

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

November 3, 2025

[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 09/19/2025 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: *03/08/2026*  
 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**

Type: *C-1* Date: *10/04/1999* Issued By: *Dept of Health*  
 Type: *C-2 LP* Date: *07/13/1999* Issued By: *Dept of Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/19/2025*

**Inspection Dates and Department Representative**

09/19/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *65* Residents Served: *59*

Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:

Hospice  
 Current Residents: *13*

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: *12* Have Physical Disability: *1*

**Inspections / Reviews**

09/19/2025 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/11/2025*

10/14/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/31/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/31/2025*

Inspections / Reviews *(continued)*

11/03/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 10:37 a.m. there was no thermometer in the freezer portion of the first-floor country kitchen's LG refrigerator and freezer.

At approximately 11:18 a.m. the Traulsen four-door cooler in the personal care pantry or service area measured 45.6 degrees Fahrenheit and the cooler contained the following items: Upper Left: Orange Drink mix in a large, labeled pitcher and 3 boxes of cranberry juice cocktail + 7 mixed loaves of bread tied shut. Bottom Left: Eggs (45 individual eggs in carton containers) 2 quarts opened liquid egg mix, Top right: Cheese, Applesauce, Pudding, Milk, butter, lemonade Bottom right: Cases of ranch dressing, butter cups, and yogurt in boxes.

At approximately 11:27 a.m. there was no thermometer in the home's main kitchen Traulsen two-door freezer.

Plan of Correction

Accept [redacted] - 10/14/2025)

A thermometer was immediately placed in the freezer portion of the first-floor country kitchen's LG refrigerator on 9/19/2025 at 10:45 am by Maintenance Director. The refrigerator was just installed earlier that week and has an electronic thermometer on the screen of freezer door.

A thermometer was immediately placed in the main kitchen's Traulsen two-door freezer on 9/19/2025 at 11:30 am by Maintenance Director. Dietary received large shipment of food, and thermometer got bumped behind a shelf. Allegheny Refrigeration Company was called immediately on 9/19/25 at 11:20 am by Maintenance Director for technician to come to facility and evaluate refrigerator. Technician came to facility on 9/22/25 and recharged refrigerator system until pressures were satisfactory. Refrigerator was beginning to run low on refrigerant causing slightly higher than normal temperatures.

Dietary Department audits temperatures in all refrigerators and freezers each day.

Beginning 10/1/2025, Administrator or designee will complete routine temperature audits of dietary department's temperature logs to ensure that freezer and refrigerator temperatures are within regulation weekly for four weeks, monthly for four months, and quarterly thereafter until compliance is maintained.

DCS and Dietary Staff were educated on regulation 2600.103.f on 10/1/2025 and 10/2/2025 and regulation will be reviewed at monthly staff meeting on 10/13/2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] 11/03/2025)

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 [redacted] annual medical evaluation dated [redacted] did not have any of the boxes checked in block #4 designated for "Special Health or Dietary Needs."

Resident [redacted] annual medical evaluation dated [redacted] did not have any of the boxes checked in block #4 designated for "Special Health or Dietary Needs."

**Plan of Correction**

Accept [redacted] 10/14/2025)

Resident [redacted] and Resident [redacted]s DMEs were both amended by Administrator and Physician Assistant with the appropriate boxes checked in block #4 on 9/18/2025.

On 10/1/2025, all resident DMEs were audited for accuracy and completion. Any discrepancies were immediately clarified and remedied.

Administrator and/or designee will audit 10% of available resident DMEs for full completion and that appropriate boxes are checked in each section weekly for four weeks, monthly for four months, and quarterly thereafter until compliance is maintained.

Administrator educated Resident Care Coordinators on regulation 2600.141.a on 10/1/2025 and 10/2/2025.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/03/2025)