

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

September 25, 2024

[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 08/22/2024 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* License #: *43007* License Expiration: *03/08/2025*  
 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: *Dept. of Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/22/2024*

**Inspection Dates and Department Representative**

08/22/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *65* Residents Served: *55*  
 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: *55*  
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *1*

**Inspections / Reviews**

08/22/2024 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/21/2024*

Inspections / Reviews *(continued)*

09/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 09/26/2024

09/25/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

*There was a bottle of Atorvastatin 10 mg tablets, prescribed for resident #1 in the medication cart. However, this medication was discontinued.*

Plan of Correction

Accept ( [redacted] ) - 09/19/2024)

*Resident's medication bottle was immediately removed from medication cart on 8/22/24. Resident's MD was contacted to review whether or not medication was necessary to add to resident's medication profile. Physician Assistant reviewed medical records and current medication list on 8/23, and made no changes to resident's medications. Medication was destroyed on 8/23 by Administrator.*

*Root Cause Analysis determined that resident's family brought in all of resident's outside medications from home upon admission to RRPC, and medication bottles were not properly reconciled upon admission. Administrator re-educated Assistant Administrator, Supervisor, and LPN on medication reconciliation policy and procedure on 9/4/24. Administrator educated staff on regulation 2600.183(d) on 9/13.*

*On 8/23/24, bottled medications for all residents were audited for accuracy by Assistant Administrator. Any discrepancies were immediately clarified and remedied. Administrator and/or designee will audit any new admissions with bottled medications weekly for four weeks, monthly for four months, and quarterly thereafter until compliance is maintained.*

Licensee's Proposed Overall Completion Date: 09/17/2024

Implemented ( [redacted] ) - 09/25/2024)