



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

APR 24 2014

Mr. Michael Kaufman, Administrator
Rebecca Residence
3746 Cedar Ridge Road
Allison Park, Pennsylvania 15101

RE: Concordia at Rebecca Residence
License #: 430070

Dear Mr. Kaufman:

As a result of the Department of Public Welfare's licensing inspection on December 16, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period March 8, 2014 to March 8, 2015 was issued on November 12, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

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

PCH Name: CONCORDIA AT REBECCA RESIDENCE		License Number: 43007
Address: 3748 CEDAR RIDGE ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: Laura Thompson		Region: WEST
Legal Entity Name: REBECCA RESIDENCE		RECEIVED FEB 04 2014
Legal Entity Address: 3746 CEDAR RIDGE ROAD, ALLISON PARK, PA 15101		
Certificate(s) of Occupancy C-2 LP 09/13/1999 L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Working Staff: 49
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/16/2013: Glidden, Michelle; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 65 Number of Residents Served: 54 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0	

Violation Report: 43007 - 12/16/2013 - Glidden, Michelle
PCH Name: CONCORDIA AT REBECCA RESIDENCE

FEB 04 2014

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 12/10/13, resident #1 was prescribed Vitamin D soft gel 10,000 units take 1 tab orally one time daily. However, this medication was not available in the home from 12/10/13 thru 12/16/13.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medication in question was obtained on date of inspection.

- Staff will be trained on regulation 187d by 2/7/2014. (See attached teaching form) Documentation of training will be forwarded to Adult Licensing Services on 2/7/2014.
Training was completed and documentation was received 2/10/14. SMP
- Staff will be trained on process for ensuring medications are available. Training will be completed by 2/7/2014. (See attached teaching form) Documentation of training will be forwarded to Adult Licensing Services on 2/7/2014.
- Resident care coordinator will complete medication audit form weekly for 3 months beginning on 2/7/2014, then every 2 weeks for 1 month, then monthly there after. (See Medication Audit form)
- Resident care coordinator will complete follow up sheet from medication audit findings and turn into Personal Care Administrator for review weekly for 3 months, then every 2 weeks for 1 month, then monthly there after. (See Medication Audit Follow Up form.)

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Laura D. Thompson</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura Thompson Personal Care Home Administrator</i>			Date <i>2/4/14</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>2-19-14</u> (Date)		Plan of correction implementation status as of <u>2-19-14</u> (Date)	
The above plan of correction was approved by <u>SMP</u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SMP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	