

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

March 17, 2025

[REDACTED]
REBECCA RESIDENCE
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/03/2025 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: *03/08/2026*
 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *10/04/1999* Issued By: *PA Dept. of Health*
 Type: *C-2 LP* Date: *07/13/1999* Issued By: *PA Dept. of L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *03/03/2025*

Inspection Dates and Department Representative

03/03/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *65* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *13*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *15* Have Physical Disability: *2*

Inspections / Reviews

03/03/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/15/2025*

03/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/12/2025*

Inspections / Reviews *(continued)*

03/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/16/2025

03/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] at approximately 2:00 p.m., direct care staff person A and direct care staff person B found a prescription pill bottle with a suspicious thick, white, and acidic smelling liquid inside of it in resident [redacted] room [redacted] that did not belong to the resident while responding to the resident displaying seizure-like symptoms. Both staff persons reported their concerns to direct care staff person C who advised direct care staff person D, the home’s administrator, about the allegation of suspected abuse. However, the incident of suspected abuse was not reported to the Department’s personal care home regional office or the Department’s personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until [redacted] at approximately 8:20 a.m.

Plan of Correction

Directed ([redacted] - 03/10/2025)

Administrator did not report incident due to conclusion the liquid was salad dressing within the 24 hour timeframe following the suspicion. Administrator reviewed suspicion reporting guidelines with licensing inspector on 3/3/25. Administrator or designee will review regulation 2600.65(i) and suspicion reporting guidelines at next staff meeting on 3/14/25, as well as Concordia’s policy on Reportable incidents and will obtain staff sign-off on the education. Documentation will be kept of the education. Administrator or designee will initiate daily audit and monitoring of events within the facility via internal facility reports beginning on 3/7/25 and will track on monitor including date and time of initial (if any) suspicious or reportable event. Audit/monitor sheet will be updated daily for 4 weeks. Administrator or designee will report suspicions of abuse to department, regardless of outcome, within 24 hour timeframe beginning 3/3/25. Records of audits will be kept by Administrator. Continual monitoring of reportable events will persist beyond the timeframes outlined to be recorded in the POC Audit to maintain compliance with 2600 regulations.

Proposed Overall Completion Date: 04/04/2025

Directed

Within 5 days of receipt of the accepted plan of correction: The administrator shall initiate all steps indicated in the home’s plan of correction 3/10/25 [redacted]

Directed Completion Date: 03/15/2025

Implemented [redacted] - 03/14/2025)