

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

June 5, 2023

[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 04/10/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: CONCORDIA AT REBECCA RESIDENCE **Licen e #:** 43007 **Licen e Expiration:** 03/08/2024
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-1 **Date:** 10/04/1999 **Issued By:** Dept of Health
Type: C-2 LP **Date:** 07/13/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Waking Staff:** 50

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 04/10/2023

Inspection Dates and Department Representative

04/10/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: 65 **Re ident Served:** 55

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident Served:**

Hospice

Current Re ident : 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 11 **Have Physical Disability:** 0

Inspections / Reviews

04/10/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/04/2023

Inspections / Reviews (*continued*)

05/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 05/09/2023

05/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/03/2023

06/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [REDACTED]/23 at approximately [REDACTED] AM, staff person A left numerous morning medications in a cup on resident #1's nightstand while resident #1 was in the bathroom. However, at approximately [REDACTED] PM, the medications were still present on resident #1's nightstand and were not administered to resident #1.

Plan of Correction

Accept [REDACTED] - 05/04/2023)

Management team reviewed facility practices relating to medication administration. Facility management team held a meeting with DCS that have completed the Department's medication training course, including staff person A, and educated staff on the violations and proper process for medication administration as laid out in the DHS Medication Administration Program on 5/2/23 (Sign-in sheet/training). There are currently no residents in the facility that are assessed as able to administer medications independently. Administrator sent a follow-up message to Medtech staff, including staff person A, on 5/3/23 with clarification that no meds may be left "unattended" with residents regardless of their orientation status (Proof of message). Administrator placed a sign detailing the above on each med cart on 5/3/23 (Picture) . Beginning 5/3/23 Corporate Nurse Educator or designee will complete Medpass observations of Medtechs once weekly for 4 weeks or until each Medtech has been observed completing a medication administration in compliance with the regulation.(Observation checklist) Thereafter, Medpass observations will commence in accordance with Medtech recertification guidelines. Beginning 5/3/23 Administrator or designee will complete weekly room round audits on 50% of resident rooms for the presence of medications for 3 weeks, 30% for 3 weeks, and 10% for 3 weeks.(Audit A) Thereafter, room rounds will be completed monthly in accordance with surveillance protocols. If medications are observed to be unattended in a resident room, Administrator or designee will review the MAR for the appropriate resident. If MAR reflects medication administration has been completed, said individual will complete follow up education with Medtech administering medication, assess if a med-error has occurred based on timing, and will strike out administration in MAR if appropriate. Administrator or designee will then inform MD and family of the error, and will complete DHS reportable for medication error.

Licensee's Proposed Overall Completion Date: 06/28/2023

Implemented [REDACTED] - 06/05/2023)

183b - Meds and Syringes Locked

2. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

According to resident #1's most recent medical evaluation, dated [REDACTED] 22, resident #1 cannot self-administer medications. On [REDACTED] 23 at approximately [REDACTED] AM, numerous morning medications, to include the following, were unlocked, unattended and accessible on resident #1's nightstand by staff person A while resident #1 was in the bathroom. However, at approximately [REDACTED] PM, the morning medications were still present on resident #1's nightstand and were not administered to resident #1:

183b - Meds and Syringes Locked (continued)

- [REDACTED] -500 MG-Take 2 tablets by mouth in the morning
- [REDACTED] 0.25 MCG-Give 1 capsule by mouth in the morning
- [REDACTED] 1,000 units-Give 2 tablets by mouth in the morning
- [REDACTED] Give 1 tablet my mouth in the morning

Plan of Correction

Accept (LM - 05/04/2023)

Medications were removed from resident room on 3/12/23 and destroyed by PC Supervisor. Management team reviewed facility practices relating to medication administration. Facility management team held a meeting with DCS that have completed the Department's medication training course, including staff person A, and educated staff on the violations and proper process for medication administration as laid out in the DHS Medication Administration Program on 5/2/23 (Sign-in sheet/training). There are currently no residents in the facility that are assessed as able to administer medications independently. Administrator sent a follow-up message to Medtech staff, including staff person A, on 5/3/23 with clarification that no meds may be left "unattended" with residents regardless of their orientation status (Proof of message). Administrator placed a sign detailing the above on each med cart on 5/3/23 (Picture) . Beginning 5/3/23 Corporate Nurse Educator or designee will complete Medpass observations of Medtechs once weekly for 4 weeks or until each Medtech has been observed completing a medication administration in compliance with the regulation.(Observation checklist) Thereafter, Medpass observations will commence in accordance with Medtech recertification guidelines. Beginning 5/3/23 Administrator or designee will complete weekly room round audits on 50% of resident rooms for the presence of medications for 3 weeks, 30% for 3 weeks, and 10% for 3 weeks.(Audit A) Thereafter, room rounds will be completed monthly in accordance with surveillance protocols. If medications are observed to be unattended in a resident room, Administrator or designee will review the MAR for the appropriate resident. If MAR reflects medication administration has been completed, said individual will complete follow up education with Medtech administering medication, assess if a med-error has occurred based on timing, and will strike out administration in MAR if appropriate. Administrator or designee will then inform MD and family of the error, and will complete DHS reportable for medication error.

