pennsylvania
DEPARTMENT OF PUBLIC WELFARE

**MAILING DATE:**

Ms. Kristin Luckhoupt, Administrator
Canterbury Place
Ground Floor and Floors 2-6
310 Fisk Street
Pittsburgh, Pennsylvania 15201

RE: #429490

Dear Ms. Luckhoupt:

As a result of the Department of Public Welfare's licensing inspection on November 8, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

# VIOLATION REPORT
## PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600



| | |
|---|---|
| PCH Name: CANTERBURY PLACE | License Number: 42949 |
| Address: 310 FISK STREET, PITTSBURGH, PA 15201 | County: Allegheny |
| Administrator: Kristin Luckhoupt | Region: WEST |
| Legal Entity Name: CANTERBURY PLACE | |
| Legal Entity Address: 310 FISK STREET, PITTSBURGH, PA 15201 | |



**Certificate(s) of Occupancy**

I-2
05/05/2010
City of Pittsburgh

**Staffing Hours**

Resident Support: 0 | Total Daily Staff: 86 | Waking Staff: 65

Type of Inspection: Partial | BHA Docket Number: | Notice: Unannounced

**Reason(s) for Inspection(s)**

Incident

**On-Site Inspections Dates and Department Representatives On-Site**

11/08/2013: Bacher, Mike; Pollock, Susan

**Off-Site Inspection Dates and Inspectors, if Applicable**

**Other Details**

Partial or Full Triggers: | Random Indicators:

**Resident Demographic Data as of Inspection Dates**

| | |
|---|---|
| Licensed Capacity: 164 | Number of Residents who: |
| Number of Residents Served: 77 | Receive Supplemental Security Income: 0 |
| Secured Dementia Care Unit in Home: No | Are 60 Years of Age or Older: 77 |
| Area: | Have Mental Illness: 1 |
| Secured Dementia Unit Capacity, if Applicable: | Have an Intellectual Disability: 0 |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: | Have a Mobility Need: 9 |
| Number of Current Hospice Residents: 1 | Have a Physical Disability: 0 |
| Number of Hospice Residents in past year: 1 | |

Violation Report: 42949 - 11/08/2013 - Bacher, Mike
PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons

2a. DESCRIPTION OF VIOLATION

On 10/20/13, an incident of suspected abuse of a resident occurred at the home. Staff person A refused to allow resident #1 to go to bed unless he/she wore an adult brief or had multiple incontinence pads on the bed. Resident is continent, did not want to wear the brief, but complied after approximately ½ hour in order to go to bed. Staff person A told the resident not to call for assistance during the night, and that if he/she needed to urinate, he/she should just go in the brief. The incident was witnessed by staff person B; however, the home did not submit an incident report to the local Area Agency on Aging until 11/4/13.

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.*

Staff person B did not report the incident on 10/20/13 to anyone at the facility. Administrator and Director of Resident Care (DRC) became aware of the incident on 11/4/13. Administrator and DRC immediately spoke with and assessed resident #1 on 11/4/13, obtained statement from resident #1 and statement from staff person B. MD and family notified of incident on 11/4/13. Verbal and written reports provided to AAA and DPW within 24 hours of notification of incident occurring on 10/20/13. Staff person A was removed from the schedule called into facility to provide a statement and suspended pending further investigation. Staff person A was terminated at conclusion of investigation when allegation of abuse was substantiated.
Three education sessions reviewing the signs of resident abuse and the requirements for reporting were provided for staff on 11/13/13 and 11/14/13 by the Director of Quality, Education and Compliance. 100% of employees participated.
Administrator/DRC will review and sign off on the 24 hour shift reports daily to evaluate changes in residents that may be signs of abuse or neglect. Follow up with residents and staff will occur as appropriate.
Administrator and DRC will conduct weekly resident rounds throughout the facility, speaking with all residents about their care for 3 months and then continue monthly. Administrator and DRC will provide appropriate follow up related to any resident care concerns that are expressed during the rounds, including potential investigations if warranted. .
DRC will audit all incident reports for the potential for abuse and complete follow up with residents and staff involved. DRC will also audit resident charts who were involved in the incidents reported, as well as those residents who are most vulnerable to potential abuse for documentation for potential concerns. All noted concerns will be addressed immediately with the administrator and promptly investigated if appropriate. DRC will complete an audit log and review with Administrator weekly.
Monthly staff in-service education will be conducted by DRC focusing on recognizing the signs of abuse, knowing which residents are most vulnerable, obligations to report resident abuse and types of abuse.. March education will be completed by 3/20/14. Agenda and sign in sheet from all education will be kept in a binder in the nurse's office for staff to review if unable to physically attend education sessions.
Administrator and DRC will continue to provide annual mandatory abuse training, monthly education sessions on topics related to resident abuse and monitor documentation and residents through facility rounds.
Staff person A terminated from employment at the home on 11/7/13. 3/7/14

