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

November 6, 2026

[redacted], ADMINISTRATOR
CONCORDIA OF MONROEVILLE
[redacted]

RE: CONCORDIA AT WEATHERWOOD
896 WEATHERWOOD LANE
GREENSBURG, PA, 15601
LICENSE/COC#: 45616

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/16/2026, 09/17/2026 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 WEATHERWOOD* **License #**: *45616* **License Expiration**: *08/13/2027*

Address: *896 WEATHERWOOD LANE, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *CONCORDIA OF MONROEVILLE*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *03/26/2013* **Issued By**: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *97* **Waking Staff**: *73*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date**: *09/17/2026*

Inspection Dates and Department Representative

09/16/2026 - On-Site: [redacted]

09/17/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *106* **Residents Served**: *83*

Secured Dementia Care Unit

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

Hospice

Current Residents: *19*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *83*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *14* **Have Physical Disability**: *1*

Inspections / Reviews

09/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/06/2026*

10/08/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *10/30/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/30/2026*

Inspections / Reviews *(continued)*

11/06/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/30/2026*

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

25b SOPa - Rent Rebate: Contract

1. Requirements

2600.
25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

The resident-home contract, dated [redacted], for resident #1 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:
On 9/16/2026, PCHA corrected the contract for resident #1 and informed the resident that the home does not collect a portion of the resident's rent rebate benefit for [redacted] and reviewed it with the resident, who also initialed the contract. Nursing staff huddles were completed on 09/21/2026 to review state regulation 2600.25 b.

Current:
Entire house audit to be completed of all current resident contracts by PCHA and/or designee to confirm that the facility does not collect a portion of the resident's rent rebate benefit beginning on 9/28/2026 and ending on 10/12/2026. Monthly staff meeting to be completed in October to continue to review state regulation 2600.25 (b) and the ongoing Plan of Correction.

Ongoing:
PCHA and/or designees to randomly audit new resident contracts beginning on 10/13/2026 to confirm that the facility does not collect any portion of the resident's rent rebate benefit, and to continue monthly and then annually.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

85a - Sanitary Conditions

2. Requirements

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

Description of Violation

On 9/14/26, at 4:25 p.m., and on 9/9/26, at 3:40 p.m., resident #2's glucometer was used to check the blood glucose of resident #3.

On 9/14/26, at 4:25 p.m., and on 9/13/26, at 8:02 a.m., resident #3's glucometer was used to check the blood glucose of resident #2.

REPEATED VIOLATION: 9/3/2025

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:

85a - Sanitary Conditions (continued)

On 9/16/2026, the PCHA designee removed both residents' glucometers from the nursing department and provided them with new ones. Both residents' PCPs and families were also notified of the newly issued glucometers. Nursing staff completed huddles on 09/21/2026 to review state regulation 2600.85.a.

Current:
PCHA ordered locked boxes for all residents in the facility who currently have glucometers. Staff labeled locked boxes for each resident, placed their glucometers in the boxes, and will keep them in their rooms as of 10/5/2026. Complete a monthly staff meeting in October to continue reviewing state regulation 2600.85(a) and the ongoing Plan of Correction.

Ongoing:
PCHA and/or Designee will complete weekly random audits for one week, then randomly, to ensure residents' glucometers are in their locked boxes and in their rooms. All new residents with glucometers will receive locked boxes upon admission and be placed in their rooms. Education on regulation 2600.85 (a) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

85d - Trash Receptacles

3. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/16/26, at 12:19 p.m., there was a partially full, uncovered, unattended trash can in the shared bathroom of resident room 322.

On 9/17/26, at 12:16 p.m., there was a partially full, uncovered, unattended trash can in the common bathroom by the reception desk.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:
On 9/16/2026, PCHA replaced the trash can lid in the public restroom, removed the resident's laundry basket that they were using as a trash can from the room, and provided [redacted] with one with a lid. On 9/17/2026, PCHA and designers completed a whole-house audit of the resident and public restroom trash cans. PCHA replaced all resident bathrooms and restrooms with trash cans that had lids with new ones. PCHA and Nursing staff completed huddles on 09/21/2026 to review state regulation 2600. 85 (d)

Current:

PCHA and/or designee to complete a random weekly audit of resident bathrooms and public bathrooms to ensure

85d - Trash Receptacles (continued)

trash lids remain on, beginning on 9/21/2026 and ending on 10/12/2026. PCHA to complete a monthly staff meeting in October to continue reviewing state regulation 2600.85(d) and the ongoing Plan of Correction.

Ongoing:
PCHA and/or Designee will complete random audits to ensure trash lids remain on residents' bathrooms and public restrooms. Education on regulation 2600.85 (d) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

132c - Fire Drill Records

4. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 7/6/26 & 6/25/26 did not include the exit route used.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:

On 9/16/2026, PCHA reviewed fire drill records and documented exit routes for fire drills held on 7/6/26 and 6/25/2026. Nursing staff completed huddles on 09/21/2026 to review state regulation 2600. 132 (c).

