

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CANTERBURY PLACE LEGAL ENTITY

To operate CANTERBURY PLACE NAME OF FACILITY OR AGENCY

Located at GROUND FLR AND FLRS 2 - 6, 310 FISK STREET, PITTSBURGH, PA 15201  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

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 164 (MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare 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 June 17, 2013 until June 17, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429490

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

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.

PW 628 - 01/11

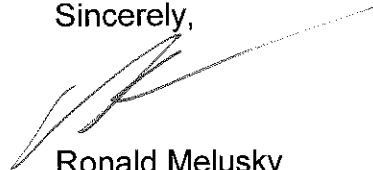
JUN 17 2013

Ms. Christina Yakich, Administrator  
Canterbury Place  
Ground Floor and Floors 2 – 6  
310 Fisk Street  
Pittsburgh, Pennsylvania 15201

Dear Ms. Yakich:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 4, 2013 and February 5, 2013, and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,



Ronald Melusky  
Director

Enclosures  
License  
Violation Report



# RECEIVED

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Violation Report: 42949 - 02/04/2013 - Cutter, Jan	
PCH Name: CANTERBURY PLACE	
Western Field Office Adult Residential Licensing	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600. 181(c)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.	
<b>2a. Description of Violation</b> Resident #1 self-administers Tums, Refresh Optive eye drops and Activ-om topical analgesic; but has not been assessed by a physician, physician's assistant, or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.	
Medications were removed from resident's room. Resident was provided education on medication in room and self administration policies Resident was assessed by CRNP on 2/5/2013 and allowed to self administer RASP updated on 2/5/2013 for self administration of medications Regulations and processes for resident self administering medications reviewed with staff on 3/7/13 by DRC Staff refresher in-service by DRC to be held on 4/11/2013 and annually for all staff Charge staff member will complete resident room rounds on every resident to determine if there are any new medications that have been provided by anyone other than the facility pharmacy, <ul style="list-style-type: none"><li>• Weekly for 1 month</li><li>• Bi-weekly for 1 month</li><li>• Monthly</li></ul> Explanation of process to residents at the next resident council meeting and at every resident council meeting for the next year and then bi annually as a reminder of the facility processes for determination of appropriateness of self medication administration and the need to maintain the safety of the residents DRC will monitor round completion and follow up with residents/family has needed Housekeeping will monitor rooms with weekly cleans Housekeeping will monitor rooms during their weekly room cleaning and report any noted medications in the rooms to the charge staff person. Housekeeping supervisor to review room audits weekly with DRC	
Repeat Violation: No	Date (s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christian Byars</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTINA BYARS	
Date 4-8-13	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>4-8-13</u> (Date)	Plan of correction implementation status as of <u>4-19-13</u> (Date)
The above plan of correction was approved by <u><i>ASD</i></u> (Initials)	<input checked="" type="checkbox"/> Fully implemented <i>ASD</i> <input type="checkbox"/> Partially Implemented -- Adequate Progress <input type="checkbox"/> Partially Implemented -- Inadequate Progress <input type="checkbox"/> Not implemented

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Violation Report: 42949 - 02/04/2013 - Cutter, Jan		Western Field Office	
PCH Name: CANTERBURY PLACE		Adult Residential Licensing	
1. REGULATION 55 Pa. Code §2600 2600.183(a)(1)-Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.			
2a. Description of Violation There was an unlabeled bottle of Novalog in Resident # 2's Insulin storage container. According to Staff Person A, this medication did not belong to Resident # 2.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
<p>Unlabeled vial of insulin immediately removed from medication cart and appropriately disposed of.</p> <p>Facility pharmacy (RX Partners) completed audit of all medication carts on 2/8/2013 to assure safe and appropriate storage of medications and that there were no outdated medications or unlabeled medications stored there</p> <p>Regulations related to medication storage and labeling and facility medication processes were reviewed with staff on 3/7/13 by DRC</p> <p>Staff refresher in-service by DRC to be held on 4/11/2013 and annually as part of annual staff education</p> <p>LPN will complete audits of all medication carts</p> <p>Weekly for 1 month</p> <p>Bi-weekly for 1 month</p> <p>Monthly</p> <p>DRC will monitor round completion and follow up with care staff and resident/pharmacy/MD as appropriate</p> <p>Diabetes educator scheduled to provide diabetes and insulin education class for all staff in May 2013</p>			
Repeat Violation: No	Date (s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Christina Yarikich</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTINA YARIKICH			Date 4-8-13
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>4-18-13</u> (Date)		Plan of correction implementation status as of <u>4-19-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not implemented	

