

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

May 26, 2026

[REDACTED], EXECUTIVE DIRECTOR  
REBECCA RESIDENCE  
[REDACTED]

RE: CONCORDIA AT ARBUTUS PARK  
207 OTTAWA STREET  
JOHNSTOWN, PA, 15904  
LICENSE/COC#: 34090

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/09/2026 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:** CONCORDIA AT ARBUTUS PARK      **License #:** 34090      **License Expiration:** 12/24/2026

**Address:** 207 OTTAWA STREET, JOHNSTOWN, PA 15904

**County:** CAMBRIA      **Region:** CENTRAL

**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:** 01/04/1985      **Issued By:** Department of Health

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 39      **Waking Staff:** 29

**Inspection Information**

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

**Reason:** Renewal, Complaint      **Exit Conference Date:** 04/10/2026

**Inspection Dates and Department Representative**

04/09/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 40      **Residents Served:** 35

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 1

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 35

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

**Have Mobility Need:** 4      **Have Physical Disability:** 2

**Inspections / Reviews**

04/09/2026 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/01/2026

05/01/2026 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 05/22/2026

**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/07/2026

Inspections / Reviews (*continued*)

05/04/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/22/2026

05/26/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 4/9/26, Resident #1's enabler bar was not securely attached to resident's bed and had an uncovered opening measuring 10 1/2 inches in width by 7 1/2 inches in height.

Plan of Correction

Accept (█ - 05/01/2026)

Resident #1 enabler bar was secured and properly covered so it did not pose any hazard to the resident on 4/10/2026 by our maintenance team. In addition, our maintenance team and personal care aids checked all bedside mobility devices to ensure every device was secure, covered and posed no hazards and completed their check on 4/12/2026. Starting 4/21/2026, Maintenance Team or designee will audit all bed mobility devices weekly for 4 weeks then monthly thereafter to ensure devices are secure, covered, and do not pose any hazard to the resident. All staff will be reeducated on safety and monitoring of all bedside mobility devices on or before 5/10/2026 by Administrator or designee.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented (█ - 05/26/2026)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

2. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The shower in room #115 of the "West Wing", did not have a slip-resistant surface.

Plan of Correction

Accept (█ - 05/01/2026)

Resident #1 had shower traction strips added to the tile shower floor on 4/10/2026 by our maintenance team. In addition, our maintenance team and personal care aids checked all showers in personal care to ensure safety strips or traction were in place, in good condition, posed no hazards, and completed their check on 4/10/2026. Starting 4/21/2026, administrator or designee will conduct room rounds to ensure all rooms are free of hazards and in good condition weekly for 4 weeks then monthly thereafter. All staff will be reeducated on safety and monitoring of bathroom safety devices on or before 5/10/2026 by Administrator or designee.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented (█ - 05/26/2026)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident #2's initial medical evaluation dated [REDACTED] did not indicate if the resident's needs can be met safely at the Personal Care Home.

**Plan of Correction**

Accept ([REDACTED] - 05/04/2026)

The initial medical evaluation of 'Resident 2' was revisited and revised to include the checked box for the residents needs being able to be met safely in a personal care home by the physician on 4.13.26. All current DME were reviewed on 4.20.26 by the Administrator and Resident Care Coordinator to ensure compliance. Effective May 10, all DME will be reviewed at time of receipt by the Administrator or Resident Care coordinator before filing to ensure all fields are filled out appropriately.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented ([REDACTED] - 05/26/2026)

141b1 - Annual Medical Evaluation

**4. Requirements**

2600.  
 141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #3's most recent medical evaluation was completed on [REDACTED]

**Plan of Correction**

Accept ([REDACTED] - 05/04/2026)

The DME of 'Resident 3' was updated/completed on April 13, 2026. All current DME were reviewed on 4.20.26 by the Administrator and Resident Care Coordinator to ensure compliance. Moving forward, all DME will be reviewed at time of receipt by the Administrator or Resident Care coordinator before filing to ensure all fields are filled out appropriately. With our newly enhanced Point Click Care system, DME have been added to a schedule prompting upcoming due dates for compliance. Effective May 10, monthly audits will take place to ensure compliance by Resident Care Coordinator or designee.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented ([REDACTED] - 05/26/2026)

171b4 - Staff Training

**5. Requirements**

171b4 Staff Training (continued)

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

- 4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

**Description of Violation**

Staff Member A transports residents to various appointments and activities with no additional staff members present. However, Staff Member A has not completed the initial new hire direct care staff person training.

**Plan of Correction**

Accept ( ) - 05/01/2026

'Staff Member A' has completed the online training for 'Direct Care Staff Training and Competency Test' on April 22, 2026. Effective 4/21/26, Human Resources will ensure that all orienting staff that have the potential to transport residents will complete the required DHS online training. Starting 5/1/26 Human Resources or designee will audit transportation driver employee files quarterly to ensure continued compliance. Human resources will be reeducated on the requirements for all transportation drivers by 5/10/26 by Administrator or designee.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented ( ) - 05/26/2026

185a Implement Storage Procedures

**6. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident #4 is prescribed the following medications on an as needed basis which were not available in the home on 4/10/26 at 2:30 PM:

- Clotrimazole external solution 1%.
- Imodium A-D Oral Capsule 2 MG
- Preparation H Cream 5-14.4%

**Plan of Correction**

Accept ( ) - 05/04/2026

The three 'as needed' prescription medications that were no longer in use were formally discontinued in Point Click Care on April 14, 14, and 29, 2026. LPN or designee will audit medication carts weekly for any outdated medications/treatments. Staff will be reeducated by 5/10/26 by Administrator or designee on the need for outdated cremes/treatments/medications to be formally discontinued by resident physician for lack of use or obtain a new prescription if needed to ensure that all medications/treatments are available. Effective May 10, monthly audits will take place to ensure compliance by an LPN or designee.

Licensee's Proposed Overall Completion Date: 05/10/2026

Implemented ( ) - 05/26/2026

225a Assessment 15 Days

**7. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

*Resident #2's assessment, dated [REDACTED] indicated Resident #2 is independent when transferring in/out bed and when turning and positioning in bed. However, Resident #2 has an enabler for use when positioned in bed.*

**Plan of Correction**

**Accept ([REDACTED] - 05/04/2026)**

*The assessment of 'Resident 2' was updated on 4.13.26 to indicate the need for the assistive device. Device is secured and inspected per policy. Personal Care staff will be educated by 5/10/26 by Administrator or designee to notify Resident Care Coordinator when families make furniture changes or bring assistive devices to update RASP as appropriate. Effective May 10, monthly audits will take place to ensure compliance.*

**Licensee's Proposed Overall Completion Date: 05/10/2026**

**Implemented ([REDACTED] - 05/26/2026)**