



MAILING DATE: February 18, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 25, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance 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

## Facility Information

Name: *CONCORDIA AT REBECCA RESIDENCE*

License Number: *43007*

Address: *3746 CEDAR RIDGE ROAD,, ALLISON PARK, PA 15101*

County: *ALLEGHENY*

Region: *WESTERN*

## Administrator

Name: *Melanie Stewart*

Phone: *7244440600*

Email: *mstewart@REBECCARESIDENCE.COM*

## Legal Entity

Name: *REBECCA RESIDENCE*

Address: *3746 CEDAR RIDGE ROAD, ALLISON PARK, PA, 15101*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *09/13/1999*

Issued By: *L&I*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *73*

Waking Staff: *55*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*11/25/2019 - On-Site: Scott Klein, Courtney Barry, Vicki Siegert*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *65*

Residents Served: *62*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *3*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *67*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *11*

Have Physical Disability: *0*



25c2 - Fee Schedule

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The home charges specified amounts for individual personal needs services. The contract for resident #2, dated 12/22/18, does not include a fee schedule that lists the actual amount of allowable charges for each of the home's available services.

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.)

- [redacted], Admissions did not enter all level of care charges on resident #2's admission contract.
  - [redacted], PC Administrator put an addendum on contract for resident #2 dated for 11/26/19 and went over it with resident #2 and had resident signature placed.
  - [redacted], Admissions was re-educated by [redacted], PC administrator to place all charges on admission contracts prior to having potential residents moving in and before they sign contract. [redacted], PC Administrator and [redacted] Resident care co-ordinator will double check on each admission to ensure charges are entered as of 11/26/19.
- \* see Teaching form attached and sign in.  
 \* see addended contract with resident #2 signature } attached.


Legal Entity Representative

 Signature Melanie Stewart, LPN/RCHA Printed Name and Title Melanie Stewart, LPN/RCHA Date 12/16/19

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The above plan of correction is approved as of 12/16/19 (Date) Plan of correction implementation status as of 2/7/2020 (Date)

Fully Implemented

The above plan of correction was approved by  (Initials)

Not Implemented

121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 11:18 a.m., in the home's Garden Level between the country kitchen and nurse's station, there are two sets of locked glass double doors preventing immediate egress from the home without the use of an employee key card or entering a code on the keypad to the left of the set of doors.

Plan of Correction (POC)

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- Dan Dennis, maintenance unlocked both sets of double doors to be compliant with Regulation 2600(121a). Even though this will cause an inadvertent security breach for the residents within the building.
- Melanie Stewart, PCHA and Mike Kaufman, Executive Director have been working with Bob Majewski, I.T. and vendor Horizon to ensure a proper safety mechanism to allow free egress through these doors while at the same time providing security for the residents who reside in the building.

Legal Entity Representative

  
Signature


Melanie Stewart, PCHA 2/5/2020  
Printed Name and Title Date

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(Date)

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**132c - Fire Drill Records****Regulations**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

On 3/21/19 at 12:30 a.m. the home conducted a fire drill with 56 residents evacuated, however, the fire drill record indicates 20 residents were evacuated from the home.

On 4/30/19 at 10:50 a.m. the home conducted a fire drill with 60 residents evacuated, however, the fire drill record indicates 8 residents were evacuated from the home.

On 5/18/19 at 6:50 p.m. the home conducted a fire drill with 60 residents evacuated, however, the fire drill record indicates 19 residents were evacuated from the home.

On 6/19/19 at 4:35 a.m. the home conducted a fire drill with 59 residents evacuated, however, the fire drill record indicates 20 residents were evacuated from the home.

On 7/24/19 at 10:16 a.m. the home conducted a fire drill with 59 residents evacuated, however, the fire drill record indicates 19 residents were evacuated from the home.

On 8/19/19 at 3:52 p.m. the home conducted a fire drill with 55 residents evacuated, however, the fire drill record indicates 16 residents were evacuated from the home.

On 9/27/19 at 2:17 a.m. the home conducted a fire drill with 59 residents evacuated, however, the fire drill record indicates 20 residents were evacuated from the home.

On 10/1/19 at 9:14 a.m. the home conducted a fire drill with 59 residents evacuated, however, the fire drill record indicates 0 residents were evacuated from the home.

132c - Fire Drill Records (continued)

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.)

- On 11/25/19 it was discovered that [redacted] maintenance had a clerical error when documenting of fire drills
- All fire drills were conducted as per regulations and all residents in building was either evacuated or prepared to evacuate to safe zone.
- Moving forward Dan Dennis, maintenance will enter amount of residents evacuated to safe zone and amount of residents prepared to evacuate.
- \* See attached fire drill record.

