



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 2, 2018**

Mr. Michael Kaufman  
Executive Director  
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 9, 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 Kimberland".

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 43007 - 08/09/2018 - Georgoulis, Karen  
 PCH Name: CONCORDIA AT REBECCA RESIDENCE

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On 8/4/18, resident #1 choked on a piece of hamburger while at lunch. Although a piece of the hamburger was removed, resident #1 continued to cough and expel mucous. Resident #1 was transported to the hospital via ambulance and admitted on 8/4/18 for aspiration. The home did not report the incident to the Department until 8/7/18.

**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 be educated regarding incidents and incident reporting. IF EMS IS required to provide or assist with a medical intervention PHS will be notified.  
 In this case EMS was only used for transportation to the hospital.

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) <i>Ashlee Mayhew</i>	Date <i>10-18-18</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>10/25/18</u> (Date)	Plan of correction implementation status as of <u>10/25/18</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>4</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented