pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 2 8 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 annual inspection on October 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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: Kelly Covone-Henning	**Region:** WEST

Legal Entity Name: CANTERBURY PLACE

Legal Entity Address: 310 FISK STREET, PITTSBURGH, PA 15201

Certificate(s) of Occupancy

I-2
10/14/2016
City of Pittsburgh

Staffing Hours

Resident Support: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Type of Inspection: Full **BHA Docket Number:** **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

10/12/2018: Spagna, Lauren; Bartlett, Patricia; Cutter, Jan

RECEIVED

11/2/2018

Western Region Field Office
Bureau of Human Services Licensing

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 Served: 35

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: 2

Number of Hospice Residents in past year: 3

Number of Residents who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 35

Have Mental Illness: 0

Have an Intellectual Disability: 1

Have a Mobility Need: 13

Have a Physical Disability: 2

RECEIVED
11/2/2018

Violation Report: 42949 - 10/12/2018 - Spagna, Lauren
PCH Name: CANTERBURY PLACE

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

Western Region Field Office
Bureau of Human Services Licensing

2a. DESCRIPTION OF VIOLATION
There was an unsealed plastic bag, containing 9 hamburger patties, present in the main kitchen's walk-in freezer.

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.

Food was checked in the walk-in freezer prior to exit interview and item in question was corrected and other food items were checked for proper sealing. To ensure compliance with the sealing of food, the food service staff will monitor the main kitchen walk-in freezer. All production staff were in-serviced concerning proper wrapping labeling and dating (see attachment A). Supervisors will inspect storage areas x2 per day to verify that standards are being followed. Signature on the current temp monitors for freezer will also indicate that the items contained within are being stored properly (see attachment B). Director will verify the x2 check by supervisors (see attachment C)

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kelly Covace-Deming

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

Date 11-2-18

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

The above plan of correction is approved as of 11/7/18 (Date)

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

Plan of correction implementation status as of 11/7/18 (Date)

- ☐ Fully Implemented
- ☑ Partially Implemented - Adequate Progress LM
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Violation Report: 42949 - 10/12/2018 - Spagna, Lauren
PCH Name: CANTERBURY PLACE

Western Region Field Office
Bureau of 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
Approximately 1/8" of lint was present in the lint trap of the 5th floor laundry room dryer.

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 resident dryer vent on the 5th floor was cleaned prior to the exit interview. Resident dryer vent will be checked and cleaned nightly by nursing assistant and Monday thru Friday by environmental service technician and will be noted on the audit tool (see attached form D). Sign has been posted on dryer to remind resident of cleaning out the lint after each load, which was placed on day of inspection (see attached photo E). Residents who were in attendance at the October 30, 2018 resident council meeting were educated on cleaning the dryer vent in-between loads citing the importance of why it needs to be cleaned, i.e. fire hazard and a memo was added in the resident November monthly newsletter about the cleaning of the dryer vent. (see attachment F)

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kelly Cleone - Hf

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

Date 11-2-18

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Violation Report: 42949 - 10/12/2018 - Spagna, Lauren
PCH Name: CANTERBURY PLACE

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
The home routinely schedules 2 staff persons during the 11:00pm-7:00am shift; however, the home has not conducted a fire drill with only 2 staff persons within the past year.

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.

To ensure the night time fire drills are being conducted accurately to reflect the staffing level on the overnight shift, all future night time fire drills that are conducted between the hours of 11p-7a will be done during the time when 2 staff are scheduled. Staff has been educated on fire drills and fire safety procedures in the month of October 2018 (see attached agenda and attendance sheets– attachments G, H1/H2) and will continue to be in serviced yearly. In addition to the 2-night time fire drills that were conducted in 2018, two additional unannounced night time fire drills will be conducted. One by November 10th and the other in the month of December when there are only 2 staff scheduled on the overnight shift. Fire drill log will be submitted to the DHS after the additional night time fire drills are conducted. In addition to the added night time fire drills, the residents will continue to be educated on what to do during when the alarms sound during resident council meetings and additional information will continue to be included in the resident monthly newsletter.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kelly Crowe-Hennessy

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

Date 11-2-18

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Violation Report: 42949 - 10/12/2018 - Spagna, Lauren
PCH Name: CANTERBURY PLACE

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident 1's preadmission screening form, dated 2/19/18, does not include a determination that the home can meet the resident's needs.

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.

To ensure compliance on preadmission screens to reflect that determination has been marked accurately, the Director of Resident Care conducted an audit on new residents on and after October 12, 2018 to ensure **PART III: Determination** was marked appropriately. The two new residents who were admitted on or after that date had their preadmission screen marked appropriately and it was noted on audit tool. Director of Resident Care will continue to utilize the audit tool to ensure all new resident preadmission screening forms are marked appropriately (see attachment I1 audit tool and 2 new resident preadmission screening forms – attachments I2/I3).

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kelley Crone-Hemming

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

Date 11-2-18

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Violation Report: 42949 - 10/12/2018 - Spagna, Lauren
PCH Name: CANTERBURY PLACE

Western Region Field Office
Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
Resident 2's support plan, dated 6/10/18, was not signed by the resident and does not indicate the resident was unable to sign, refused to sign, declined to participate or was unable to participate.

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.

To ensure compliance on support plan meetings with residents, the Resident Support Coordinator (RSC)/designee will review the support plan with residents initially, annually and when significant changes occur and will indicate status of meeting accordingly on the support plan, i.e. resident was unable to sign, refused to sign, declined to participate or was unable to participate. RSC/Designee conducted an audit on new residents who were admitted on or after October 12, 2018 – attachments J2, J3, J4) and will continue to utilize the support plan audit tool to keep track of future support plan meetings with residents (see attachment J1 support plan audit tool). Audit on new residents support plan meetings on and after October 12, 2018 were in compliance and noted on the audit tool. If RSC/Designee is unable to meet with resident after 2 attempts, then the DRC will try an additional time to meet with the resident. Attempts for meetings will be noted on the support plans and on the audit tool.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Kelley Reese-Hemm

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kelley Reese-Hemm

Date 11-2-18

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