



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 14 2016

Ms. Kristen Luckhaupt, Administrator
Canterbury Place
Ground Floor, Floors 2-6
310 Fisk Street
Pittsburgh, Pennsylvania 15201

RE: Canterbury Place
License #: 429490

Dear Ms. Luckhaupt:

As a result of the Department of Human Services' annual licensing inspections on January 26, 2016 and January 27, 2016 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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 Luckhaupt		Region: WEST
Legal Entity Name: CANTERBURY PLACE		
Legal Entity Address: 310 FISK STREET, PITTSBURGH, PA 15201		RECEIVED
Certificate(s) of Occupancy I-2 05/05/2010 City of Pittsburgh		JUN 13 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 52	Waking Staff: 39
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/26/2016; Garrigan, Laurie; Marini, Michael; Bedford, Katie; Kiese, Donald 01/27/2016; Garrigan, Laurie; Bedford, Katie		
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: 78	Number of Residents who:	
Number of Residents Served: 47	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: No	Are 60 Years of Age or Older: 47	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 2		

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JUN 18 2016

Violation Report: 42949 - 01/26/2016 - Garrigan, Laurie
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 1/26/16, the following materials, with a manufacturer's label indicating that if swallowed, get medical help, call a physician, or contact a poison control center, were unlocked and accessible to the residents:

- * At 9:44 a.m., on an unattended cleaning cart on the sixth floor:
 - 32 ounce bottle of Clorox Clean Up, approximately three quarter full
 - Bottle of Ecolab Oxycide Daily Disinfectant Cleaner, approximately one cup
- * At 2:54 p.m., on a shelf across from the 2nd floor nurse office:
 - Precision Color spray paint can

Resident #1 has been assessed as being unable to safely use or avoid poisonous materials.

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.

Employee responsible for housekeeping cart was immediately educated and cart was locked.

All scheduled employees on 1/26/16 were educated. Remaining staff were educated upon start of their next scheduled shift. Environmental Services staff will be educated on this regulation during monthly staff meetings and the importance of cleaning carts being with employee at all times and chemicals locked and secure. All new employees will be educated during first day of unit orientation.

Environmental Services assignment sheets were updated on 1/27/16 to reflect this information. Please see attached assignment sheet for reference.

Random audits will be conducted to all floors/carts by housekeeping supervisor or delegate on a monthly basis. Education will be provided as needed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *6/10/16*

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

The above plan of correction is approved as of *7/4/16*
(Date)

The above plan of correction was approved by *RL*
(Initials)

Plan of correction implementation status as of *8/4/16*
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *RL*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUN 18 2016

Page 3 of 8

Violation Report: 42949 - 01/28/2016 - Garrigan, Laurie
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The door on the first floor common bathroom across from the gift shop rubs against the frame at the top edge along a length of approximately 12 inches. This causes the bathroom door to stick and be difficult for residents to open or close.

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.

The bathroom door across from the gift shop already had a work order submitted for repair. Work order was submitted the week of 1/18/2016

New hardware arrived the following week and was replaced on the door. Door is functioning properly.

Director of Environmental Services or delegate will complete rounds throughout the building on a monthly basis ensuring that all floors, walls, ceilings, windows, doors and other surfaces are in good repair and hazard free. If a repair is needed a work order will be submitted immediately.

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 *6/10/16*

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

The above plan of correction is approved as of 7/4/16
(Date)

Plan of correction implementation status as of 7/4/16
(Date)

The above plan of correction was approved by *KL*
(Initials)

- Fully implemented *KL*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42949 - 01/26/2016 - Garrigan, Laurie
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 1/26/16 at 1:07p.m., there was an approximate 1/4 inch accumulation of lint in the lint trap of the dryer in the laundry room by room 328.

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.

Nursing Assistants will check lint dryers on resident floors at the end of their shifts to ensure dryers are free from lint.

DRC or delegate will complete random audits to both dryers on Personal Care floors on a weekly basis. Education will be provided as needed.

Environmental Services audits all building dryers on a weekly basis. Director of Environmental Services will review weekly to ensure audits are completed.

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: *6/10/16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8/4/16
(Date)

The above plan of correction was approved by *ML*
(Initials)

Plan of correction implementation status as of 8/4/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ML*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

JUN 18 2016

Violation Report: 42949 - 01/26/2016 - Garrigan, Laurie
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

On 1/26/16 at 11:49 a.m., combustible items were stored on and near the boilers to include the following:

* Boiler #1 had manufacture manuals on the top of it and a dirty white/grey rag on the back pipe of the boiler

* Boiler #2 had miscellaneous papers and manufacture manuals on top, an approximately 4 inch by 12 inch piece of cardboard under the boiler, and a purple rag on the pipe leading from the boiler

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.

Material was immediately removed from boiler area. All scheduled employees on 1/26/16 were educated. Remaining staff were educated upon start of their next scheduled shift.

Combustible and flammable materials may not be located near a heat source or hot water heaters has been added to maintenance checklist and is to be completed with daily rounds.

Director of Environmental Services or delegate will complete random audits on a bi-weekly basis. Education will be provided as needed.

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

6/10/16

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

The above plan of correction is approved as of

8/4/16
(Date)

Plan of correction Implementation status as of

8/4/16
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ML*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

ML
(Initials)

RECEIVED

JUN 13 2016

Page 6 of 8

Violation Report: 42949 - 01/26/2016 - Garrigan, Laurie
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 1/26/16 at 2:54 p.m., there was a Precision Color can of spray paint, with a label indicating "Extremely flammable liquid and vapor", on a shelf across from the 2nd floor nurse office that was unlocked and accessible to the residents.

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.

Can of spray paint was immediately removed from area. Product belonged to outside contractor who was completing work for PC unit.

Contractor was immediately education regarding regulation and keeping all items contained in the construction zone.

Director of Maintenance or delegate will educate any outside contractor regarding regulations related to PC and storing their material upon first day. Contractors will sign upon completion of education/receipt of information.

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

6/10/16

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

The above plan of correction is approved as of

8/4/16
(Date)

Plan of correction Implementation status as of

8/4/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PLW*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PLW
(Initials)

JUN 10 2016

Violation Report: 42949 - 01/26/2016 - Garrigan, Laurie
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Not all residents of the home evacuate to a designated meeting place away from the building or within a fire-safe area during fire drills. Multiple staff and resident interviews indicated that residents who are not located one floor above or below the affected area of the fire drill are not evacuated. Residents reside on floors 2, 3 and 5.

The home's fire drill record indicates that all residents were not evacuated to a designated meeting place outside the building or within a fire-safe area during the following drills:

Date	Number of residents in the home	Number of residents evacuated
1/29/15	46	5
2/26/15	46	14
3/19/15	46	5
4/20/15	44	9
5/18/15	45	13
6/29/15	45	19
7/13/15	46	12
8/19/15	44	12
9/23/15	43	4
10/14/15	42	22
11/25/15	44	15
12/11/15	43	14

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.

Administrator and Director of Environmental Services reviewed fire drill protocol and revised to ensure all residents are evacuated to designated fire safe areas in the allotted time frame as deemed by the fire marshal.

All residents, PC direct care staff and ancillary staff will be educated regarding new protocol by 6/24/16.

Fire drill will be conducted after 6/24/16 with new protocol implemented and will be observed by Administrator and Director of Environmental Services to ensure proper execution of new protocol and compliance. Education will be provided as needed.

All residents were evacuated to an internal fire safe area for the fire drills conducted on 6/29/16 at 9:40 am and 7/28/16 at 8:00 pm. p.u. 8/4/16

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 *6/10/16*

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The above plan of correction is approved as of 6/14/16 (Date)

Plan of correction implementation status as of 8/4/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *PLW*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42949 - 01/26/2016 - Garrigan, Laurie
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600
2600.141(a)(1) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on 7/10/16; however, the resident's medical evaluation was completed on 3/9/16 which exceeds 60 days prior to admission.

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.

Audit was completed by DRC of all resident charts. During audit it was identified that 1 other resident had a DME out of compliance and completed greater than the 60 day allowance prior to move in. All residents' are in compliance with their current DME dates.

DRC or delegate will audit all new admit DME's within 15 days of admissions to ensure compliance.

Within 30 days of receipt of the plan of correction, the administrator will review and update the home's policy and procedures for admissions to ensure that each new resident has a complete and accurate medical evaluation completed within 60 days prior or 30 days after admission. JN. 8/4/16

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 *6/10/16*

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The above plan of correction is approved as of 8/4/16
(Date)

Plan of correction implementation status as of 8/4/16
(Date)

The above plan of correction was approved by JN.
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JN.*
- Partially Implemented - Inadequate Progress
- Not Implemented