

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

May 8, 2026

[REDACTED]
REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION
[REDACTED]

RE: REFORMED PRESBYTERIAN HOME
2344 PERRYVILLE AVENUE
PITTSBURGH, PA, 15214
LICENSE/COC#: 42966

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2026 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: REFORMED PRESBYTERIAN HOME	License #: 42966	License Expiration: 07/08/2026
Address: 2344 PERRYSVILLE AVENUE, PITTSBURGH, PA 15214		
County: ALLEGHENY	Region: WESTERN	

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

Legal Entity		
Name: REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C-2 LP	Date: 10/10/1983	Issued By: Labor and Industry

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 32	Waking Staff: 24

Inspection Information		
Type: Partial	Notice: Unannounced	BHA Docket #:
Reason: Incident	Exit Conference Date: 03/25/2026	

Inspection Dates and Department Representative		
03/13/2026 - On-Site: [REDACTED]		

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 56		Residents Served: 22	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 3		Are 60 Years of Age or Older: 21	
Diagnosed with Mental Illness: 15		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 10		Have Physical Disability: 0	

Inspections / Reviews		
03/13/2026 Partial		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/16/2026
04/16/2026 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 05/07/2026	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 04/22/2026

Inspections / Reviews (*continued*)

04/20/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/06/2026

05/08/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/07/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a Resident Abuse Report

1. Requirements

2600.

15.a. The residence shall immediately report suspected abuse of a home served in the resident's in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 3:30pm, staff person A, the home's administrator, received an allegation of abuse against staff person B involving resident [redacted] however, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Directed [redacted] - 04/20/2026

1) Immediately upon discovery that a report had not been made to the Area Agency on Aging, DHS Representative [redacted] provided education and technical assistance to [redacted] PC Administrator, regarding proper procedure for reporting instances of suspected abuse.

2) Education is scheduled to be provided to all staff on April 17th to cover reporting incidents of suspected abuse. This education will be provided by the Concordia RN Trainer or PC Administrator. A record of training will be maintained by the Administrator or designee. Any staff who cannot attend the training will be provided with the education materials and expected to sign an attestation of understanding. The attestations will be maintained by the Administrator or designee.

3) Beginning on 3/13/26, all incidents of suspected abuse will be audited by the Administrator or designee within 24 hours to ensure notification of all appropriate parties. The audit form is attached to the submission. This will be ongoing until 100% compliance for 3 consecutive months.

4) All audit results will be reported in the quarterly QA meeting, next one scheduled for July of 2026.

5) The incident was reported to AAA by the DHS surveyor Cynthia Kirsch at the time of the inspection.

(DIRECTED: Documentation of submission to the local Area Agency on Aging shall be kept in resident [redacted]'s record. LM 4/20/26).

Proposed Overall Completion Date: 05/07/2026

Directed Completion Date: 04/20/2026

Implemented [redacted] - 05/08/2026

42c Treatment of Residents

2. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately 3:30pm, resident [redacted] was experiencing pain and walked to the home's medication room to request [redacted] prescribed pain medication. Upon arrival to the medication room, ancillary staff person B was present in the medication room and was conversing with a direct care staff person. Resident [redacted] expressed the need for [redacted] pain medication and was told by ancillary staff person B to, "sit down", "behave", and "be quiet" until staff person B was finished with [redacted] conversation. A few minutes later, resident [redacted] stood up from the chair to request [redacted] medication again, then placed [redacted] hand on the door handle. Ancillary staff person B grabbed resident [redacted]'s arm to release

42c - Treatment of Residents (continued)

resident [REDACTED] hand from the door handle.

Plan of Correction

Directed ([REDACTED] - 04/20/2026)

- 1) Immediately upon report of the incident, Administrator conducted an assessment on the resident to determine any injuries. Staff person was sent home pending an investigation in to the incident. Staff person B is still employed. Re-education on resident rights and treatment of residents provided by PC Administrator. (DIRECTED: Documentation of staff person B's training shall be kept. [REDACTED] 4/20/26).
- 2) All staff will be education on April 17th regarding resident rights, including being treated with dignity and respect. This education will be provided by the Concordia RN Trainer and/or PC Administrator. A record of this training will be maintained by the Administrator or designee. Any staff who cannot attend the training will be provided with the education materials and expected to sign an attestation of understanding. The attestations will be maintained by the Administrator or designee.
- 3) 30% of residents will be interviewed weekly to ask "are you treated with dignity and respect? Do you have any concerns." Audit results to be on file with PC Administrator. (DIRECTED: The weekly resident interviews conducted by the administrator shall begin on 4/22/26 and shall be conducted in private. Documentation of the resident interviews shall be kept for 1 month. [REDACTED] 4/20/26).

Proposed Overall Completion Date: 05/07/2026

Directed Completion Date: 05/06/2026

Implemented [REDACTED] - 05/08/2026)

42s - Privacy**3. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At the time of inspection, 3 video cameras were actively recording common areas on the 2nd floor of the home. At 2:10pm, an agent of the Department observed a video recording of an incident that occurred on [REDACTED], which captured and recorded residents [REDACTED] and [REDACTED] sitting in chairs in the common areas.

