

Department of Human Services
Bureau of Human Service Licensing

July 15, 2022

[REDACTED]

REBECCA RESIDENCE
3746 CEDAR RIDGE ROAD
ALLISON PARK, PA, 15101

RE: CONCORDIA AT REBECCA
RESIDENCE
3746 CEDAR RIDGE ROAD
ALLISON PARK, PA, 15101
LICENSE/COC#: 43007

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *CONCORDIA AT REBECCA RESIDENCE* License #: *43007* License Expiration: *03/08/2023*
Address: *3746 CEDAR RIDGE ROAD, ALLISON PARK, PA 15101*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *REBECCA RESIDENCE*
Address: *3746 CEDAR RIDGE ROAD, ALLISON PARK, PA, 15101*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *09/13/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *1* Total Daily Staff: *62* Working Staff: *47*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *05/04/2022*

Inspection Dates and Department Representative

05/04/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *53*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

05/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/19/2022*

Inspections / Reviews (*continued*)

05/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/30/2022*

05/31/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/11/2022*

07/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted]/22 during dinner, resident #1 reported an allegation of sexual assault involving staff person A. The Department began its investigation on [redacted]/22; however, staff person A worked unsupervised in the home and provided care to numerous residents on the following date/times:

- [redacted] 22 from approximately [redacted] p.m. to [redacted] a.m.
- [redacted] 22 from approximately [redacted] p.m. to [redacted] a.m.

Plan of Correction

Accept

Upon allegation on [redacted]/22, the staff member was immediately suspended pending investigation. An internal investigation was initiated and determined to be unsubstantiated on [redacted]/22. The Administrator referred to the Title 55. Chapter 2600 regulations relating to abuse reporting, but did not refer to the RCG for details regarding the specific requirement of the regulation. At the conclusion of the internal investigation on [redacted]/22, the staff member was permitted to return to work. The Department surveyor educated the Administrator on the requirements of the regulation as outlined in the RCG on [redacted] 22. The staff member was contacted and informed that they would not be able to return to work until DHS and APS have granted permission to lift the suspension. Both DHS and APS concluded their investigation on [redacted]/22 and lifted the suspension. The staff member is no longer providing care individually to Resident #1. The Administrator educated facility supervisory and direct care staff on [redacted] 22 (Attachment A) regarding DHS and APS approval prior to lifting any abuse related suspension. Should future allegations require suspension, facility management is now aware of the requirements of the regulation and will not permit staff to return until DHS and APS have lifted suspension.

Completion Date: 05/05/2022

Document Submission

Implemented

Upon allegation on [redacted]/22, the staff member was immediately suspended pending investigation. An internal investigation was initiated and determined to be unsubstantiated on [redacted]/22. The Administrator referred to the Title 55. Chapter 2600 regulations relating to abuse reporting, but did not refer to the RCG for details regarding the specific requirement of the regulation. At the conclusion of the internal investigation on [redacted]/22, the staff member was permitted to return to work. The Department surveyor educated the Administrator on the requirements of the regulation as outlined in the RCG on [redacted] 22. The staff member was contacted and informed that they would not be able to return to work until DHS and APS have granted permission to lift the suspension. Both DHS and APS concluded their investigation on [redacted]/22 and lifted the suspension. The staff member is no longer providing care individually to Resident #1. The Administrator educated facility supervisory and direct care staff on [redacted]/22 (Attachment A) regarding DHS and APS approval prior to lifting any abuse related suspension. Should future allegations require suspension, facility management is now aware of the requirements of the regulation and will not permit staff to return until DHS and APS have lifted suspension.

225a - Assessment 15 Days

1. Requirements

2600.

225a - Assessment 15 Days (continued)

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.

Description of Violation

Resident #2's assessment, dated [redacted]/22, indicates resident #2 has no psychological or behavioral needs, and requires minimal supervision in the home. However, resident #2's progress notes, as well multiple staff persons, indicate multiple incidents of inappropriate sexual behaviors, to include the following:

- [redacted]/22: [redacted] staff person reported resident #2 touched [redacted] inappropriately without [redacted] consent, [redacted]
- [redacted]/22 through [redacted]/22: Multiple staff persons reported inappropriate statements made by resident #2, [redacted]
- [redacted] 22: While a staff person was assisting resident #2 with a shower, resident #2 told the staff person, [redacted] " [redacted] "
- [redacted]/22: While a [redacted] staff person was checking on resident #2, the resident told the staff person [redacted]

Additionally, the home's administrator met with the resident on [redacted] 22 to discuss resident #2's inappropriate behaviors, and contacted resident #2's designated person. Also, a care conference was held on [redacted]/22 to discuss the resident's inappropriate behaviors.

Plan of Correction

Accept

Resident #2's assessment was immediately updated to reference the resident's behaviors and was provided to the surveyor on 5/4/22 (Attachment B). Resident #2 was discharged from the facility on [redacted]/22. The administrator provided training on RASP updates to facility supervisory and direct care staff on 5/5/22 (Attachment C). Facility supervisory staff will complete an initial audit of resident RASPs by reviewing 10 RASPs per week for accuracy for 6 weeks. Facility supervisory staff will also initiate biweekly meetings with Interdisciplinary Team to review and discuss changes with resident care/needs and evaluate the necessity for a RASP update. These IDT meetings will occur twice weekly for 8 weeks and then once weekly ongoing. Any deficiencies identified throughout the auditing and review process will be corrected and updated immediately.

Completion Date: 07/22/2022

Document Submission

Implemented

Resident #2's assessment was immediately updated to reference the resident's behaviors and was provided to the surveyor on 5/4/22 (Attachment B). Resident #2 was discharged from the facility on [redacted] 22. The administrator provided training on RASP updates to facility supervisory and direct care staff on 5/5/22 (Attachment C). Facility supervisory staff will complete an initial audit of resident RASPs by reviewing 10 RASPs per week for accuracy for 6 weeks. Facility supervisory staff will also initiate biweekly meetings with Interdisciplinary Team to review and discuss changes with resident care/needs and evaluate the necessity for a RASP update. These IDT meetings will occur twice weekly for 8 weeks and then once weekly ongoing. Any deficiencies identified throughout the auditing and review process will be corrected and updated immediately.

225a - Assessment 15 Days (continued)