



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to WHITEHALL CARE GROUP LLC  
LEGAL ENTITY

To operate WHITETAIL SPRINGS ALZHEIMER'S SPECIAL CARE CENTER  
NAME OF FACILITY OR AGENCY

Located at 3401 PROVOST ROAD, PITTSBURGH, PA 15227  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 66  
MAXIMUM CAPACITY  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller  
Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 66

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from December 2, 2019 until June 2, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450611**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



December 3, 2019

Mr. Luis Serrano  
Manager  
Whitehall Care Group, LLC  
5101 NE 82<sup>nd</sup> Avenue, Suite 200  
Vancouver, WA 98662

RE: Whitetail Springs  
Alzheimer's Special Care Center  
3401 Provost Road  
Pittsburgh, Pennsylvania 15227  
License / C.O.C #: 450611

Dear Mr. Serrano:

As a result of the Department's Bureau of Human Services Licensing inspection on October 11, 2019 and October 24, 2019, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed violation report were found. All citations specified on the violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

Mr. Luis Serrano

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 applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written in a cursive style.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosures  
License  
Violation Report

**Violation Report**

**Facility Information**

Name: *Whitetail Springs Alzheimer's Special Care Center*  
Address: *3401 PROVOST ROAD , PITTSBURGH, PA 15227*  
County: *ALLEGHENY* Region: *Western*

License Number: *45061*

**Administrator**

Name: *Lisa Conklin* Phone: *412-884-3033* Email: *lisa.conklin@jeaseniorliving.com*

**Legal Entity**

Name: *Whitehall Care Group, LLC*  
Address: *5101 NE 82ND AVE SUITE 200, VANCOUVER, WA, 98662*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *08/14/2019* Issued By: *Whitehall Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

**Inspection**

Type: *Full* Reason: *New* BHA Docket #: Notice: *Announced*

**Inspection Dates and Department Representative**

*10/11/2019 - On-Site: Desmond Grace*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *66* Residents Served: *2*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Whitetail Spring* Capacity: *66* Residents Served: *2*

**Hospice**

Current Residents: *1*

**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: *2* Have Physical Disability: *0*

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.


Description of Violation

At 11:30 a.m., there were no emergency numbers posted near the phone with an outside line in the Frick nursing station.

At 12:30 p.m., the emergency numbers posted near the phone with an outside line in resident bedroom #17 did not include the current personal care home complaint hotline number.

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.)

See attachment 2a & 2b  12/2/19

Legal Entity Representative


  
Signature

USA CONKLIN - ADMINISTRATOR 11/25/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 12/2/19  
(Date)

Plan of correction implementation status as of   
(Date)

The above plan of correction was approved by   
(Initials)

Fully Implemented

Not Implemented

# WHITETAIL SPRINGS

## Alzheimers Special Care Unit

License #: 450610

Date of Visit: October 11, 2019

Date of Submission: 11/25/2019

### PLAN OF CORRECTION

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**Violation Review: 2600.91. Emergency Telephone Numbers-** Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Violation Interpretive Statement:** On October 11, 2019 during initial licensure inspection, it was observed that the landlines in the community did not have emergency numbers posted near the phone with an outside line in the Frick nurse station.

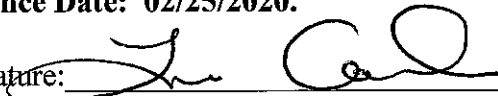
**Review the benefit of the Regulation , per RCG:** The requirement to have these numbers posted facilitates a quick response from the appropriate agency in the event of an emergency, and allows staff and residents to contact the Department and report complaints in privacy.

DATE	ACTION	PERSON RESPONSIBLE
10/11/2019	The emergency numbers were immediately posted on the landline telephone in the Frick Nurse: station. All other landline phones in management offices and main nurse station were audited to ensure that all phone lines had designated emergency management numbers posted on the phones.	Administrator
10/14/2019	Healthcare Services Director has educated staff to notify BOM if any phone number tags become dislodged or damaged so that they can be replaced.	Healthcare Services Director/Administrator

11/25/2019	An audit tool was created for the Business Office Manager to randomly check phone tags monthly to ensure that they are properly affixed to phones. This will be performed for three months. With a compliance date of 02/25/2020.	Business Office Manager
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**Target Compliance Date: 02/25/2020.**

Authorized Signature: \_\_\_\_\_



Date: 11/25/19

103d - Storing Food Off Floor

Regulations


2600.  
103.d. Food shall be stored off the floor.

