

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

May 29, 2026

[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 05/11/2026 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 REBECCA RESIDENCE **License #:** 43007 **License Expiration:** 03/08/2027

Address: 3746 CEDAR RIDGE ROAD, ALLISON PARK, PA 15101

County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** bcollins@rebeccaresidence.com

Legal Entity

Name: REBECCA RESIDENCE

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 70 **Waking Staff:** 53

Inspection Information

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

Reason: Complaint **Exit Conference Date:** 05/11/2026

Inspection Dates and Department Representative

05/11/2026 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65 **Residents Served:** 57

Secured Dementia Care Unit

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

Hospice

Current Residents: 12

Number of Residents Who:

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

Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 13 **Have Physical Disability:** 2

Inspections / Reviews

05/11/2026 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 05/23/2026

05/20/2026 POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/29/2026

Reviewer: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 05/26/2026

Inspections / Reviews (*continued*)

05/21/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/31/2026

05/29/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/29/2026

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 9:00am, staff person A received an allegation of sexual abuse against direct care staff person B regarding resident [REDACTED] however, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED] at approximately 9:30pm.

Plan of Correction

Directed [REDACTED] - 05/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 05/02/2026 by the Administrator and Resident Care Coordinator immediately reported to facility to investigate sexual assault allegation once informed by DCS at approximately 8:00pm. DCS did not immediately report the alleged abuse to administrator or designee due to 2 staff members being in the room during care when the resident alleged the abuse took place. Administrator verbally educated upon arrival to facility that all instances of abuse need to be reported immediately.
2. on 05/02/2026 the Administrator separated alleged perpetrator and resident, and had alleged perpetrator write statement regarding situation in separate area. Alleged perpetrator was then suspended pending investigation immediately after, and escorted out of the building by Resident Care Coordinator.
3. on 05/02/2026 the Administrator called and informed Area Agency on Aging after ensuring resident was safe, and statements were received by staff members involved in situation.

To enhance the currently compliant operations, on 05/02/2026 the Administrator and Resident Care Coordinator reeducated present DCS on reporting regulations, and importance of timely reporting after allegations of abuse of any kind, with a completion date of global staff reeducation by 05/23/2026.

Effective 05/02/2026 the Administrator or designee will perform quarterly educations of physical, psychological, financial and sexual abuse, through 12/31/2026. Abuse reporting of any kind will be immediately reported to Administrator or designee, then will be **immediately reported to AAA by administrator or designee** to maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home 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. Documentation of the staff education will be kept.

Compliance monitoring activities will be implemented under the supervision of the Administrator or designee. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Administrator for further review and continuous improvement.

DIRECTED: By 5/31/26: The administrator shall re-educate all staff persons/supervisors/managers who are responsible for incident reporting on the home's incident reporting procedures, which includes the home's procedures for immediate notification to the local Area Agency on Aging upon receipt of abuse allegations in accordance with 2600.15a. Documentation of the staff education shall be kept. [REDACTED] 5/21/26

15a - Resident Abuse Report (continued)

DIRECTED: Beginning on 5/25/26: The administrator/designee shall review all internal incidents daily for 1 month then weekly thereafter to ensure all allegations of abuse are immediately reported to the local Area Agency on Aging in accordance with 2600.15a. [REDACTED] 5/21/26

Proposed Overall Completion Date: 12/31/2026

Directed Completion Date: 05/31/2026

Implemented [REDACTED] - 05/29/2026)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at approximately 9:00am, staff person A received an allegation of sexual abuse against direct care staff person B regarding resident [REDACTED]; however, direct care staff person B continued to work unsupervised in the home until approximately 8:30pm on [REDACTED]

Plan of Correction

Directed [REDACTED] - 05/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 05/02/2026 by the MedTech to separate resident and alleged perpetrator, and assisted with all of resident's care throughout the day ensuring the alleged perpetrator did not have any further interaction with resident. DCS did not immediately report the alleged abuse to administrator or designee due to 2 staff members being in the room during care when the resident alleged the abuse took place. Administrator verbally educated upon arrival to facility that all instances of abuse need to be reported immediately. This led to staff person B being suspended later than required.
2. on 05/02/2026 by the Administrator to separate the resident and alleged perpetrator upon Administrator's arrival to the facility, and suspend once written statement was received.

To enhance the currently compliant operations, on 05/03/2026 the **Administrator or designee will, in the case of alleged abuse, immediately suspend staff members named in abuse allegation towards a resident and immediately report to Area Agency on Aging** with a completion date of 12/31/2026.

