



May 20, 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 annual inspection on October 25, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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](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 that reads "J. Rowe". The signature is stylized and cursive.

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



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Human Services Licensing

Violation Report: 43007 - 10/25/2018 - Barone, Barbara  
PCH Name: CONCORDIA AT REBECCA RESIDENCE

1. REGULATION 55 Pa.Code §2800

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The emergency procedures in the red binder at the front desk did not include the telephone numbers for the Pennsylvania Emergency Management Agency (PEMA).

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.

Contact information for PEMA added to Disaster Preparedness & Emergency Procedures Binder. See attached.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Melanie Stewart LA/PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melanie Stewart LA/PCHA* Date *4/9/19*

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

The above plan of correction is approved as of 5/1/19 (Date)

The above plan of correction was approved by *SE* (Initials)

Plan of correction implementation status as of 5/1/19 (Date)

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43007 - 10/25/2018 - Barone, Barbara  
PCH Name: CONCORDIA AT REBECCA RESIDENCE

1. REGULATION 65 Pa. Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial medical evaluation, dated 8/9/18, did not include the medical professional's license number.  
Resident #2's initial medical evaluation, dated 10/16/17, did not include the medical professional's license number.  
Resident #3's initial medical evaluation, dated 7/26/18, did not include the medical professional's license number.  
Resident #4's initial medical evaluation, dated 2/13/18, did not include the medical professional's license number and the last four lines of section #4's special needs are illegible. The information is typed over the writing of the heading for section #7's medication addendum.

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.

It was a IT issue that was not pulling medical professional license over & has since been fixed. All new DME's put into charts with license numbers for residents #1-4.  
Resident #4 was a printer error & has been fixed immediately when brought to facility attention.  
RCC/Admin will check DME's for license number prior to printing and placing into charts

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Melanie Stewart* LANIPCHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Melanie Stewart, LANIPCHA*      Date *4/11/19*

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The above plan of correction is approved as of 5/1/19  
(Date)

The above plan of correction was approved by *SE*  
(Initials)

Plan of correction implementation status as of 5/1/19  
(Date)  
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 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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Violation Report: 43007 - 10/25/2018 - Barone, Barbara  
PCH Name: CONCORDIA AT REBECCA RESIDENCE

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #5's annual medical evaluation, dated 10/20/17, did not include the medical professional's license number.

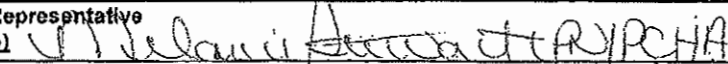
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

It was a IT issue that was not pulling  
medical professional license number over and  
has since been corrected. + new DME placed  
in chart immediately

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all resident records to ensure a current medical evaluation is completed, including the medical professional's license number, and present for all residents.

 5/1/19

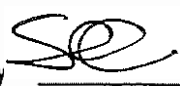
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Melonie Stewart, RN/PCA Date 4/1/19

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(Initials)

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WEST REGION FIELD OFFICE  
Human Services Licensing

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Violation Report: 43007 - 10/26/2018 - Barone, Barbara  
PCH Name: CONCORDIA AT REBECCA RESIDENCE

1. REGULATION 55 Pa. Code §2600  
2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION  
Resident #1 is prescribed metoprolol succinate ER 50 mg, administer one time daily starting 8/12/18. Per the October 2018 medication administration record, the resident refused the medication on 10/14/18 and the home did not notify the prescriber.


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.

Resident #1's MD was notified & asked for parameters of when he would like to be called/Notified in writing. See attached. Staff instructed of MD wishes for any medication refusals.

Immediately, then at least monthly, the administrator or designated staff person shall monitor the MAR to ensure all resident medication refusals are documented accurately and the required procedures are followed.

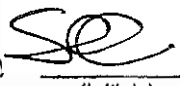
 5/1/19

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

Signature of Legal Entity Representative  
(Required on EVERY Page) /PCHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Melanie Stewart, LPA/PCHA      Date 4/9/19

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