Description of Violation


At 10:15 a.m., there were 7 boxes containing 6 gallons of emergency water, stored on the floor in the back supply room.

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.)

See attachment 3a  12/2/19

Legal Entity Representative



Signature

LISA CONKLIN - ADMINISTRATOR 11/25/19


Printed Name and Title

Date

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# WHITETAIL SPRINGS

Alzheimers Special Care Unit

License #: 450610

Date of Visit: October 11, 2019

Date of Submission: 11/25/2019

## PLAN OF CORRECTION

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**Violation Review: 2600.103.d. Food shall be stored off the floor.**

**Violation Interpretive Statement: On October 11, 2019 during initial licensure inspection, it was observed that there were 7 boxes containing 6 gallons of emergency water, stored on the floor in the back supply room.**

**Review the benefit of the Regulation , per RCG: Protects food from contaminates on the floor or which may be spilled on the floor.**

DATE	ACTION	PERSON RESPONSIBLE
10/11/2019	Immediately following site visit, Schneider's Dairy was contacted and pallets were delivered. The 6 sealed boxes of emergency water were placed on those pallets.	Administrator
11/25/2019	An audit tool was created for the Maintenance Director to check water to ensure that sealed boxes of emergency water remain on pallets. This will be performed monthly for three (3) months.	Maintenance Director/Administrator

**Target Compliance Date: 02/25/2020.**

Authorized Signature: \_\_\_\_\_

Date: 11/25/19

123c - Evacuation Diagrams

Regulations

2600.


123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

None of the emergency diagrams posted in the home included the locations of pull stations or fire extinguishers.

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.)

See Attachment 4a & 4b  12/2/19

Legal Entity Representative



Signature

LISA CONKLIN - ADMINISTRATOR 112519


Printed Name and Title

Date

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(Date)

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(Date)

The above plan of correction was approved by   
(Initials)

Fully Implemented

Not Implemented

# WHITETAIL SPRINGS

## Alzheimers Special Care Unit

License #: 450610

Date of Visit: October 11, 2019

Date of Submission: 11/25/2019

### PLAN OF CORRECTION

---

**Violation Review: 2600.123c.** For a home serving nine or more residents, an emergency diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.


**Violation Interpretive Statement:** On October 11, 2019 during initial licensure inspection, it was observed that the evacuation diagrams that were posted in conspicuous locations throughout the community did not have the location of fire extinguishers and pull signals on the diagrams.

**Review the benefit of the Regulation , per RCG:** Emergency evacuation diagrams help residents and visitors escape in the event of a fire or other emergency.

DATE	ACTION	PERSON RESPONSIBLE
10/11/2019	Immediately following site visit, the evacuation diagrams were updated with the locations of the fire extinguishers, marked with a green dot, and pull signals, marked with a red dot. A legend is located at the bottom of the evac. Diagram to designate red/green for the pull signals and fire extinguishers.	Administrator
11/25/2019	An audit tool was created for the Maintenance Director to check placement of evacuation diagrams monthly for three (3) months to ensure diagrams are in place, with a compliance date of 02/25/2020. All future updates to Emergency	Maintenance Director/Administrator

	Evacuation will be reviewed in their entirety with special attention to 2600.123.(a-d) for any changes, modifications or updates to the plan by the Administrator/Designee.	
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**Target Compliance Date: 02/25/2020.**

Authorized Signature:  \_\_\_\_\_  
Date: 11/25/19

191 - Resident Right to Refuse

Regulations

2600.


191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1 admitted 10/2/19 and resident #2 admitted 10/3/19, have not been educated regarding the resident's rights to refuse medication if the resident believes that there may be a medication error.

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.)

See attachment 5a & 5b  12/2/19

Legal Entity Representative



Signature

LISA CONKLIN - ADMINISTRATOR 12/2/19


Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of 12/2/19  
(Date)

The above plan of correction was approved by   
(Initials)

Fully Implemented

Not Implemented

# WHITETAIL SPRINGS

## Alheimers Special Care Unit

License #: 450610

Date of Visit: October 11, 2019

Date of Submission: 11/25/2019

### PLAN OF CORRECTION

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**Violation Review: 2600.191. The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.**

**Violation Interpretive Statement: On October 11, 2019 during initial licensure inspection, it was observed that the resident/resident's POA had not been educated of the right to refuse medication if there is a belief that the medication is in error.**

**Review the benefit of the Regulation, per RCG: Resident/resident POA is educated regarding the right to refuse medication if they believe the medication is in error.**

DATE	ACTION	PERSON RESPONSIBLE
10/17/2019	An addendum was created to the contract to include,"resident has the right to refuse medication". Resident Family/POA was notified that this was omitted on the initial Resident Agreement. Community reviewed addendum with family and signature was obtained by responsible party.	Administrator
11/25/2019	An audit checklist was created and will be maintained for every resident agreement. Administrator/Business Office Manager will audit all new Resident Agreements to ensure complete and comprehensive list of resident rights included and reviewed in Resident Agreement. BOM/Administrator will sign when completed. This will be ongoing with all move ins.	Business Office Manager/Administrator

	This audit will occur weekly for one (1) month, biweekly for one(1) month and random for one(1) month with a target compliance date of 01/27/2020.	
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**Target Compliance Date: 01/27/2020.**

Authorized Signature:  \_\_\_\_\_  
Date: 1/25/19

239b - Legal Entity

Regulations

2600.


239.b. The Department will inspect and approve the secured care dementia unit prior to operation or change. The requirements of this chapter shall be met prior to operation.

Description of Violation

On 10/11/19, resident #1 and resident #2 were residing in the home's secure dementia care unit (SDCU). Resident #1 was admitted on 10/2/19 and resident #2 was admitted on 10/3/19. However, the SDCU had not been inspected and approved by the Department prior to operation.

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.)

See attachment 6a & 6b  12/2/19

Legal Entity Representative



Signature

USIA CONKLIN - ADMINISTRATOR 112519

Printed Name and Title


Date

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(Date)

Plan of correction implementation status as of 12/2/19  
(Date)

Fully Implemented

The above plan of correction was approved by   
(Initials)

Not Implemented

# WHITETAIL SPRINGS

## Alzheimers Special Care Unit

License #: 450610

Date of Visit: October 11, 2019

Date of Submission: 11/25/2019

### PLAN OF CORRECTION

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**Violation Review: 2600.239.b. The Department will inspect and approve the secured care dementia unit prior to operation or change. The requirements of this chapter shall be met prior to operation.**


**Violation Interpretive Statement: On October 11, 2019 during initial licensure inspection, it was observed residents were residing in the home's secure dementia care unit(SCDU). The SCDU has not been inspected and approved by the Department prior to operation.**

**Review the benefit of the Regulation, per RCG: It is important that the home go through the proper procedure in order to obtain a license to operate a secured dementia care unit. The procedure helps both the home and the Department ensure that the home is able to provide secured dementia care unit services to residents in a manner which is in compliance with the regulations.**

DATE	ACTION	PERSON RESPONSIBLE
10/11/2019	No residents have been admitted to the community since the inspection.	Administrator
11/25/2019	Community policy was created to ensure that there will be no admission of residents to community prior to Department of Human Services Licensure.	Administrator
12/20/2019	Monthly Continuous Quality Improvement meeting will be conducted with managers and staff. Admission policy will be discussed with management team and direct staff that no residents will be admitted prior to Department of Human Services Licensure. Target	Administrator

	compliance date of 12/20/2019	
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**Target Compliance Date: 12/20/2019.**

Authorized Signature:   
Date: 11/25/19

### Violation Report

**Facility Information**

Name: *Whitetail Springs Alzheimer's Special Care Center*  
 Address: *3401 PROVOST ROAD , PITTSBURGH, PA 15227*  
 County: *Allegheny*                      Region: *Western*

License Number: *45061*

**Administrator**

Name: *Lisa Conklin*                      Phone: *412-884-3033*                      Email: *lisa.conklin@jeaseniorliving.com*

**Legal Entity**

Name: *Whitehall Care Group, LLC*  
 Address: *5101 NE 82nd Avenue Suite 200, Vancouver, WA 98682*

**Certificate(s) of Occupancy**

Type: *1-2*                      Date: *08/14/2019*                      Issued By: *Whitehall Borough*

**Staffing Hours**

Resident Support Staff: *0*                      Total Daily Staff: *4*                      Waking Staff: *3*

**Inspection**

Type: *Partial*                      BHA Docket #:                      Notice: *Unannounced*  
 Reason: *Incident*

**Inspection Dates and Department Representative**

*10/24/2019 - On-Site: Desmond Grace*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *66*                      Residents Served: *2*

**Secured Dementia Care Unit**

In Home: *Yes*                      Area: *Whitetail*                      Capacity: *66*                      Residents Served: *2*

**Hospice**

Current Residents: *1*

**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: *2*                      Have Physical Disability: *0*

42b - Abuse

Regulations

2600.


42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 10/19/19 at approximately 6:10 p.m., staff person A and staff person B were providing incontinence care and dressing resident #1 in his bed. The resident turned toward Staff person A and the staff person thought that the resident intended to spit on her. Staff person A then smacked the resident in the mouth and grabbed and held the resident's jaw. While holding the resident's mouth closed, staff person A stated to the resident, "didn't I tell you about fucking spitting on me!" Staff person B intervened and instructed staff person A to leave the room. Resident #1 sustained a 2-centimeter cut on his inner lip and had bleeding in his mouth between his teeth and gums.

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.)

See attachment 2a & 2b  12/2/19

Legal Entity Representative



Signature

LISA CONKLIN ADMINISTRATOR

Printed Name and Title

11/26/19


Date

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

The above plan of correction is approved as of 12/2/19  
(Date)

Plan of correction implementation status as of 12/2/19  
(Date)

Fully Implemented

The above plan of correction was approved by   
(Initials)

Not Implemented

# WHITETAIL SPRINGS

## Alzheimers Special Care Unit

License #: 450610

Date of Visit: October 11, 2019

Date of Submission: 11/25/2019

### PLAN OF CORRECTION

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**Violation Review: 2600.42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.**

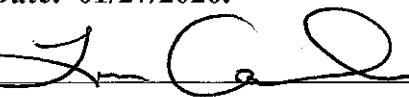
**Violation Interpretive Statement: On October 19, 2019 Caregiver (Certified Nurse Assistant) was observed by another team member, to have hit resident in the mouth with her right hand while giving care. She then verbalized, " I told you about f---king spitting on me".**

**Review the benefit of the Regulation , per RCG: The primary benefit of the regulation is to protect resident from abuse and neglect.**

DATE	ACTION	PERSON RESPONSIBLE
10/19/2019	The caregiver was immediately removed from the room and an assessment and first aid was performed on the resident. The perpetrator was observed until the Healthcare Services Director and the Borough Police arrived. Statements were obtained from perpetrator and witness. Assessment and first aid were provided to resident. MD and family were notified. Perpetrator was questioned by police. Healthcare Services Director then informed perpetrator that she was to leave the building and not return until she was called. Informed perpetrator that we would be in contact with her within 72 hours regarding the outcome of our investigation.	Healthcare Services Director/Administrator

	HSD then contacted Adult Protective Services and Department of Human Services and completed the Act 13 paperwork and transmitted that paperwork to both entities.	
10/21/2019	All staff was inserviced on elder abuse/mandatory reporting.	Healthcare Services Director/Administrator
11/25/2019	An audit was created to allow the HSD to review clinical documentation to identify opportunity to educate staff and to review any issues that might indicate possible abuse. HSD will audit documentation weekly for one(1) month. Biweekly for one(1) month. Random audit of documentation once with a target compliance date of 01/27/2020.	Healthcare Services Director
11/25/2019	Administrator will audit General Orientation paperwork weekly for one(1) month. Biweekly for one(1) month and a random audit of General Orientation to ensure that training/education at time of hire is completed for mandatory reporting and elder abuse training with a target compliance date of 01/27/2020	Administrator

**Target Compliance Date: 01/27/2020.**

Authorized Signature:  \_\_\_\_\_  
Date: 11/25/19