Current:

PCHA to review fire drill documentation monthly to ensure that the exit route is documented appropriately. PCHA to complete a monthly staff meeting in October to continue reviewing state regulation 2600.85(d) and the ongoing Plan of Correction.

Ongoing:

PCHA and/or Designees will continue auditing all fire drills to ensure all fire drill documentation is completed. Education on regulation 2600.132 (c) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

141a 1-10 Medical Evaluation Information

5. 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 #2's medical evaluation, dated [redacted], did not include the resident's weight.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:

On 9/16/2026, PCHA notified the resident's PCP that weight was not included on DME. PCHA and Nursing staff completed huddles on 09/21/2026 to review state regulation 2600. 141 (a).

Current:

PCHA and/or designee to complete an entire house audit beginning on 9/21/2026 and ending on 10/12/2026 to ensure that all DME documentation is completed. PCHA to complete a monthly staff meeting in October to continue reviewing state regulation 2600.141(a) and the ongoing Plan of Correction.

Ongoing:

PCHA and/or Designee will complete random DME audits monthly to ensure all documentation is completed appropriately. Education on regulation 2600.141 (a) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

183d - Prescription Current

6. 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

Resident #2's prescribed Tramadol HCl Tablet 50mg was in the medication cart; however, the medication was

183d - Prescription Current (continued)

discontinued on 9/9/26.

Resident #4's prescribed Risperdal Oral Tablet 0.5mg was in the medication cart; however, the medication was discontinued on 9/11/26.

Resident #4's prescribed Buspirone HCl Oral Tablet 30mg was in the medication cart; however, the medication was discontinued on 9/15/26.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:
On 9/16/2026, PCHA Designee removed all discontinued medications from the medication cart. All medications were disposed of as per facility protocols. PCHA and Nursing staff completed huddles on 09/21/2026 to review state regulation 2600. 183 (d) and how to destroy medications as per facility policy.

Current:
PCHA and/or designee to complete a random weekly audit of all residents' current medications beginning on 9/21/2026 and ending on 10/12/2026. PCHA to complete a monthly staff meeting in October to continue reviewing state regulation 2600.85(d) and the ongoing Plan of Correction.

Ongoing:
PCHA and/or Designee will complete random audits to ensure that all discontinued medications are removed from the medication carts and disposed of properly. Education on regulation 2600.183 (d) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

184b - Labeling OTC/CAM

7. 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 #2 was prescribed Humalog / Insulin Lispro 100unit/ml, inject per sliding scale and inject 8 units subcutaneously one time only for hyperglycemia for 1 day; however, the pharmacy label only indicated the sliding scale.

Resident #4 was prescribed Furosemide Tablet 20mg, give 40mg by mouth in the morning; however, the pharmacy label indicated take 1 tablet (20mg) every other day on odd days.

Resident #4 was prescribed Lorazepam Concentrate 2mg/ml, give 0.5ml by mouth every 4 hours as needed, and give 0.25ml by mouth every 6 hours as needed; however, the pharmacy label only indicated give 0.5ml by mouth every 4 hours as needed.

Resident #4 was prescribed Morphine Sulfate Concentrate Solution 20mg/ml, give 0.5ml by mouth every 2 hours as needed, give 1ml by mouth every 2 hours as needed, and give 0.5ml by mouth every morning and at bedtime;

184b Labeling OTC/CAM (continued)

however, the pharmacy label only indicated give 0.5ml by mouth every 2 hours as needed.

Resident #5 was prescribed Lidocaine External Patch 4%, apply topically to neck as needed, applying to neck in morning and remove at bedtime; however, the pharmacy label indicated apply 1 patch topically to neck every morning and remove at bedtime.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:
On 9/16/2026, PCHA Designee added Change of Direction stickers and names to the medications for Resident #2, #4, and #5. PCHA and Nursing staff completed huddles on 09/21/2026 to review state regulation 2600. 184 (b).

Current:
PCHA and/or designee to complete a random weekly audit of all residents' current medications beginning on 9/21/2026 and ending on 10/12/2026. PCHA to complete a monthly staff meeting in October to continue reviewing state regulation 2600.184(b) and the ongoing Plan of Correction.

Ongoing:
PCHA and/or Designee will complete random audits to ensure that all medications have residents' names and correct labels. Education on regulation 2600.184 (b) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

185a - Implement Storage Procedures

8. 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 #1 was prescribed Chest Congestion Liquid 100/5ml, give 5ml orally every 6 hours as needed; however, the medication was not available in the home.

