



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: [lisa.conklin@jeaseniorliving.com](mailto:lisa.conklin@jeaseniorliving.com)

MAILING DATE: February 7, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 16, 2020, 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 that reads "L. Mazza".

Larry Mazza  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

2/4/2020

Western Region Field Office  
Bureau of Human Services Licensing

License Number: 450610

## Violation Report

### Facility Information

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

### Administrator

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

### Legal Entity

Name: *Whitehall Care Group*  
Address: *3401 Provost Road, Pittsburgh, PA, 15227*

### Certificate(s) of Occupancy

Type: *1-2* Date: Issued By:

### Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

### Inspection

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

### Inspection Dates and Department Representative

*01/16/2020 - On-Site: Amy Duncan, Courtney Barry*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *66* Residents Served: *7*

#### Secured Dementia Care Unit

In Home: *Yes* Area: *entire home* Capacity: *66* Residents Served: *7*

#### Hospice

Current Residents: *3*

#### Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *7* Have Physical Disability: *0*

16b - Incident Policies

Regulations

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home's "Abuse and Neglect Identification, Training and Reporting" policy indicates, "All staff who might have witnessed or have knowledge of the alleged abuse will be interviewed and documented." There was an allegation of abuse reported on 1/9/20 involving resident #1; however, the home has no documentation that interviews with staff took place.

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 Pages 2A and 2B of 3

Legal Entity Representative



Signature

USA CONKLIN ADMINISTRATOR 026320

Printed Name and Title

Date

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The above plan of correction is approved as of 2/4/2020  
(Date)

Plan of correction implementation status as of 2/4/2020  
(Date)

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

Implemented  
 Not Implemented

# WHITETAIL SPRINGS

## Alzheimers Special Care Unit

License #: 450610

Date of Visit:

Date of Submission:

### PLAN OF CORRECTION

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**Violation Review: 2600.16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.**


**Violation Interpretive Statement: On 01162020, the home's "Abuse and Neglect Identification, Training and Reporting" policy indicates, "All staff who might have witnessed or have knowledge of the alleged abuse will be interviewed and documented." There was an allegation of abuse reported on 01092020 involving resident #1, however, the home has no documentation that interviews with staff took place.**

**Review the benefit of the Regulation per RCG: Robust policies and procedures ensures that the home is accurately managing reportable incidents, tracking patterns of incidents, and taking steps to prevent future incidents.**

| DATE     | ACTION   | PERSON RESPONSIBLE     |
|----------|--|------------------------|
| 01172020 | Administrator educated HSD and all managers and reviewed 16.b. HSD then instructed staff per regulations to notify Admin/HSD for any allegations of abuse or neglect. Administrator/HSD and/or designee will obtain statements and document all allegations of abuse /neglect and report immediately via Act 13 to DHS. All documentation will be reviewed weekly times 6 weeks for any language or reporting that would constitute an allegation of abuse or neglect. | Administrator/Designee |
|          |  |                        |

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**Target Compliance Date: 02282020**

Authorized Signature:  \_\_\_\_\_  
Date: 020320

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

On 12/22/19, ancillary staff person A, hired on 10/23/19, assisted resident #1 with toileting; however, the staff person has not successfully completed and passed the Department-approved direct care training course and competency test.

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 Pages 3A and 3B of 3

Legal Entity Representative

Signature

LISA CONKLIN ADMINISTRATOR 02/03/2020

Printed Name and Title

Date

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

The above plan of correction is approved as of 2/4/2020

(Date)

The above plan of correction was approved by \_\_\_\_\_  
(Initials)

Plan of correction implementation status as of 2/4/2020

(Date)

- Implemented
- Not Implemented

# WHITETAIL SPRINGS

## Alzheimers Special Care Unit

License #: 450610

Date of Visit:

Date of Submission:

## PLAN OF CORRECTION

**Violation Review: 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.**


**Violation Interpretive Statement: On 12/22/19, ancillary staff person A, hired on 10/23/19 assisted resident #1 with toileting; however, the staff person has not successfully completed and passed the Department approved direct care training course and the competency test.**

**Review the benefit of the Regulation per RCG: Ensure that each individual who provides assistance with ADLs is trained to do so properly.**

| DATE       | ACTION  | PERSON RESPONSIBLE                         |
|------------|---|--|
| 12/22/19   | During the interview with staff person regarding her concern with care of a resident, staff person revealed that she transferred resident and provided ADL care to resident without successfully competing and passing the Department approved direct care training course and competency test. | Administrator/Healthcare Services Director |
| 12/26/2019 | A Corrective Discipline was discussed with staff member: Per Whitetail Springs handbook/Employee Health and Safety: If your job duties do not include training for resident transfers/resident care, do not transfer or provide care to residents. Per  | Administrator/Designee                     |

|  |  |  |
|--|--|--|
|  | <p>DHS 2600 65.d., all staff providing direct care to residents must complete DHS provider training and pass competency test. Ancillary staff will not provide direct care to residents and will ensure that in the event of identifying a resident need, they will make sure that the resident is safe and notify resident care staff of resident need.</p> <p>Administrator/Designee will review all documentation for any resident needs and review all assignments to ensure that direct care is provided by only DHS trained staff.</p> <p>Administrator/Designee will review staff records to ensure that all direct care staff have been trained and passed the DHS competency test for direct care. On hire, all direct care staff will successfully compete and pass the Department approved direct care training course and pass the competency test. This will be reviewed with all General Orientation for new hires weekly for 6 weeks.</p> |  |
|--|--|--|

**Target Compliance Date: 02282020**

Authorized Signature:   
Date: 02032020