



MAILING DATE: January 7, 2019

Mr. Michael Kaufman
Nursing Home 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's Bureau of Human Services Licensing inspection on August 6, 2018, 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 that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 43007 - 08/06/2018 - Pfaff, Vicki
PCH Name: CONCORDIA AT REBECCA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION
 On 6/22/18 at approximately 1:15 p.m., direct care staff person A went to resident #1's room to assist the resident with toileting. During transfer to the toilet, resident's feet slipped causing resident and staff person A to slide to the floor. Staff person A was trapped between the toilet and the sink due to efforts to minimize injuries to resident by lowering them both to the floor while resident was leaning on staff person A. Staff person A was unable to get up and/or assist the resident to get up. Staff person A pulled and reset the emergency call bell in the bathroom several times. Staff person A also used his/her mobile phone to call the home's main phone number several times to be transferred to the personal care home line where the call is usually answered by the nurse on duty. The phone was not answered and the call bells were not responded to. Staff person A indicates that the attempts to get help lasted approximately 7 minutes until a family member of the resident entered the resident's room.

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.

staff members are to use cell phones to call other staff. Personal care has 2 cordless phones on the unit that may be carried to call other staff. Staff to call front desk switchboard operator. When necessary switchboard operator can overhead page immediate assistance to a specific area in the personal care building. Charge nurse carries a portable phone during their shift. All staff will be reeducated on available methods of communication in the personal care facility.

Immediately: All staff persons shall be educated on the home's policy and procedures for communications including during an emergency event. Documentation shall be kept. 12/24/18

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

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|--|-----------------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ashlee Mayuric</i> | Date <i>12-21-18</i> |
|--|-----------------------------|

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| The above plan of correction is approved as of <u>12/24/18</u> (Date) | Plan of correction implementation status as of <u>12/24/18</u> (Date) |
| The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[initials]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

Violation Report: 43007 - 08/06/2018 - Pfaff, Vicki
PCH Name: CONCORDIAAT REBECCA RESIDENCE

1. REGULATION 55 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 Resident #1's assessment completed 7/27/18 indicates that the resident requires assistance in transferring in/out of bed and/or chair and the support plan states that "DCS will assist with pivoting in and out of bed or chair as needed." However, the Assessment - Mobility section of the same assessment indicates that resident is "Minimal (Mobile)" and the Plan to Meet Mobility Needs is "DCS will provide verbal cues to [resident #1] to evacuate to a safe zone during emergencies and drills."

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.

RASP will be reviewed by Admin before finalized
 Resident assessed to need a physical assist will be immobile (moderate or total)
 Resident assessed to need a verbal cue will be minimal mobile
 Physical assist during a transfer (immobile)
 Verbal assist during a transfer (mobile)
 This will be monitored with each new RASP.

Resident #1's assessment was updated at the time of inspection. 12/24/18 *g*

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

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|---|----------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ashlee Mayunc</i> | Date <i>12-21-18</i> |
|---|----------------------|

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