Resident #2 was ordered blood glucose checks 4 times daily, at meals and at bedtime; however, on the following dates and times, the blood glucose was incorrectly recorded on the resident's September 2026 medication administration record (MAR):
On 9/12/26, at 4:33 p.m., the resident's blood glucose was 267 on the glucometer; however, it was recorded as 257 on the MAR.
On 9/4/26, at 12:24 p.m., the resident's blood glucose was 173 on the glucometer; however, it was recorded as 157 on the MAR.
On 9/3/26, at 8:52 p.m., the resident's blood glucose was 247 on the glucometer; however, it was recorded as 257 on the MAR.
On 9/2/26, at 8:55 p.m., the resident's blood glucose was 197 on the glucometer; however, it was recorded as 196 on the MAR.
On 9/2/26, at 10:53 a.m., the resident's blood glucose was 192 on the glucometer; however, it was recorded as 172 on

185a Implement Storage Procedures (continued)

the MAR.

Resident #2 was prescribed Insulin Glargine Subcutaneous Solution Pen Injector 100unit/ml. The manufacturer's directions indicated, "Discard pen after 28 days;" however, the pen was not dated when opened.

Resident #2 was prescribed Humalog Injection Solution 100unit/ml. The manufacturer's directions indicated, "Discard after 28 days;" however, the pen was not dated when opened.

The home's medication administration policy for controlled substances indicated "After administering a controlled substance, complete the individual narcotic record or the controlled med record. The following should be documented: Date, Time, Dosage /amount given, amount returned or remaining, and nurse's signature." However, resident #4's prescribed Lorazepam Concentrate 2mg/ml had 8 syringes and the count indicated there should be 9 syringes. The resident was administered a dose on 9/16/26, at 1:18 p.m., but the count sheet was not signed as administered or updated with the correct count.

Resident #5 was prescribed the following medications; however, they were not available in the home:
Albuterol Sulfate HFA Inhalation Aerosol Solution 108mcg/act, 2 puffs, inhale orally every 6 hours as needed.
Antacid Chew 750mg, give 1 tablet orally every 8 hours as needed.
Loperamide HCl Oral Capsule 2mg, give 1 capsule by mouth every 8 hours as needed.
Oxymetazoline HCl Nasal Solution 0.05%, 1 application in both nostrils as needed.

Resident #6 was prescribed the following medications; however, they were not available in the home:
Acetaminophen Tab 325mg, give 650mg orally every 4 hours as needed,
Diclofenac Gel 1%, apply to right knee topically as needed for pain/inflammation, apply 2 grams to right knee three times a day as needed.

Resident #7 was prescribed Albuterol Aer HFA, 1 inhalation, inhale orally every 4 hours as needed; however, this medication was not available in the home.

REPEATED VIOLATION 4/8/2026, 11/25/25, 9/3/25 et al.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:

On 9/16/2026, the PCHA Designee removed all undated insulin from medication carts and contacted the pharmacy to ensure same day delivery; [redacted] also reordered missing and expired medications. The PCHA designee directed nursing staff to complete all missing documentation from the count sheet. PCHA and Nursing staff completed huddles on 09/21/2026 to review state regulation 2600. 185 (a).

Current:

PCHA and/or designee to complete a random weekly audit of all residents' current medications beginning on

185a Implement Storage Procedures (continued)

9/21/2026 and ending on 10/12/2026. PCHA to complete a monthly staff meeting in October to continue reviewing state regulation 2600.185(a) and the ongoing Plan of Correction.

Ongoing:

PCHA and/or Designee will conduct random audits to ensure all medications are within the facility, insulin is dated properly, the MAR is completed, and the count sheet is correctly documented. Education on regulation 2600.185 (a) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

187b - Date/Time of Medication Admin.

9. 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 was prescribed Voltaren Arthritis Pain External Gel 1%, apply 2 grams to bilateral knees topically three times a day; however, on the following dates, at 8:00 p.m., resident #1's September 2026 MAR did not include the name and initials of the staff person administering the medication: On 9/14/26, 9/8/26, 9/6/26 & 9/4/26.

Resident #2 was prescribed Synthroid (Levothyroxine Sodium) Oral Tablet 50mg, give 1 tablet by mouth in the morning; however, on 9/11/26, at 5:00 a.m., resident #2's September 2026 MAR did not include the name and initials of the staff person administering the medication.

Resident #4 was prescribed Nystatin Powder, apply to bilateral breast topically two times a day; however, on the following dates and times, resident #4's September 2026 MAR did not include the name and initials of the staff person administering the medication: On 9/14/26, at 4:00 p.m., on 9/8/26, at 4:00 p.m., on 9/6/26, at 4:00 p.m., & on 9/3/26, at 8:00 a.m.