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

Signature of Legal Entity Representative (Required on EVERY Page) Kristin Ruckhaupt

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kristin Luckhaupt — Date 3/6/14

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/7/14 (Date)

The above plan of correction was approved by _____ (Initials)

Plan of correction implementation status as of 3/7/14 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 42949 - 11/08/2013 - Bacher, Mike
PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 11/1/13, at approximately 1:30 p.m., an allegation of abuse, indicating that staff person C treated resident #2 roughly while assisting with a shower, was reported. The home did not develop and implement a plan of supervision or suspend staff person C until approximately 4:45 p.m on 11/1/13.

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.*

On 11/1/13 at 1:30pm resident #2 approached facility Resident Support Coordinator (RSC) and asked about providing education for staff person C regarding showers. Resident #2 stated that staff person C was "rough" while shampooing his hair. Staff person C was scheduled to start work at 3pm on 11/1/13. Staff person C was engaged in change of shift report until 3:30pm. Resident Support Coordinator met with staff person C, immediately following the change of shift report and provided education about safe and comfortable resident care for an additional 30 minutes. Administrator and DRC were not made aware of the resident report of "rough" shampooing and the subsequent staff member education provided by the Resident Support Coordinator until 4:45pm on 11/1/13. At that time Staff person C was requested to leave the resident care area, a statement was obtained from staff person C, and Staff person C was suspended pending investigation. Resident # 2 was physically assessed by the administrator and DRC, Physician and family notified of reports of "rough" treatment during shower from the resident and the findings of the physical assessment. Verbal and written reports provided to AAA and DPW within 24 hours of notification of the administrator. Staff person C was terminated at conclusion of investigation during which allegations of resident abuse were substantiated.

Three mandatory education sessions reviewing the signs of resident abuse and the requirements for reporting were provided for staff on 11/13/13 and 11/14/13 by the Director of Quality, Education and Compliance. 100% of employees participated

Administrator/DRC will review and sign off on the 24 hour shift reports daily to evaluate changes in residents that may be signs of abuse or neglect. Follow up with residents and staff will occur as appropriate.

Administrator and DRC will conduct weekly resident rounds throughout the facility, speaking with all residents about their care for 3 months and then continue monthly. Administrator and DRC will provide appropriate follow up related to any resident care concerns that are expressed during the rounds, including potential investigations if warranted.

DRC will audit all incident reports for the potential for abuse and complete follow up with residents and staff involved. DRC will also audit resident charts who were involved in the incidents reported, as well as those residents who are most vulnerable to potential abuse for documentation for potential concerns. All noted concerns will be addressed immediately with the administrator and promptly investigated if appropriate. DRC will complete an audit log and review with Administrator weekly.

Monthly staff in-service education will be conducted by DRC focusing on recognizing the signs of abuse, knowing which residents are most vulnerable, obligations to report resident abuse and types of abuse. March education will be completed by 3/20/14. Agenda and sign in sheet from all education will be kept in a binder in the nurse's office for staff to review if unable to physically attend education sessions.

Administrator and DRC will continue to provide annual mandatory abuse training, monthly education sessions on topics related to resident abuse and monitor documentation and residents through facility rounds. Staff person A terminated from employment at the home on 1/7/14.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kristin Lucknaupt 3/7/14

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kristin Lucknaupt Date 3/6/14

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The above plan of correction is approved as of 3/17/14 (Date)

The above plan of correction was approved by _____ (Initials)

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Violation Report: 42949 - 11/08/2013 - Bacher, Mike
PCH Name: CANTERBURY PLACE

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/20/13, an incident of suspected abuse of a resident occurred at the home. Staff person A refused to allow resident #1 to go to bed unless he/she wore an adult brief or had multiple incontinence pads on the bed. Resident is continent, did not want to wear the brief, but complied after approximately ½ hour in order to go to bed. Staff person A told the resident not to call for assistance during the night, and that if he/she needed to urinate, he/she should just go in the brief. The incident was witnessed by staff person B; however, the home did not submit an incident report to the Department until 11/4/13.

