



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: June 26, 2018**

Ms. Kelly Covone-Henning  
Administrator  
Canterbury Place  
310 Fisk Street  
Pittsburgh, Pennsylvania 15201

RE: Canterbury Place  
License #: 429490

Dear Ms. Covone-Henning:

As a result of the Department's Bureau of Human Services Licensing inspection on April 12, 2018, 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 that reads "Larry Mazza".

Larry Mazza  
Human Services Licensing Supervisor

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: Kelly Covone-Henning		Region: WEST
Legal Entity Name: CANTERBURY PLACE		
Legal Entity Address: 310 FISK STREET, PITTSBURGH, PA 15201		<b>RECEIVED</b>
Certificate(s) of Occupancy Other 09/15/2011 City of Pittsburgh		JUN 04 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 57	Waking Staff: 43
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/12/2018: Roser, Ashley		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 78 Number of Residents Served: 42 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 2		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 2 Have a Mobility Need: 15 Have a Physical Disability: 2

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42949 - 04/12/2018 - Roser, Ashley  
PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION  
The most recent medical evaluation for resident #1 was completed on 8/16/17. On 4/6/18, a significant change assessment and support plan was completed due to resident #1's increase in hallucinations and inappropriate behaviors. However, a new medical evaluation was not completed for the significant change.

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.

*dated 5/4/18*

Resident #1 now has an updated medical evaluation that reflects this change in condition.

The Resident Support Coordinator (RSC)/Designee will have the residents' physicians review/sign and updated medical evaluation when significant changes occurs.

The RSC/Designee will check 3 charts per month for the next 3 months to ensure that the residents' chart reflects a current medical evaluation reflective of any recent significant changes.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kelly Connor-Hemming*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Kelly Connor-Hemming

Date 6-4-18

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The above plan of correction is approved as of 6/7/18  
(Date)

Plan of correction implementation status as of 6/7/18  
(Date)

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

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

Violation Report: 42949 - 04/12/2018 - Roser, Ashley  
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
Resident #1's support plan, dated 4/6/18, is not signed by the resident and does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

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 #1 significant change support plan in question was reviewed, updated and signed on 5/3/18 by the resident.

Resident Support Coordinator/Designee will update and review support plans with the residents that reflect their current and appropriate care needs. Resident support plan will indicate if the resident was able, unable or refused to participate, and if they signed, were unable to sign or refused to sign the support plan.

RSC/Designee will conduct chart audits, auditing 3 charts per month for the next 3 months to ensure the correct resident participation and the appropriate signature are noted.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Melissa Corne-Hemming*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Melissa Corne-Hemming*      Date *6.4.18*

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The above plan of correction is approved as of 6/7/18  
(Date)

Plan of correction implementation status as of 6/7/18  
(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented