

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

September 22, 2026

 OWNER
REBECCA S PERSONAL CARE HOME INC
118 MASTERS AVENUE
EVERETT, PA, 15537

RE: REBECCA'S AT EVERETT
118 MASTERS AVENUE
EVERETT, PA, 15537
LICENSE/COC#: 32407

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/04/2026 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,



cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: REBECCA'S AT EVERETT

License #: 32407

License Expiration: 06/03/2026

Address: 118 MASTERS AVENUE, EVERETT, PA 15537

County: BEDFORD

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: REBECCA S PERSONAL CARE HOME INC

Address: 118 MASTERS AVENUE, EVERETT, PA, 15537

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP

Date: 12/09/1996

Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 34

Waking Staff: 26

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 06/04/2026

Inspection Dates and Department Representative

06/04/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37

Residents Served: 29

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 11

Are 60 Years of Age or Older: 26

Diagnosed with Mental Illness: 7

Diagnosed with Intellectual Disability: 4

Have Mobility Need: 5

Have Physical Disability: 0

Inspections / Reviews

06/04/2026 Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/15/2026

06/10/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/17/2026

Inspections / Reviews (*continued*)

06/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/01/2026

09/22/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 6/4/26, at 9:05AM, a laptop computer, containing residents' medical information, on the medication cart located in Ritchey Hall was unlocked, unattended, and accessible to anyone in the home.

Plan of Correction

Accept () - 06/24/2026)

on 6/08/2026, Rebecca's staff was explained how important residents' confidentiality is. That computers need to be sign off when done.

Administrator will check the computers though out the days at different times the next few months to make sure staff are following the rules with confidentiality of residents. on 06/08/2026 an email was sent out and on 6/18/26 at our staff meeting/ training this will be gone over again.

see attached email that was sent to staff

Licensee's Proposed Overall Completion Date: 06/11/2026

Implemented () - 09/22/2026)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired and began working in the home on [REDACTED] The home did not request a Pennsylvania State Police Criminal Background for this staff member until [REDACTED]

Plan of Correction

Accept () - 06/24/2026)

Rebecca's started using a new system in Tabula Pro for the care home, from staffing to medication, Tabula has a list of what each staff needs to remind me in red turns green when you have the documents in system, so we do not miss things like this again. This system was started in March of 2026,

On 06/08/26 administrator went though all staff to make sure we had everything.

sending a picture of our system list as we put in a new employee it will be red if i didn't do it yet so cant be missed so will not be late.

Licensee's Proposed Overall Completion Date: 06/11/2026

Implemented () - 09/22/2026)

65f - Training Topics

3. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:

65f - Training Topics (*continued*)

3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following calendar training year 2025:

- *Care for residents with dementia and cognitive impairments*
- *Infection control*
- *Care for residents with mental illness or an intellectual disability; both served in the home.*

Plan of Correction

Accept () - 06/24/2026)

Rebecca's is using a new system called Tabula Pro started in March 2026 for the care home, in the system under staffing we put in the training after it is done, the new system will let us know what is missing also the system is to help us run the care home better and to state regulations. please see attached document for are list I added mental illness to the training. On June 15, 2026 A new list was made and put in to system so this does not happen again. Employee A will have the training done on June 18, 2026 in caring for a resident with mental illness. Administrator will check on these thing monthly first Monday of each month to make sure does not occur again starting July 6,2026

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented () - 09/22/2026)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/4/26, the bathroom across from resident room #14 had a pungent odor of urine that smelled in the hallway.

Plan of Correction

Accept () - 06/24/2026)

on 6/15/2026 It was put in Rebeccas computer system to get the bathroom though out the shift to make sure they are clean and free of any odor, staff mush check off on this saying it was done, administration will review system and bathrooms at different times to make sure this is being done.

Licensee's Proposed Overall Completion Date: 06/16/2026

Implemented () - 09/22/2026)

85c - Trash

5. Requirements

2600.

85.c. Trash shall be removed from the premises at least once a week.

Description of Violation

On 6/4/26, at 9:08AM there was old furniture and 4 mattresses observed outside near the exit by the laundry room. The home reported that they are doing some remodeling, that started 4 months ago and are waiting for someone to pick up the garbage.

85c - Trash (continued)

Plan of Correction

Accept () - 06/24/2026)

maintenance removed the furniture and mattresses by the laundry room exit was cleaned on June 10, 2026 See picture,

the first Monday starting July 6, 2026 the administrator and maintenance will walk around building to make sure nothing is outside sitting where it should not be.

June 10, 2026 maintenance was told about things just setting around needs to be gone as soon as the are done.

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented () - 09/22/2026)

89b - Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/4/26, at 10:26AM, the hot water temperature in the bathroom across from resident room #14 measured at 132 degrees Fahrenheit.

Plan of Correction

Accept () - 06/24/2026)

Administrator had maintenance turn down the water heater on 6/8/2026, will check the next 4 weeks to make sure temperature stays down.

check on June 15,22,29 and July 6

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented () - 09/22/2026)

93a - Handrails

7. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The exit ramp from the laundry room to the yard was not securely fastened and swayed when the handrails were manipulated.

Plan of Correction

Accept () - 06/24/2026)

The maintenance is adding a new ramp will be completed by June 19,2026

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented () - 09/22/2026)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 has an enabler bar on [REDACTED] bed. The resident's support plan, dated [REDACTED] does not include the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction**Accept ([REDACTED] - 06/24/2026)**

On 6/09/2026 the bar was removed

as [REDACTED] stated [REDACTED] does not use it anyways.

as of June 15, 2026 If we would get a bar again it will be in the RASP specific need, intended use, risk, can they use it and whether a cover is required for it

Licensee's Proposed Overall Completion Date: 06/15/2026

Implemented ([REDACTED] - 09/22/2026)