Legal Entity Representative



Melanie Stewart, LAN/PCHA
12/12/19  
 Signature Printed Name and Title Date

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## 190b - Insulin Injections

### Regulations

2600.

- 190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

### Description of Violation

Resident #3 is prescribed Novolog Flexpen 100 unit/mL (3mL) subcutaneous four times daily starting 11/07/2019 per sliding scale; 70-140 = 0 units; 141-180 = 1 units; 181-220 = 2 units; 221-260 = 3 units; 261-300 = 4 units; 301-340 = 5 units; 341-380 = 6 units; 381-420 = 7 units; >420 = 8 units and call MD. However, on 11/12/19 at approximately 8 a.m. direct care staff person A administered insulin to resident #3 without direct supervision. Direct care staff person A is not a medically licensed staff person and has not successfully completed a Department-approved diabetes patient education program within the past 12 months.

Resident #3 is prescribed Novolog Flexpen 100 unit/mL (3mL) subcutaneous four times daily starting 11/07/2019 per sliding scale; 70-140 = 0 units; 141-180 = 1 units; 181-220 = 2 units; 221-260 = 3 units; 261-300 = 4 units; 301-340 = 5 units; 341-380 = 6 units; 381-420 = 7 units; >420 = 8 units and call MD. However, on 11/12/19 at approximately 12 p.m. direct care staff person A administered insulin to resident #3 without direct supervision. Direct care staff person A is not a medically licensed staff person and has not successfully completed a Department-approved diabetes patient education program within the past 12 months.

Resident #3 is prescribed Novolog Flexpen 100 unit/mL (3mL) subcutaneous four times daily starting 11/07/2019 per sliding scale; 70-140 = 0 units; 141-180 = 1 units; 181-220 = 2 units; 221-260 = 3 units; 261-300 = 4 units; 301-340 = 5 units; 341-380 = 6 units; 381-420 = 7 units; >420 = 8 units and call MD. However, on 11/15/19 at approximately 6 p.m. direct care staff person A administered insulin to resident #3 without direct supervision. Direct care staff person A is not a medically licensed staff person and has not successfully completed a Department-approved diabetes patient education program within the past 12 months.

Resident #3 is prescribed Novolog Flexpen 100 unit/mL (3mL) subcutaneous four times daily starting 11/07/2019 per sliding scale; 70-140 = 0 units; 141-180 = 1 units; 181-220 = 2 units; 221-260 = 3 units; 261-300 = 4 units; 301-340 = 5 units; 341-380 = 6 units; 381-420 = 7 units; >420 = 8 units and call MD. However, on 11/15/19 at approximately 8 p.m. direct care staff person A administered insulin to resident #3 without direct supervision. Direct care staff person A is not a medically licensed staff person and has not successfully completed a Department-approved diabetes patient education program within the past 12 months.

Resident #3 is prescribed Levemir FlexTouch U-100 Insulin 100 unit/mL (3mL) subcutaneous one time daily starting 11/06/19. However, on 11/12/19 at approximately 8 a.m. direct care staff person A administered insulin to resident #3 without direct supervision. Direct care staff person A is not a medically licensed staff person and has not successfully completed a Department-approved diabetes patient education program within the past 12 months.



Description of Violation (continued)

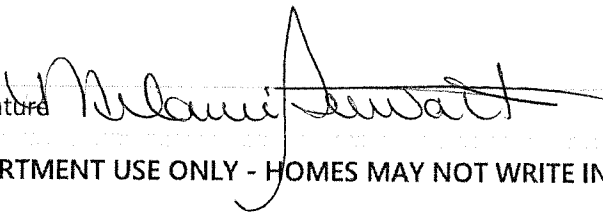
Resident #4 is prescribed Lantus Solostar U-100 Insulin 100 unit/mL (3mL) subcutaneous one time daily starting 10/05/19. However, on 11/12/19 at approximately 10 a.m. direct care staff person A administered insulin to resident #4 without direct supervision. Direct care staff person A is not a medically licensed staff person and has not successfully completed a Department-approved diabetes patient education program within the past 12 months.

Plan of Correction (POC)

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- Staff person A has successfully completed and graduated a board approved school of nursing & obtained a permit to practice.
- Melawie Stewart, LPN/PCHA. stopped staff Person A from administering insulin immediately on 11/25/2019 and scheduled a Diabetic training class.
- Staff Person A obtained a Certificate of Attendance for Diabetic training on 12/17/2019
- Staff Person A has since passed her Boards and is Licensed as of 1/16/2020.
- moving forward when hiring a GPN Melawie Stewart, LPN/PCHA will have all GPN's med-tech and Diabetic trained until passing boards.

Legal Entity Representative

Signature 


Melawie Stewart PCHA 2/4/2020  
Printed Name and Title Date

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