Plan of Correction

Directed ([REDACTED] - 04/20/2026)

- 1) Surveillance system will have recording feature removed for areas noted in this citation. These cameras will be blacked out/disconnected. A work order will be on file from the Maintenance Department.
- 2) Residents and Resident Representatives notified of surveillance system in place at exits - not resident care areas. Email on file for notification. Completed on April 9th 2026.
- 3) Residents and Resident Representatives notified and acknowledged surveillance system on site. Acknowledgements filed in resident files. Completed by 4/20/2026.
- 4) All camera locations will be audited by Executive Director to ensure the meet the regulations. A listing of locations and approval. Any other areas that do not meet the regulation will be removed.

42s - Privacy (continued)

DIRECTED: By 4/25/26: The administrator shall inspect the entire home and grounds of the home to ensure there is no video recording occurring in common areas of the home that are accessible to residents. If any cameras are recording in common areas of the home that are accessible to residents, the video recording component shall immediately be disabled. [REDACTED] 4/20/26

DIRECTED: By 4/25/26: If video recording is occurring at the home's entrances and exits, the administrator shall ensure all current residents are notified in writing that these areas are subject to video recording, and the administrator shall ensure there are signs posted at each entrance and exit indicating that images are being recorded. The administrator shall also ensure the home's resident-home contract is updated for new admissions indicating video recording is occurring at the home's entrances and exits. Documentation of the notification shall be kept in each resident's record. [REDACTED] 4/20/26

DIRECTED: Beginning on 5/1/26: The administrator shall inspect the home's video recording system monthly to ensure no video recording is occurring in common areas of the home that are accessible to residents. [REDACTED] 4/20/26

Proposed Overall Completion Date: 05/07/2026

Directed Completion Date: 05/01/2026

Implemented [REDACTED] - 05/08/2026)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/20/2026)

- 1) Upon discovery of the outdated DME, a new DME was completed on 3/16/2026.
- 2) An audit was completed by Administrator of all other resident charts to determine compliance. A record of this audit is maintained by the Administrator. 3) A DME tracking calendar was implemented in on April 16th 2026. to monitor compliance with this regulation. The administrator or designee will monitor this tracker along with auditing all DMEs completed in that month for full completion. A record of this audit will be maintained by Administrator or designee. The Executive Director of Concordia Management will review the tracking system monthly.
- 4) results of the audit will be reported at the quarterly QA meeting, next one scheduled for July 2026. This audit will continue for 6 months beginning in April of 2026.

Proposed Overall Completion Date: 05/07/2026

Directed Completion Date: 05/06/2026

Implemented [REDACTED] - 05/08/2026)

225c - Additional Assessment

5. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Violation

Resident [redacted] most recent assessment was completed on [redacted].

Plan of Correction

Directed [redacted] - 04/20/2026)

- 1) Upon discovery of the outdated RASPE, a new RASP was completed on 3/16/2026.
- 2) An audit was completed by Administrator of all other resident charts to determine compliance. A record of this audit is maintained by the Administrator.
- 3) A RASP tracking calendar was implemented in April 16th 2026 to monitor compliance with this regulation. The administrator or designee will monitor this tracker along with auditing all RASPs completed in that month for full completion. A record of this audit will be maintained by Administrator or designee. The Executive Director or Concordia Management will review the monthly tracking system.
- 4) results of the audit will be reported at the quarterly QA meeting, next one scheduled for July 2026. This audit will continue for 6 months beginning in April of 2026.

Proposed Overall Completion Date: 05/07/2026

Directed Completion Date: 05/06/2026

Implemented [redacted] - 05/08/2026)

254a - Records Discharge/Active

6. Requirements

- 2600.
- 254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

At 12:24pm, a white binder which contained resident [redacted]'s hourly check sheets and included documentation for resident [redacted]'s toileting and brief changes was unlocked, unattended and accessible on a table in the 2nd floor common area.

At 12:37pm, numerous binders which contained numerous residents' hospice notes, shower records and medication narcotic count sheets were unlocked, unattended and accessible in the 2nd floor medication room.

Plan of Correction

Directed ([redacted] - 04/20/2026)

- 1) Staff to be re-educated to procedure of maintaining resident records confidentially. This education will be provided by the Concordia RN Trainer and/or PC Administrator. A record of this training will be maintained by the Administrator or designee. Any staff who cannot attend the training will be provided with the education materials and expected to sign an attestation of understanding. The attestations will be maintained by the Administrator or designee. Training will be initiated on 4/17/26 and be completed by 4/24/26.
- 2) Weekly Observations/audits will be conducted by PC Administrator and/or designee to monitor for compliance for confidentiality of records. Audits will continue until 100% compliance for 4 consecutive weeks. Audits will then move to monthly. Audits on file with PC Administrator. Audits initiated on 4/17/26.
- 3) Audit results to be provided to QA Committee at next meeting scheduled in July 2026.

254a - Records Discharge/Active (continued)

4) The documents identified during the day of inspection were removed from the common area and moved to the nursing office by the Personal Care Administrator.

Proposed Overall Completion Date: 05/07/2026

Directed Completion Date: 05/06/2026

Implemented [REDACTED] - 05/08/2026)