Licensee's Proposed Overall Completion Date: 06/28/2023

Implemented ([REDACTED] - 06/05/2023)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On [REDACTED]/23 at approximately [REDACTED] AM, numerous morning medications, to include the following, were left on resident #1's nightstand by staff person A while resident #1 was in the bathroom. At approximately 8:00 PM, the morning medications were still present on resident #1's nightstand and were not administered to resident #1; however, the medications are documented by staff person A as administered on resident #1's March 2023 medication administration record (MAR):

- [REDACTED] tablets-500 MG-Take 2 tablets by mouth in the morning
- [REDACTED]-Give 1 capsule by mouth in the morning
- [REDACTED] -1,000 units-Give 2 tablets by mouth in the morning
- [REDACTED] Give 1 tablet my mouth in the morning

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept (LM - 05/04/2023)

Management team reviewed facility practices relating to medication administration. Facility management team held a meeting with DCS that have completed the Department's medication training course, including staff person A, and educated staff on the violations and proper process for medication administration as laid out in the DHS Medication Administration Program on 5/2/23 (Sign-in sheet/training). There are currently no residents in the facility that are assessed as able to administer medications independently. Administrator sent a follow-up message to Medtech staff, including staff person A, on 5/3/23 with clarification that no meds may be left "unattended" with residents regardless of their orientation status (Proof of message). Administrator placed a sign detailing the above on each med cart on 5/3/23 (Picture) . Beginning 5/3/23 Corporate Nurse Educator or designee will complete Medpass observations of Medtechs once weekly for 4 weeks or until each Medtech has been observed completing a medication administration in compliance with the regulation.(Observation checklist) Thereafter, Medpass observations will commence in accordance with Medtech recertification guidelines. Beginning 5/3/23 Administrator or designee will complete weekly room round audits on 50% of resident rooms for the presence of medications for 3 weeks, 30% for 3 weeks, and 10% for 3 weeks.(Audit A) Thereafter, room rounds will be completed monthly in accordance with surveillance protocols. If medications are observed to be unattended in a resident room, Administrator or designee will review the MAR for the appropriate resident. If MAR reflects medication administration has been completed, said individual will complete follow up education with Medtech administering medication, assess if a med-error has occurred based on timing, and will strike out administration in MAR if appropriate. Administrator or designee will then inform MD and family of the error, and will complete DHS reportable for medication error.

Licensee's Proposed Overall Completion Date: 06/28/2023

Implemented () - 06/05/2023

187d - Follow Prescriber's Orders

4. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

On [redacted] 23 at approximately [redacted] AM, numerous morning medications, to include the following, were left on resident #1's nightstand by staff person A while resident #1 was in the bathroom. However, at approximately 8:00 PM, the morning medications were still present on resident #1's nightstand and were not administered to resident #1:

- [redacted] -500 MG-Take 2 tablets by mouth in the morning
- [redacted] -0.25 MCG-Give 1 capsule by mouth in the morning
- [redacted] -1,000 units-Give 2 tablets by mouth in the morning
- [redacted] -50 MG-Give 1 tablet my mouth in the morning

Plan of Correction

Accept (LM - 05/04/2023)

Medications were removed from resident room on 3/12/23 and destroyed by PC Supervisor. Management team reviewed facility practices relating to medication administration. Facility management team held a meeting with DCS that have completed the Department's medication training course, including staff person A, and educated staff on the violations and proper process for medication administration as laid out in the DHS Medication Administration Program on 5/2/23 (Sign-in sheet/training). There are currently no residents in the facility that are assessed as able to administer medications independently. Administrator sent a follow-up message to Medtech staff, including staff person A, on 5/3/23 with clarification that no meds may be left "unattended" with residents regardless of their orientation status (Proof of message). Administrator placed a sign detailing the above on each med cart on 5/3/23

187d - Follow Prescriber's Orders (continued)

(Picture) . Beginning 5/3/23 Corporate Nurse Educator or designee will complete Medpass observations of Medtechs once weekly for 4 weeks or until each Medtech has been observed completing a medication administration in compliance with the regulation.(Observation checklist) Thereafter, Medpass observations will commence in accordance with Medtech recertification guidelines. Beginning 5/3/23 Administrator or designee will complete weekly room round audits on 50% of resident rooms for the presence of medications for 3 weeks, 30% for 3 weeks, and 10% for 3 weeks.(Audit A) Thereafter, room rounds will be completed monthly in accordance with surveillance protocols. If medications are observed to be unattended in a resident room, Administrator or designee will review the MAR for the appropriate resident. If MAR reflects medication administration has been completed, said individual will complete follow up education with Medtech administering medication, assess if a med-error has occurred based on timing, and will strike out administration in MAR if appropriate. Administrator or designee will then inform MD and family of the error, and will complete DHS reportable for medication error.

Licensee's Proposed Overall Completion Date: 06/28/2023

Implemented ([REDACTED] - 06/05/2023)