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.*

Staff person B did not report the incident on 10/20/13 to anyone at the facility. Administrator and Director of Resident Care (DRC) became aware of the incident on 11/4/13. Administrator and DRC immediately spoke with and assessed resident #1 on 11/4/13, obtained statement from resident #1 and statement from staff person B. MD and family notified of incident on 11/4/13. Verbal and written reports provided to AAA and DPW within 24 hours of notification of incident occurring on 10/20/13. Staff person A was removed from the schedule called into facility to provide a statement and suspended pending further investigation. Staff person A was terminated at conclusion of investigation when allegation of abuse was substantiated.
Three education sessions reviewing the signs of resident abuse and the requirements for reporting were provided for staff on 11/13/13 and 11/14/13 by the Director of Quality, Education and Compliance. 100% of employees participated.
Administrator/DRC will review and sign off on the 24 hour shift reports daily to evaluate changes in residents that may be signs of abuse or neglect. Follow up with residents and staff will occur as appropriate.
Administrator and DRC will conduct weekly resident rounds throughout the facility, speaking with all residents about their care for 3 months and then continue monthly. Administrator and DRC will provide appropriate follow up related to any resident care concerns that are expressed during the rounds, including potential investigations if warranted. .
DRC will audit all incident reports for the potential for abuse and complete follow up with residents and staff involved. DRC will also audit resident charts who were involved in the incidents reported, as well as those residents who are most vulnerable to potential abuse for documentation for potential concerns. All noted concerns will be addressed immediately with the administrator and promptly investigated if appropriate. DRC will complete an audit log and review with Administrator weekly.
Monthly staff in-service education will be conducted by DRC focusing on recognizing the signs of abuse, knowing which residents are most vulnerable, obligations to report resident abuse and types of abuse.. March education will be completed by 3/20/14. Agenda and sign in sheet from all education will be kept in a binder in the nurse's office for staff to review if unable to physically attend education sessions.
Administrator and DRC will continue to provide annual mandatory abuse training, monthly education sessions on topics related to resident abuse and monitor documentation and residents through facility rounds.

Staff person A terminated from employment at the home on 11/7/13. 3/7/14.

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

Signature of Legal Entity Representative (Required on EVERY Page) Keiston Luckraupt

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Keiston Luckraupt

Date 3/6/14

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Violation Report: 42949 - 11/08/2013 - Bacher, Mike
PCH Name: CANTERBURY PLACE



1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation dated 9/4/13, for resident #2,does not include page two, which contains a list of medications and diet information.

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.*

Resident # 2 second page of DME that included medications and diet was filed under miscellaneous tab in the resident chart and not attached to the first page of the DME.
Page 2 of the DME was immediately attached to the first page of the DME upon discovery.
Resident Support Coordinator educated by the Director of Resident Care (DRC) at time related to maintaining the DME intact with all information and pages in one location in the medical record. .
Staff meeting held on11/18/2013 during which the administrator and DRC reviewed medical record documentation and medical record order with staff.
New tabs to more easily identify the sections of the resident medical record were inserted into the medical records by 2/14/14.
Staff are being provided re-education related to the DME form and required information, as well as location of DME in residents medical records. Education will be completed for all direct care staff by 3/10/14.
Administrator/Director of Resident Care (DRC) will audit all resident charts by 3/14/14 to ensure that the DME contains all required information and pages. Audit sheet will note if all required information was present, if not what actions were taken to correct, date audit completed and who completed audit.
Administrator/DRC will review all new, annual and significant change DME's prior to placement in the resident record for completion.
Education related to information required to be included on the DME will be provided to all direct care staff by the DRC and completed by 3/10/14.

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

Signature of Legal Entity Representative (Required on EVERY Page) Kristin Luckhaupt

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kristin Luckhaupt

Date 3/6/14

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