DIRECTED: By 5/31/26: The administrator shall re-educate all staff persons/supervisors/managers who are responsible for incident reporting/management on the home's procedures for immediately developing and implementing a plan of supervision or suspending any staff person involved in an allegation of abuse in accordance with 2600.15b. Documentation of the staff education shall be kept. [REDACTED] 5/21/26

DIRECTED: Beginning on 5/25/26: The administrator/designee shall review all internal incidents daily for 1 month then weekly thereafter to ensure any staff person involved in an allegation of abuse are immediately placed on a plan of supervision or suspended in accordance with 2600.15b. [REDACTED] 5/21/26

15b - Supervisor Plan (continued)

Effective 05/03/2026 the Administrator or Designee will perform quarterly monitoring to ensure residents are kept safe from named abusers in alleged abuse cases, through 12/31/2026 to maintain ongoing compliance with the immediate suspension of the staff person involved in the alleged incident if there is an allegation of abuse of a resident involving a staff person.

Documentation of the staff education will be kept.

Compliance monitoring activities will be implemented under the supervision of the administrator. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the administrator or designee for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2026

Directed Completion Date: 05/31/2026

Implemented [REDACTED] - 05/29/2026)

15d - Resident Abuse-Notification**3. Requirements**

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On [REDACTED] at approximately 9:00am, staff person A received an allegation of sexual abuse against direct care staff person B regarding resident [REDACTED] however, resident [REDACTED] designated person was not notified of the allegation of abuse until [REDACTED] at 9:12pm.

Plan of Correction

Directed [REDACTED] 05/21/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/02/2026 by the Administrator to call resident's son to notify of the alleged abuse once all sides of the story were gathered (staff involved and resident) after being notified by DCS. DCS did not immediately report the alleged abuse to administrator or designee due to 2 staff members being in the room during care when the resident alleged the abuse took place. Thus, causing delay in the resident's designated person being notified of the incident.

To enhance the currently compliant operations, beginning on 05/03/2026 the **Administrator or designee will immediately notify resident's family/designated person of alleged abuse**, with a completion date of 12/31/2026.

Effective 05/03/2026 the Administrator or designee will perform checks to immediately notify family of suspected abuse, through 12/31/2026 to maintain ongoing compliance with immediately notifying the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Documentation of the staff education will be kept.

Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administrator or designee for further review and continuous improvement.

15d Resident Abuse Notification (continued)

DIRECTED: By 5/31/26: The administrator shall re educate all staff persons/supervisors/managers who are responsible for incident reporting/management on the home's procedures for immediately notifying the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident in accordance with 2600.15d. Documentation of the staff education shall be kept. [REDACTED] 5/21/26

DIRECTED: Beginning on 5/25/26: The administrator/designee shall review all internal incidents daily for 1 month then weekly thereafter to ensure the resident and the resident's designated person are immediately notified of a report of suspected abuse or neglect involving the resident in accordance with 2600.15d. [REDACTED] 5/21/26

Proposed Overall Completion Date: 12/31/2026

Directed Completion Date: 05/31/2026

Implemented [REDACTED] - 05/29/2026)

183b - Meds and Syringes Locked

4. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:34am, the "[REDACTED]" medication cart was unlocked, unattended and accessible, which contained numerous medications for numerous residents, to include the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

At 9:39am, resident [REDACTED] s [REDACTED] was unlocked, unattended, and accessible on top of the Garden" medication cart by the nurse's station.

Plan of Correction

Directed [REDACTED] - 05/21/2026)

In response to the violation on 05/11/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 05/11/2026 by the Resident Care Coordinator to remove the nasal spray from the top of the Garden cart and place it back inside in its appropriate location, and lock the medication cart.
2. on 5/11/2026 by the Resident Care Coordinator to lock the medication cart that was left unlocked. The Resident Care Coordinator then went to find MedTech on North 150 cart, and inform them the cart was left unlocked.
3. on 05/11/2026 by the Resident Care Coordinator to educate MedTech on importance of ensuring that all medications are kept locked inside of the medication cart, and to always lock the medication carts before walking away.

To enhance the currently compliant operations, on 05/19/2026 the Administrator will reeducate all MedTechs and Nurses on regulation 2600.183.b, and the importance of keeping all medications in a locked medication cart for all residents' safety, with a completion date of 05/22/2026.

183b - Meds and Syringes Locked (continued)

Effective 05/19/2026 the **Administrator or designee will perform a weekly inspection of the home**, and check the medication carts to ensure no medications or treatments are left out or the cart is left unlocked through 12/31/2026 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Documentation of the staff education and weekly audits will be kept.

Any deficiencies will be corrected immediately, and findings will be documented and reported to the administrator or designee for further review and continuous improvement.

Proposed Overall Completion Date: 12/31/2026

Directed Completion Date: 05/31/2026

Implemented [REDACTED] 05/29/2026)