



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [cpanepinto@ResidenceAtWhitehall.com](mailto:cpanepinto@ResidenceAtWhitehall.com)  
[jflatt@cpfunders.com](mailto:jflatt@cpfunders.com)

MAILING DATE: December 11, 2019

Mr. Jay Flatt  
CFO  
CPF Living Communitites II – Whitehall, LLC  
980 North Michigan Avenue, Suite 1998  
Chicago, Illinois 60611

RE: The Residence at Whitehall  
4750 Clairton Boulevard  
Pittsburgh, Pennsylvania 15236  
License #: 450210

Dear Mr. Flatt:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 21, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: *The Residence at Whitehall*

License Number: *450210*

Address: *4750 Clairton Blvd., Pittsburgh, PA 15236*

County: *ALLEGHENY*

Region: *WESTERN*

## Administrator

Name: *Christine Panepinto*

Phone: *412 885-1500*

Email:

## Legal Entity

Name: *CPF Living Communities II, Whitehall, LLC*

Address: *800 N. Michigan Avenue, Suite 1998, Chicago, IL, 60611*

## Certificate(s) of Occupancy

Type: *Other*

Date: *05/13/2019*

Issued By: *Whitehall Borough*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *2*

Waking Staff: *2*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*10/21/2019 - On-Site: Cindy Mulick, Lisa Flinner Alman*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *46*

Residents Served: *2*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *0*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *2*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

65a - FS Orientation 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, hired on 9/24/19, whose first day of work was 10/12/19, did not receive orientation on the following topics:

- Evacuation procedures ;
- Staff duties and responsibilities during fire drills, as well as during emergency evacuation transportation and at an emergency location if applicable
- The designated meeting place outside the building or within the fire-safe area in the event of an actual fire
- Smoking safety procedures, the home's smoking policy and location of smoking areas
- The location and use of fire extinguishers
- Smoke detectors and fire alarms
- Telephone use and notification of emergency services.

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.)

1<sup>st</sup> day orientation has been updated to include all of the above mentioned and required topics.

A sign off sheet has been added to all new hire paperwork to be signed off on by both the instructor and the new employee.

Executive Director and/or her designee will review all new hire paperwork for completion and compliance.

The home submitted documentation indicating staff person A received this orientation on 9/24/19.

*JW* 12/6/19

The new hire paperwork review shall include ensuring that documentation of the orientation is kept in the staff person's record for Departmental review upon request.

*JW* 12/6/19

Legal Entity Representative

*Christine Panepinto*

Signature

Christine Panepinto Executive Director 12/5/19

Printed Name and Title

Director

Date

65a - FS Orientation 1st Day (continued)

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

12/6/19

(Date)

Plan of correction implementation status as of

12/6/19

(Date)

The above plan of correction was approved by

JW  
(Initials)

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

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed his/her 40th scheduled work hour on 10/20/19. However, this staff person did not complete training in the following topics: Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under OAPSA, Reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on 10/18/19, However, this staff person did not complete training in the following topics: Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under OAPSA, Reporting of reportable incidents and conditions.

Staff person C completed his/her 40th scheduled work hour on 10/17/19, However, this staff person did not complete training in the following topics: Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under OAPSA, Reporting of reportable incidents and conditions.

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.)

New hire orientation has been updated to include all of the above mentioned and required topics to be covered within 40 scheduled working hours.

A sign off sheet has been added to all new hire paperwork to be signed off on by both the instructor and the new employee.

Executive Director and/or her designee will review all new hire paperwork for completion and compliance.

The home submitted documentation indicating staff person A received this orientation on 9/24/19, staff person B received it on 10/10/19 and staff person C received it on 9/23/19.

*JW* 12/6/19

\*See Below

Legal Entity Representative

*Christine Panepinto*  
Signature

*Christine Panepinto* Executive Director  
Printed Name and Title Date 12/5/19

10/21/2019

\*The new hire paperwork review shall include ensuring that documentation of the orientation is kept in the staff person's record for Departmental review upon request.

*JW* 12/6/19

65b - Rights/Abuse 40 Hours (continued)

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The above plan of correction is approved as of 12/6/19  
(Date)

Plan of correction implementation status as of 12/6/19  
(Date)

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

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