APR 8 2013

Violation Report: 42949 - 02/04/2013 - Cutter, Jan PCH Name: CANTERBURY PLACE		Western Field Office Adult Residential Licensing	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.183(b)- Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.			
<b>2a. Description of Violation</b> Resident # 1 had the following medications in his/her unlocked bedroom: A bottle of Tums in the dresser A bottle of Refresh Optive eye drops on the residents bathroom sink A bottle of Activ-on topical analgesic on the bathroom window sill			
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
Resident education related to the facility and state policies for medication in resident room and self administration Resident was assessed by CRNP on 2/5/2013 and found to be safe and appropriate for self administration of medications RASP updated on 2/5/2013 related to self administration of medications Regulations and facility processes reviewed with staff on 3/7/13 by DRC Staff refresher in-service by DRC to be held on 4/11/2013 and will be re-educated annually Charge staff member will complete room rounds on all residents who self-administer medications to ensure medication is properly stored and to review the medications with the resident to continuously assure safety with the medications.			
<ul style="list-style-type: none"> <li>• Weekly for 1 month</li> <li>• Bi-weekly for 1 month</li> <li>• Monthly</li> </ul> DRC will monitor round completion and findings and follow up with residents/family has needed Housekeeping will monitor rooms during their weekly room cleaning and report any noted medications in the rooms to the charge staff person. Housekeeping supervisor to review room audits weekly with DRC			
Repeat Violation: No		Date (s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CHRISTINA MYAKICH</i>			Date <i>4-8-13</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>4-19-13</u> (Date)		Plan of correction implementation status as of <u>4-19-13</u> (Date)	
The above plan of correction was approved by <u>[Signature]</u> (Initials)		<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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APR 8 2013

Violation Report: 42949 - 02/04/2013 - Custer, Jan		Western Field Office	
PCH Name: CANTERBURY PLACE		Adult Residential Licensing	
<b>1. REGULATION 55 Pa. Code §2600</b> 2600.183 (e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.			
<b>2a. Description of Violation</b> Resident #2's Humalog 100ml insulin was not dated when it was opened.			
<b>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)</b> Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
Undated vial of insulin immediately removed from medication cart and appropriately disposed of. Insulin immediately re-ordered and labeled Facility pharmacy (RX Partners) completed audit of all medication carts on 2/8/2013 to assure safe and appropriate storage of medications and that there were no outdated or unlabeled medications in the cart Regulations related to medication labeling and storage and facility medication processes were reviewed with staff on 3/7/13 by DRC Staff refresher in-service by DRC to be held on 4/11/2013 and annually as part of annual staff education LPN will complete audits on all medication carts <ul style="list-style-type: none"> <li>• Weekly for 1 month</li> <li>• Bi-weekly for 1 month</li> <li>• Monthly</li> </ul> DRC will monitor round completion and follow up with care staff and resident/pharmacy/MD as needed Diabetes educator scheduled to complete diabetes and insulin education class for all staff in May 2013			
Repeat Violation: No	Date (s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) CHRISTINA M YAKICH		Date 4-8-13	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>4-19-13</u> (Date)		Plan of correction implementation status as of <u>4-19-13</u> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)		<input checked="" type="checkbox"/> Fully implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

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Violation Report: 42949 - 02/04/2013 - Cutter, Jan  
PCH Name: CANTERBURY PLACE

Western Field Office  
Adult Residential Licensing

1. REGULATION 55 Pa. Code §2600  
2600.184 (b)-If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. Description of Violation  
There was a bottle of Ferrous Sulfide 325mg tablets in the medication <sup>cart</sup> ~~care~~ which was identified with room number only

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Bottle of medication that was not labeled with residents name was immediately labeled appropriately  
Facility pharmacy (RX Partners) completed audit of all medication carts on 2/8/2013 to assure that all medications were appropriately labeled with resident names  
Regulations related to labeling of medications and facility processes reviewed with staff on 3/7/13 by DRC  
Staff refresher in-service by DRC to be held on 4/11/2013 and annually with staff  
LPN will complete audits of all medication carts

- Weekly for 1 month
- Bi-weekly for 1 month
- Monthly

DRC will monitor round completion and follow up with care staff and resident/pharmacy/MD as needed

Repeat Violation: No | Date (s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) CHRISTINA A VAKILH | Date 4-8-13

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4-9-13  
(Date)

Plan of correction implementation status as of 4-19-13  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

- Fully Implemented *[Signature]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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APR 8 2013

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Violation Report: 42949 -- 02/04/2013 -- Cutter, Jan		Western Field Office	
PCH Name: CANTERBURY PLACE		Adult Residential Services	
1. REGULATION 55 Pa. Code §2600 2600.187 (d) The home shall follow the directions of the prescriber.			
2a. Description of Violation According to the Medication Administration Record Resident # 4 has an order for Oyster Shell/D tab 500/200 but the medication in the medication cart is Calcium Magnesium Zinc.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.			
<p>Medication immediately removed medication cart  Family of resident involved contacted and they provided bottle of medication that was correct for the needs of the resident and corresponded to the MAR on 2/6/2013  Facility pharmacy (RX Partners) completed audit of all medication carts on 2/8/2013  Regulations and facility processes reviewed with staff on 3/7/13 by DRC  Staff refresher in-service by DRC to be held on 4/11/2013 and annually with staff  LPN will complete audits of all medication carts</p> <ul style="list-style-type: none"> <li>• Weekly for 1 month</li> <li>• Bi-weekly for 1 month</li> <li>• Monthly</li> </ul> <p>DRC will monitor round completion and follow up with care staff and resident/pharmacy/MD as needed</p>			
Repeat Violation: No	Date (s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>CMJal</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
CHRISTINA M YAKICH		4-8-13	
<b>DEPARTMENT USE ONLY – HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
The above plan of correction is approved as of <u>4-19-13</u> (Date)		Plan of correction implementation status as of <u>4-19-13</u> (Date)	
The above plan of correction was approved by <u><i>CMJ</i></u> (Initials)		<input checked="" type="checkbox"/> Fully implemented <i>CMJ</i> <input type="checkbox"/> Partially implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented	