



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 28 2017

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 October 3, 2017 and November 1, 2017, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

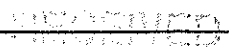
Sincerely,

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

Jacqueline L. Rowe
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: Ashlee Mayuric		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 12/22/1997 L&I		 NOV 29 2017 ASSISTANT ATTORNEY GENERAL (Administrative Law Section)
Staffing Hours		
Resident Support: 61	Total Daily Staff: 134	Waking Staff: 101
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 10/03/2017: Mulick, Cindy; Winters, Lynn; Barry, Courtney 11/01/2017: Mulick, Cindy; Barry, Courtney		
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: 61 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: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 61 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 0	

Violation Report: 43007 - 10/03/2017 - Mulick, Cindy
 PCH Name: CONCORDIA AT REBECCA RESIDENCE

WEST PHOENIX FIELD OFFICE
 11111 N. 19th Ave, Phoenix, AZ 85021

1. REGULATION 65 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 On 10/3/17, at 10:56 a.m. a "24 hour report" was unlocked, accessible and unattended, in a drawer inside the north country kitchen. The report contained confidential care documentation for residents #1, #2 and #3.

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.

Area on North has a locking drawer for all info with patient/resident names.
 Area will be monitored weekly for 12 weeks then monthly for 3 months.
 Staff will be reeducated if HIPAA is found.
 Any staff that show a pattern of non compliance will be counseled by Admin/Coordinator and human resources department.

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

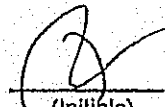
Signature of Legal Entity Representative
 (Required on EVERY Page) *Ashlee Mayhew*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ashlee Mayhew, Administrator* Date *11-23-17*

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

The above plan of correction is approved as of 12/4/17
 (Date)

Plan of correction implementation status as of 12/4/17
 (Date)

The above plan of correction was approved by 
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Started

RECEIVED

NOV 29 2017

Page 3 of 4

Violation Report: 43007 - 10/03/2017 - Mullick, Cindy
PCH Name: CONCORDIA AT REBECCA RESIDENCE

WEST REGION FIELD OFFICE
Luzerne County Hearing

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
On 11/1/17, there was no sign indicating that the courtyard door in the 1st floor living room is not an exit.

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.

This door is not part of fire or emergency exit route. Door has signage that states "This is not a fire exit" sign was placed during annual survey on 11-1-2017. Fire safety expert will be in to evaluate this door for evaluation.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) ASHLEE MAYLICK Date 11-23-17

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

The above plan of correction is approved as of *[Signature]*
(Date)

Plan of correction implementation status as of *[Signature]*
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43007 - 10/03/2017 - Mulick, Cindy
PCH Name: CONCORDIA AT REBECCA RESIDENCE

NOV 29 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, for resident #4, dated 8/17/17, is blank under the section "Long-term Memory."

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.

Coordinator will alert admission monthly of RASPs that are due. Coordinator will complete RASP form and review for completion. Coordinator will review RASP with resident/family. Admission will review for any changes made to RASP prior to being placed in resident chart. This specific RASP was immediately corrected. Resident #4 does not have cognition deficits at this time; short term and long term memory are intact and do not require any additional support from staff at this time.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Ashlee Mayhew

Date 11-03-17

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

The above plan of correction is approved as of

12/11
(Date)

Plan of correction implementation status as of

12/17
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
-

The above plan of correction was approved by

[Signature]
(Initials)