



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **THE REFORMED PRESBYTERIAN WOMAN'S ASSOCIATION**

LEGAL ENTITY

To operate **CONCORDIA AT KENNEDY**

NAME OF FACILITY OR AGENCY

Located at **30 HECKEL ROAD, MCKEES ROCKS, PA 15136**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **107**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 17**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 8, 2026** until **October 8, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **451480**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628 - 04/23



Pennsylvania Department of Human Services

Emailing Date: October 8, 2026

[REDACTED]
The Reformed Presbyterian Woman's Association
[REDACTED]
[REDACTED]

RE: Concordia at Kennedy
30 Heckel Road
McKees Rocks, Pennsylvania 15136
License #: 451480

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 25, 2026, and August 26, 2026, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures

License

Licensing Inspection Summary

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

Facility Information

Name: *CONCORDIA AT KENNEDY* License #: ████████ 45148 License Expiration:
Address: *30 HECKEL ROAD, MCKEES ROCKS, PA 15136*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: ████████████████████ Phone: ████████████████ Email: ██

Legal Entity

Name: *THE REFORMED PRESBYTERIAN WOMAN'S ASSOCIATION*
Address: ██
Phone: ████████████████████████████████

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/26/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *111* Waking Staff: *83*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Complaint, Change Legal Entity* Exit Conference Date: *08/26/2026*

Inspection Dates and Department Representative

08/25/2026 - On-Site: ████████████████████
08/26/2026 - On-Site: ████████████████████

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *107* Residents Served: *70*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *17* Residents Served: *15*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *41* Have Physical Disability: *1*

Inspections / Reviews

08/25/2026 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2026*

09/11/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/10/2026*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/23/2026*

09/17/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/21/2026*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/22/2026*

10/02/2026 - Document Submission

Submitted By: [REDACTED] Date Submitted: *09/21/2026*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/25/26 at 10:00 a.m., there were substances that appeared to be dried foods on the top, bottom, and sides of the inside of the microwave located in the secured dementia care unit kitchen.

Plan of Correction**Accept [REDACTED] - 09/17/2026)**

This microwave was cleaned on 8/25/2026 and has been maintained ever since that date. The Dietary Manager has posted a sign on the microwave on 8/25/2026 alerting users to clean the microwave after every use. In addition, we have added the microwave to the nightly cleaning duties for the nurse aides on 8/25/2026.

Licensee's Proposed Overall Completion Date: 09/16/2026**Implemented [REDACTED] - 10/02/2026)****234a - Admission Support Plan****2. Requirements**

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the home's secured dementia care unit on [REDACTED]/26; however, a support plan was not completed for resident #1.

Plan of Correction**Accept [REDACTED] - 09/11/2026)**

The Resident Care Coordinator completed the support plan for Resident #1 on [REDACTED]/2026 when it was discovered we needed a new one when Resident #1 moved back to memory care and could not just use the old one. The Resident Care Coordinator also checked all other care plans for residents in memory care to ensure they were developed, implemented and documented with the 72-hour criteria on 8/28/2026. The Resident Care Coordinator and/or Administrator will sign off on all memory care resident care plans within 24 hours of move in to ensure we are within the 72-hour window. Memory Care move-ins are planned weekly on Wednesdays at every admissions meeting. Calendar invites will be sent to the Resident Care Coordinator and Administrator to remind that the care plan needs to be completed within that 24-hour window.

Licensee's Proposed Overall Completion Date: 09/10/2026**Implemented [REDACTED] - 10/02/2026)**