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

August 3, 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 06/30/2026 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**: [redacted]

Legal Entity

Name: *REBECCA RESIDENCE*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *58* **Waking Staff**: *44*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/30/2026*

Inspection Dates and Department Representative

06/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* **Residents Served**: *50*

Secured Dementia Care Unit

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

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *59*

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

Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

06/30/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/22/2026*

07/16/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/01/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/31/2026*

Inspections / Reviews *(continued)*

08/03/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/01/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 4:20am in resident [redacted] bedroom, resident [redacted] was awakened by resident [redacted] climbing on top of resident [redacted] Resident [redacted] then squeezed resident [redacted]s left breast. Resident [redacted] pushed resident [redacted] to the edge of the bed and began to scream for help. At the time, resident [redacted] was wearing only a hospital gown, which was open from the back, and was wearing no undergarments. During the incident, resident [redacted] had a bowel movement in resident [redacted]s bed. Staff persons responded to the screams and immediately removed resident [redacted] from resident [redacted] bedroom, showered and dressed resident [redacted] and changed resident [redacted]s bed linens. Resident [redacted] indicated the incident made [redacted] feel frightened and panicked.

Plan of Correction ***Accept ([redacted] 07/16/2026)***

On 6/24/26, staff immediately responded to resident [redacted]s room when they heard yelling coming from residents' room. Resident [redacted] was taken back to [redacted] room, showered, changed, and assisted back into bed. Resident [redacted] was showered, clothes changed, bed linens changed and assisted back to bed. Both residents were assessed for any injuries. Statements from both residents and staff members involved in the situation were obtained. Resident [redacted] followed up with psychiatric services on 6/26, and was offered support from administrator, LPNs, and Nurse Aides.

Root Cause Analysis was completed and determined that resident was experiencing increased confusion due to underlying UTI. Physician Assistant and Hospice completed evaluation on resident, and ordered urine analysis, which came back positive for UTI. The wandering behavior was new for resident [redacted] and has since subsided since being treated. Resident does have dementia diagnosis, and has confusion at baseline, so no new behaviors had been observed up until wandering incident occurred.

On 6/25/2026, all residents with dementia diagnosis were reviewed by administrator, LPNs and physician assistant. Residents at risk for wandering were identified, and frequent checks on each shift have been implemented. Administrator/designee will audit instances of physical abuse/intimidation daily for 4 weeks, weekly for 4 weeks, monthly for 3 months, and quarterly thereafter until compliance is maintained.

Staff were reeducated on regulation 2600.42.b, abuse and neglect, as well as proper procedures and protocols for monitoring residents with dementia, frequent checks/rounding and proper procedures for redirecting on 6/24 and 6/25.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] - 08/03/2026)

225c - Additional Assessment

2. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

225c Additional Assessment *(continued)*

Description of Violation

Resident [redacted] most recent assessment, dated [redacted], is blank under the behavioral/cognitive need section, and does not include an assessment of resident [redacted]s behavioral/cognitive needs for any of the categories indicated in this section, to include the following:

- [redacted]

Plan of Correction ***Accept [redacted] - 07/16/2026)***

On 6/24/2026, resident [redacted]s RASP that was missing information was immediately remedied, and information added to RASP was reviewed with resident's POA.
Root Cause Analysis was completed and determined that RCC/LPN that was completing resident's RASP had clicked onto the page and got called to assist a resident. When [redacted] returned, the page was marked as "unlocked", not "incomplete", so [redacted] moved on to the next section of the RASP without reviewing.
On 6/25/2026, all resident RASPs were reviewed to ensure that all sections were completed. Found to be an isolated incident.
Beginning 8/1/2026, administrator or designee will audit 10% of RASPs weekly for 4 weeks, monthly for 3 months, then quarterly thereafter until compliance is maintained.
Administrator educated LPNs/RCCs on regulation 2600.225.c on 6/25/2026.

Licensee's Proposed Overall Completion Date: *07/31/2026*

Implemented [redacted] 08/03/2026)