

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REBECCA RESIDENCE

LEGAL ENTITY

To operate CONCORDIA AT REBECCA RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 3746 CEDAR RIDGE ROAD, ALLISON PARK, PA 15101

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 7, 2011 until March 7, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430070

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 17 2011

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Barbara Compson-Lloyd, Administrator  
Rebecca Residence  
Concordia at Rebecca Residence  
3746 Cedar Ridge Road  
Allison Park, Pennsylvania 15101

Dear Ms. Compson-Lloyd:

As a result of the Department of Public Welfare's licensing inspection on January 27, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

# Western Region

PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 4

NAME AND ADDRESS OF PERSONAL CARE HOME CONCORDIA AT REBECCA RESIDENCE, 3746 CEDAR RIDGE ROAD ALLISON PARK, PA 15101		FEB 18 2011	CURRENT LICENSE NUMBER 430070
INSPECTION DATES (Include all dates of the inspection) 01/27/2011		Adult Residential Licensing	REGIONAL REPRESENTATIVE Dennis Ropon, Nancy Mandock
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>BARBARA Compson-Lloyd, RN, NHA Administrator</b>			
SIGNATURE OF LEGAL ENTITY <i>Barbara Compson-Lloyd, RN, NHA</i>	DATE 2/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Lambert (9)</i>	DATE 2-23-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The bed enabler in room number A-156 is not securely connected to the bed frame posing a hazard. The enabler has space that measures 18" by 11" posing an entrapment hazard.  Repeated Violations: 03/25/2010		The bed enabler was immediately removed and replaced with a securely attached enabler. The surveyor witnessed the new installed enabler.  Staff will be in serviced on checking all bed enabler's by 3/11/11.  The manager/designee will audit the bed enabler for safety weekly times 4 weeks, monthly times 3 months.  These findings will be reported at the Quarterly Quality Assurance Committee Meeting. The Administrator oversees The Quality Assurance Meeting.	Steps have been taken to correct violation; full compliance is not verifiable 2-23-11 Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Barbara Compson-Lloyd RN NHA</i>	DATE <i>2/17/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>2-23-11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of peroxy oral rinse, with a manufacture's label indicating "contact poison control center...", was unlocked and accessible to residents in room 132 P.  Residents of the home have not been assessed capable of recognizing and using poisonous materials.		The bottle of peroxy oral rinse Was immediately removed and Locked up in front of the surveyor.  Staff will be in serviced on proper storage of the resident's mouthwash/personal items by 3/11/11.  The manager/designee will audit the resident rooms to assure proper storage of items weekly times 4 weeks, monthly times 3 months.  There findings will be reported at the Quarterly Quality Assurance Committee Meeting. The Administrator oversees The Quality Assurance Meeting.	<i>2-23-11</i> <i>g</i>

# Western Regio

VIOLATION REPORT

PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY Barbara Compson - Lloyd RN NHA		DATE 2/17/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  DATE 2-23-11

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85a Sanitary conditions shall be maintained.	The bathroom floor in room A-156 had a pool of urine around the base of the toilet.		The resident's room was just mopped prior to the surveyor entering the room. The resident used the bathroom and urine was seen on the floor. The floor was immediately mopped. No odors were present in residents room.  Staff will be in serviced on checking resident bathroom by 3/11/11.  The manager/designee will audit the resident bathroom floor weekly times 4 weeks.  There findings will be reported at the Quarterly Quality Assurance Committee Meeting. The Administrator oversees The Quality Assurance Meeting.	2-23-11 ✓

# Western Region

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located at the North Unit of the home did not include disposable gloves.		Gloves were immediately replaced while surveyor was present.  Facility has (3) first aid kits (2) of these kits met all requirements in 96A. The facility will utilize (1) first aid kit.  Staff will be in serviced on checking to assure the first aid kit has all required items present by 3/11/11.  The manager/designee will audit the first aid kit weekly times 4 weeks, monthly times 3 months.  There findings will be reported at the Quarterly Quality Assurance Committee Meeting. The Administrator oversees The Quality Assurance Meeting.	2-23-11 <i>g</i>