

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Concordia at Rebecca Residence		STREET ADDRESS, CITY, STATE, ZIP CODE 3746 Cedar Ridge Road Allison Park, PA 15101	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on a review of facility documentation, and staff interviews it was determined that the facility failed to ensure a licensed nurse is designated to serve as a charge nurse on each tour of duty, except when waived for 21 of 21 days (11/30/25, 12/1/25, 12/2/25, 12/3/25, 12/4/25, 12/5/25, 12/6/25, 12/7/25, 12/8/25, 12/9/25, 12/10/25, 12/11/25, 12/12/25, 12/13/25, 12/14/25, 12/15/25, 12/16/25, 12/17/25, 12/18/25, 12/19/25, 12/20/25). Findings include: Review of facility staffing documentation from November 30, 2025, through December 20th, 2025, revealed the facility failed to ensure a licensed nurse was designated to serve as charge nurse, each shift on the following days: -11/30/25-12/1/25-12/2/25-12/3/25-12/4/25 -12/5/25 -12/6/25-12/7/25 -12/8/25-12/9/25 -12/10/25-12/11/25 -12/12/25 -12/13/25 -12/14/25 -12/15/25-12/16/25-12/17/25-12/18/25-12/19/25-12/20/25 During an interview on 12/31/25, at 10:14 a.m. the Nursing Home Administrator stated, We changed the process for our staffing, we will be collecting actual hours using punch timecards. The NHA confirmed the information submitted to the PBJ Staffing Data Report was inaccurate. During an interview on 12/31/25, at 10:17 a.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to ensure a licensed nurse is designated to serve as a charge nurse on each tour of duty, except when waived for 21 of 21 days (11/30/25, 12/1/25, 12/2/25, 12/3/25, 12/4/25, 12/5/25, 12/6/25, 12/7/25, 12/8/25, 12/9/25, 12/10/25, 12/11/25, 12/12/25, 12/13/25, 12/14/25, 12/15/25, 12/16/25, 12/17/25, 12/18/25, 12/19/25, 12/20/25). 28 Pa. Code 201.18(b)(1) Management. 28 Pa. Code 211.12(d)(4)(5) Nursing services.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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