3. Administrator and/or designee to educate med techs and nurses on regulation 185a by 7/31/26. Administrator will keep documentation of education.
4. The administrator and/or designee will conduct weekly cart audits of 5 residents beginning 7/31/26, for one month. After that month, the administrator and/or designee will conduct monthly cart audits of 5 residents to ensure all medications are available, and no other residents are affected. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/17/26. Documentation of meeting will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/02/2026

187b - Date/Time of Medication Admin.

6. 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 Arnicare Arnica External cream (Homeopathic products) apply to knees topically at bedtime for pain, however this medication was not available in the home from 7/7/26 through 7/20/26 and the medication administration record was signed as the medication being administered.

Resident #2 is prescribed Lidocaine patch 5%, apply to lower back topically one time a day to help treat lower back pain, however this medication was not available in the home from 7/18/26, 7/19/26, and 7/20/26 and the medication administration record was signed as the medication being administered.

Resident #6 is prescribed Voltaren External Gel 1% (Diclofenac Sodium Topical) Apply to left foot topically three times a day for plantar fasciitis apply 2 grams, however this was not available in the home on 7/21/26 at 9:00 a.m. and the medication administration record was signed as the medication being administered.

Plan of Correction

Accept () - 08/24/2026

1. Resident Care Coordinator immediately ordered the medications that were not available from the pharmacy to be delivered that night.
2. Administrator completed a cart audit on 7/24/2026 to confirm that no other residents were affected. Outcome of audit to be kept by Administrator.
3. Administrator and/or designee to educate med techs and nurses on regulation 187b by 7/31/26. Administrator will keep documentation of education.
4. The administrator and/or designee will conduct weekly cart audits of 5 residents beginning 7/31/26, for one month. After that month, the administrator and/or designee will conduct monthly cart audits of 5 residents to ensure all medications are available, signed off appropriately, and no other residents are affected. The cart audit will consist of confirming all medications are available and cross referenced with the medication administration record to

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

confirm accuracy. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/17/26. Documentation of meeting will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/02/2026)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Arnicare Arnica External cream (Homeopathic products) apply to knees topically at bedtime for pain, however this medication was not available in the home from 7/7/26 through 7/20/26 and the medication administration record was signed as the medication being administered.

Resident #2 is prescribed Lidocaine patch 5%, apply to lower back topically one time a day to help treat lower back pain, however this medication was not available in the home from 7/18/26, 7/19/26, and 7/20/26 and the medication administration record was signed as the medication being administered.

Resident #6 is prescribed Voltaren External Gel 1% (Diclofenac Sodium Topical) Apply to left foot topically three times a day for plantar fasciitis apply 2 grams, however this was not available in the home on 7/21/26 at 9:00 a.m. and the medication administration record was signed as the medication being administered.

Plan of Correction

Accept () - 08/24/2026)

1. Resident Care Coordinator immediately ordered the medications that were not available from the pharmacy to be delivered that night.
2. Administrator completed a cart audit on 7/24/2026 to confirm that no other residents were affected. Outcome of audit to be kept by Administrator.
3. Administrator and/or designee to educate med techs and nurses on regulation 187d by 7/31/26. Administrator will keep documentation of education.
4. The administrator and/or designee will conduct weekly cart audits of 5 residents beginning 7/31/26, for one month. After that month, the administrator and/or designee will conduct monthly cart audits of 5 residents to ensure all medications are available, signed off appropriately, and no other residents are affected. Documentation of the audits will be kept by the administrator. Results of this audit will be shared at the Quality Assessment and Assurance Committee meeting on 9/17/26. Documentation of meeting will be kept by the administrator.

Licensee's Proposed Overall Completion Date: 08/31/2026

Implemented () - 09/02/2026)