



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 02 2015

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 Human Services' licensing inspection on March 20, 2015 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, 2015 to March 8, 2016 was issued on April 30, 2015. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
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: 3746 CEDAR RIDGE ROAD, ALLISON PARK, PA 15101		County: Allegheny
Administrator: Laura Thompson		Region: WEST
Legal Entity Name: REBECCA RESIDENCE		
Legal Entity Address: 3746 CEDAR RIDGE ROAD, ALLISON PARK, PA 15101		
Certificate(s) of Occupancy C-2 LP 09/13/1999 Labor and Industry		RECEIVED JUN 05 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 76	Waking Staff: 57
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/20/2015: Garrigan, Laurie; Pfaff, Vicki		
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: 58 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: 4 Number of Hospice Residents in past year: 8	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 18 Have a Physical Disability: 0	

JUN 05 2015

Violation Report: 43007 - 03/20/2015 - Garrigan, Laurie
PCH Name: CONCORDIA AT REBECCA RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

At 9:35 AM, there was a unlabeled spray bottle containing 8 oz. of a blue liquid in the first floor storage closet off the country kitchen. Staff was unsure of the contents of the bottle.

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. All chemicals removed from first floor storage closet on 3-20-2015. Weekly walk-around audits will be implemented for 8 weeks and then as needed to ensure compliance with regulation 82a. Audit will be completed by resident care coordinator or designee. See attached checklist. Audit will be turned into administrator for review. All staff will be trained on regulation 82a by 7/5/2015. See attached teaching form. Administrator will conduct additional weekly checks of the home to ensure poisonous materials are stored in original labeled containers.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Laura Thompson*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Laura Thompson Administrator 6-5-2015*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/4/15</u> (Date)	Plan of correction implementation status as of <u>8/4/15</u> (Date)
The above plan of correction was approved by <u><i>LT</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>h</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 05 2015

Violation Report: 43007 - 03/20/2015 - Garrigan, Laurie
PCH Name: CONCORDIA AT REBECCA RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.82(c) - 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.

2a. DESCRIPTION OF VIOLATION

At 9:35 AM, the following materials, with manufacturer's labels indicating, "If swallowed, contact a physician or Poison Control Center," were unlocked and accessible to residents in the first floor storage closet off the country kitchen:

- * 1-32 oz. bottle of Seventh Generation Natural All Purpose Cleaner
- * 1-15 oz. can of Steriphene II Disinfectant Deodorant
- * 1-6.175 oz. Air Wick spray refill
- * 2-1.42 gallons of Clorox bleach, each approximately 1/4 full
- * 1-12.5 oz. can of Lysol Disinfectant Spray

Not all residents of the home, including residents #2, # 3 and # 4, have been assessed capable of recognizing and using poisons safely.

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. All chemicals removed from first floor storage closet on 3-20-2015. Weekly walk-around audits will be implemented for 8 weeks and then as needed to ensure compliance with regulation 82c. Audit to be completed by resident care coordinator or designee. See attached checklist. Audit will be turned into administrator for review. All staff will be trained on regulation 82c by 7/15/2015. See attached teaching form. Administrator will conduct additional weekly checks of the home to ensure poisonous materials are not accessible to residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Thompson

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Laura Thompson Personal Carehome Administrator

Date 6-5-2015

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The above plan of correction is approved as of

8/4/15
(Date)

Plan of correction implementation status as of 8/4/15
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43007 - 03/20/2015 - Garrigan, Laurie
PCH Name: CONCORDIA AT REBECCA RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

At 9:55 AM, the 1st floor exit doors leading to the enclosed courtyard were locked with a keypad. No delay locking device was present on the doors. Both exit doors were labeled as exits.

At 9:55 AM, the 1st floor courtyard gate was locked with a magnetic lock. No delay locking device was present on the courtyard gate.

The home does not have written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the system or a statement specific to the home from the manufacturer, lock service company or an architect verifying that the magnetic locking system will shut down and that all doors will open easily and immediately when there is a signal from an activated fire alarm system, heat or smoke detector, and/or power failure to the home.

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.

The home has permission from Dept. of Labor and Industry permitting use of automatic locking devices to be installed on exit access doors. Please see attached. North courtyard doors have been equipped with delay locking devices, 1st floor courtyard gate magnetic lock has been removed. Gate is equipped with a manual latch device,

8/4/15 The home has received approval from local building authority permitting the use of delay locking devices, which were installed on the 1st floor exit doors leading to the enclosed courtyard.

Immediately: If the delay locking devices on the 1st floor exit doors leading to the enclosed courtyard become inoperable, repairs shall be made within 48 hours. During the time the locking devices are inoperable, doors shall remain unlocked and unobstructed. Adequate staffing shall be present at all times to meet residents' supervision needs.

Dr. 8/4/15

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) Laura Thompson

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura Thompson Personal Care Home Administrator Date 6-5-2015

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The above plan of correction is approved as of 8/4/15 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 8/4/15 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented