

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

November 21, 2023

[REDACTED], EXECUTIVE DIRECTOR  
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 10/30/2023 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**

**Staffing Hours**

**Resident Support Staff:**      **Total Daily Staff:** 73      **Waking Staff:** 55

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Complaint      **Exit Conference Date:** 10/30/2023

**Inspection Dates and Department Representative**

10/30/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**Licen e Capacity:** 65      **Re ident Served:** 57

**Secured Dementia Care Unit**

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

**Hospice**

**Current Re ident :** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 57

**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 16      **Have Physical Disability:** 1

**Inspections / Reviews**

**10/30/2023 Partial**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/11/2023

**11/08/2023 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 11/21/2023

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 11/20/2023

Inspections / Reviews *(continued)*

11/21/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 23a - Activities of Daily Living Assistance

### 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

#### Description of Violation

According to resident #1's assessment and support plan, dated [REDACTED] resident #1 required total physical assistance with toileting, bladder management and bowel management from direct care staff persons. Also, according to numerous staff persons, resident #1 was to receive incontinence care checks and changes every 2 hours. On the morning of [REDACTED], resident #1 was found in bed wearing a pullup which was saturated in urine. Resident #1's bed linens were also saturated with urine, because resident #1 had not received incontinence care since approximately 8:30pm on [REDACTED].

#### Plan of Correction

Accept ([REDACTED] - 11/08/2023)

1. Upon observation of resident condition, DCS provided full bed change and bed bath to resident.
2. Current patients have the potential to be affected. Administrator or designee to observe staff members providing care to 10 residents to determine if ADLs are being completed according to the resident's assessment and support plan by 11/11/23. Corrective action will be taken for any identified issues. Documentation will be kept by the Administrator.
3. The administrator and/or designee to educate staff on regulation 23.a. by Thursday 11/16/23. Documentation of staff education will be kept by the Administrator.
4. Upon admission and significant changes of residents the administrator and/or designee will educate staff on each resident's needs as documented in the resident assessment and support plan. Documentation will be kept by Administrator.
5. The Administrator and/or designee will observe staff members providing ADL care to 3 residents per week beginning 11/12/2023, for one month. After weekly observations, the Administrator or designee will observe ADL care for 3 residents on a monthly basis for 3 months then randomly thereafter. Documentation of the supervision will be kept by the Administrator. Results of this audit will be reviewed at the Quality Assessment and Assurance Committee meeting on 11/13/23 and at subsequent Quality Assessment and Assurance Committee meetings while monitoring continues. Documentation of meetings will be kept by the Administrator.

Licensee's Proposed Overall Completion Date: 11/17/2023

Implemented ([REDACTED] - 11/21/2023)