Resident #5 was prescribed the following medications; however, on 9/8/26, at 8:00 p.m., resident #5's September 2026 MAR did not include the name and initials of the staff person administering the medication:
Melatonin Tablet 3mg, give 0.5mg tablet orally one time a day.
Lisinopril Oral Tablet, give 10mg by mouth at bedtime.
Montelukast Sodium Oral Tablet 10mg, give 10mg by mouth at bedtime.
Solifenacin Succinate Oral Tablet 10mg, give 10mg by mouth at bedtime.
Xarelto Oral Tablet 20mg, give 20 mg by mouth at bedtime.
Pilocarpine HCl Oral tablet 5mg, give 5mg by mouth three times a day.
Also, resident #5 was prescribed Restasis EMU 0.05% OP, instill 1 drop in both eyes two times a day; however, on 9/14/26, at 8:00 p.m., resident #5's September 2026 MAR did not include the name and initials of the staff person administering the medication.

Resident #6 was prescribed the following medications; however, on 9/8/26, at 8:00 p.m., resident #6's September

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

2026 MAR did not include the name and initials of the staff person administering the medication:
Atorvastatin Tablet 20mg, give 20mg orally at bedtime.
Melatonin Tablet 3mg, give 9mg orally at bedtime.
Trazadone 100mg tab, give 100mg orally at bedtime.

Resident #7 was prescribed the following medications; however, on 9/9/26 at 8:00 p.m., resident #7's September 2026 MAR did not include the name and initials of the staff person administering the medication:
Ipratropium Solution Albuterol, 1 unit inhale orally six times a day.
Lumigan Solution 0.01% OP, instill 1 drop in both eyes at bedtime.
Travoprost Drop 0.004%, instill 1 drop in both eyes at bedtime.
Seroquel Oral Tablet, give 75mg by mouth at bedtime.
Trazadone HCl Tablet 50mg, give 50mg by mouth at bedtime.
Ativan Oral Tablet 1mg, give 1 tablet by mouth three times a day.

REPEATED VIOLATION 9/3/25

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:

On 9/16/2026, the PCHA designee removed both residents' glucometers from the nursing department and provided them with new ones. Residents' PCPs and families were also notified of the newly issued glucometers and glucometer transcription errors. Nursing staff completed huddles on 09/21/2026 to review state regulation 2600.187.d

Current:
PCHA and or designess to complete randomly audit of MAR begining on 9/21/26 and ending on 10/21/26.
Complete a monthly staff meeting in October to continue reviewing state regulation 2600.187(d) and the ongoing Plan of Correction.

Ongoing:

PCHA and/or Designee will complete weekly random audits for one week, then randomly, to ensure residents' glucometers are in their locked boxes and in their rooms, MAR and glucomters. All new residents with glucometers will receive locked boxes upon admission and be placed in their rooms. Education on regulation 2600.187 (d) will continue to be held randomly.

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

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)

187d - Follow Prescriber's Orders

10. Requirements

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

Description of Violation

Resident #2 was prescribed Insulin Lispro (1 unit dial) subcutaneous solution pen injector 100 unit/ml, inject as per sliding scale: if 120-150 = 0 units; 151-180 = 1 unit; 181-200 = 2 units; 201-250 = 3 units; 251-300 = 4 units; 301-350 = 6 units; 351-400 = 8 units, subcutaneously before meals and at bedtime. However, on 9/2/26, at 10:53 a.m., resident #2's blood glucose was 192 and the resident should have been administered 2 units; however, the blood glucose was recorded on the September 2026 MAR as 172, and the resident was administered 1 unit.

REPEATED VIOLATION - 4/8/2026, 11/25/25, 9/3/25 et al.

Plan of Correction ***Accept ([redacted] - 10/08/2026)***

Immediate:

On 9/16/2026, the PCHA designee removed both residents' glucometers from the nursing department and provided them with new ones. Residents' PCPs and families were also notified of the newly issued glucometers and glucometer transcription errors. Nursing staff completed huddles on 09/21/2026 to review state regulation 2600.187.d

Current:

PCHA ordered locked boxes for all residents in the facility who currently have glucometers. Staff labeled locked boxes for each resident, placed their glucometers in the boxes, and will keep them in their rooms as of 10/5/2026. PCHA and/or designees to also audit glucometer readings with MAR. Complete a monthly staff meeting in October to continue reviewing state regulation 2600.187(d) and the ongoing Plan of Correction.

Ongoing:

187d Follow Prescriber's Orders (continued)

PCHA and/or Designee will complete weekly random audits for one week, then randomly, to ensure residents' glucometers are in their locked boxes and in their rooms, MAR and glucomters. All new residents with glucometers will receive locked boxes upon admission and be placed in their rooms. Education on regulation 2600.187 (d) will continue to be held randomly.

Licensee's Proposed Overall Completion Date: *10/12/2026*

Implemented ([redacted] - 11/06/2026)