



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 0 1 2016

Ms. Ashlee Mayuric, Administrator
Rebecca Residence
3746 Cedar Ridge Road
Allison Park, Pennsylvania 15101

RE: Concordia at Rebecca Residence
License #: 430070

Dear Ms. Mayuric:

As a result of the Department of Human Services' annual licensing inspection on August 25, 2016 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.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 43007 - 03/25/2016 - Sutherland, Brent
PCH Name: CONCORDIA AT REBECCA RESIDENCE

SEP 26 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on [redacted] 14, did not receive training on medication self-administration, care for residents with dementia and cognitive impairments or infection control and general principles of cleanliness and hygiene areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during the 2015 training year.

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 staff will receive a list of trainings with dates attended. Trainings that have not been completed will be left blank. Staff will receive this document every other month.

Monthly trainings will continue to be offered at the facility 6 hours per month.

2 days each month will now be used as in-service make up sessions. 8 hours of training will be offered each of those days.

The list will be posted at time clock and each unit times and content of in-service.

Administrator / Designer will monitor staff attendance at the beginning of each month and schedule staff accordingly.

staff must complete all make up inservices by December 1st or they will be removed from schedule until completed.

seasonal/casual staff will be scheduled to attend inservices in June of the calendar year.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Ashlee Mayurik

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ashlee Mayurik, Administrator

Date 9-20-16

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

The above plan of correction is approved as of <u>10/7/16</u> (Date)	Plan of correction implementation status as of <u>10/7/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43007 - 08/25/2016 - Sultherland, Brent
PCH Name: CONCORDIA AT REBECCA RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A, hired on [redacted] 14, did not receive training on resident rights or the Older Adult Protective Services Act during the 2015 training year.

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 staff will receive a list of trainings with date alternative training not completed will be left blank. Staff will receive document every other month.

Monthly trainings will continue to be provided at facility for 6 hours every month.

2 days each month will be scheduled as in-service make up day. 3 hours of training will be provided during each session. This list will be displayed at time clock and on each unit.

Administrator or Designer will check staff records at the beginning of each month.

Admin/Designer will schedule staff for make up in-service days. Staff must complete all make up training by December 31st or will be removed from schedule until complete.

Seasonal/casual staff will be scheduled for make up in-services during college breaks in June of each year.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) - Ashlee Mayhew

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ashlee Mayhew, Administrator Date 9-20-16

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The above plan of correction is approved as of <u>10/7/16</u> (Date)	Plan of correction implementation status as of <u>10/7/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

SEP 26 2016

Violation Report: 43007 - 08/25/2016 - Sutherland, Brent
PCH Name: CONCORDIA AT REBECCA RESIDENCE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

Several north courtyard exterior ground lighting fixtures were observed in disrepair, including broken bases, missing and broken shades, and missing and broken light bulbs.

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.

Hardwired illuminating lights have been removed.
Solar illumination lights will light up the sidewalk pathways

Area will be checked for hazards every week for 3 months by Administrator or Designer
This area will also be checked ongoing as needed after 3 months. The area will be checked monthly and as needed by Admin or Designer.

Any issues found will be documented and corrected by maintenance immediately to ensure good repair, clean, and free of hazards

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Asmire Mayholic*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Asmire Mayholic Administrator* Date *9-20-16*

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The above plan of correction is approved as of 10/7/16
(Date)

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

Plan of correction implementation status as of 10/7/16
(Date)

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

Violation Report: 43007 - 08/25/2016 - Sultherland, Brent
PCH Name: CONCORDIA AT REBECCA RESIDENCE

SEP 26 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A piece of lumber, with exposed nails and which broke off from a raised wooden garden box, was laying on the sidewalk of the north courtyard. This poses a laceration hazard to residents.

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.

wooden garden box has been removed area has been cleaned of debris
north courtyard has flower pots and plant box along building for residents to enjoy
north courtyard will be inspected weekly and ongoing as needed for 3 months area will be inspected for hazards and items will be checked for good working order
after 3 months area will be checked monthly and as needed
any issues found will be documented and corrected immediately.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Justice Mayhew Administrator Date 9-30-16

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