



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

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) 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 Public Welfare 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 April 1, 2020 until April 1, 2021
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450610**

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.



Mailing Date: April 1, 2020

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

RE: Whitetail Springs
Alzheimer's Special Care Center
3401 Provost Road
Pittsburgh, Pennsylvania 15227
License / C.O.C #: 450610

Dear Mr. Serrano:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on February 11, 2020 and March 16, 2020, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

2/26/2020

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

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

License Number: *450610*

Administrator

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

Legal Entity

Name: *Whitehall Care Group, LLC*
 Address: *5101 NE 82nd Ave, Suite 200, Vancouver, WA, 96662*

Certificate(s) of Occupancy

Type: *Other* Date: *08/14/2019* Issued By: *Whitehall Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal,Provisional*

Inspection Dates and Department Representative

02/11/2020 - On-Site: Amy Duncan, Debora McConnell

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *6*

Secured Dementia Care Unit

In Home: *Yes* Area: *entire home* Capacity: *66* Residents Served: *6*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

3c - Post Current License

Regulations

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The license inspection summary, dated 10/24/19, as well as a copy of 55 Pa. Code Chapter 2600, were not posted in a conspicuous and public place in the home.

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 14

Legal Entity Representative

Signature

USACARKEIN ADMIN. 02262020

Printed Name and Title

Date

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

The above plan of correction is approved as of 2/27/2020
(Date)

Plan of correction implementation status as of 3/17/2020
(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: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Violation Interpretive Statement: The license inspection summary, dated 10/24/19, as well as a copy of 55 Pa. Code Chapter 2600, were not posted in a conspicuous and public place in the home.

Review the benefit of the Regulation per RCG Permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home and the home's plan to correct any violations found.

DATE	ACTION	PERSON RESPONSIBLE
02112020	<p>During initial/annual inspection, Plan of Correction document was available and accessible to residents and family/visitors. The most recent Plan of Correction had not been added to the binder. On 02122020, the POC binder was updated with the most current Plan of Correction and returned to the public area in the foyer for public viewing.</p> <p>Administrator will review POC binder with every encounter with DHS survey/inspection/complaint to ensure that POC binder is updated.</p> <p>02262020- Inservice violation reports will be inserted into binder</p>	Administrator/Business Office Manager.

	<p>immediately upon receipt of report. All managers will be inserviced/educated to understand that all Plans of Correction and Violation reports are to be entered into the Plan of Correction binder and kept in a public area for viewing by residents/ families/visitors at all times. Inservice will be completed by 03062020. Administrator will audit Plan of Correction binder for 3 months for any additions to binder and will update binder with any DHS encounter for concern/complaint and for this most recent initial/annual survey. Audit will be completed May 29th 2020.</p>	
	<p>Immediately: A designated staff person shall post a copy of the Chapter 2600 regulations in a conspicuous and public place in the home.</p>	<p><i>[Signature]</i> 2/27/20</p>

Target Compliance Date: 03062020

Authorized Signature: *[Signature]*
Date: 02262020

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's resident-home contract, dated 1/6/20, is not signed by the resident.

Resident #3's resident-home contract, dated 12/6/19, is not signed by the resident.

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 14

Legal Entity Representative



Signature

LISA CONKLIN ADMIN 02262020

Printed Name and Title

Date

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The above plan of correction is approved as of

2/26/2020

(Date)

Plan of correction implementation status as of

3/17/2020

(Date)

The above plan of correction was approved by



(Initials)

Implemented

Not Implemented

WHITETAIL SPRINGS

Alzheimers Special Care Unit

License #: 450610

Date of Visit: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.25b .The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Violation Interpretive Statement: Resident #1's resident-home contract, dated 1/6/20, is not signed by the resident.

Resident #3's resident-home contract, dated 12/6/19, is not signed by the resident

Review the benefit of the Regulation per RCG Signing the contract constitutes a pledge by both parties to abide by the specified terms.

DATE	ACTION	PERSON RESPONSIBLE
02112020	<p>021720 All resident agreements were reviewed and signatures from residents were obtained.</p> <p>Administrator will review all resident agreements and obtain a signature, or a "Mark" from potential resident to designate their agreement to move into SDCU/community.</p> <p>All agreements will be monitored for designated signature upon move in and will be noted in admission checklist in all resident records.</p> <p>Audit will be conducted for all resident move-ins for three months .Audit will be completed April 30 2020</p>	Administrator

Target Compliance Date: 04302020

Authorized Signature: 

Date: 072620

41e - Signed Statement

Regulations

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The records for resident #1 and resident #3 do not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

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 4A and 4B of 14

Legal Entity Representative


Signature

USA CONKLE
Printed Name and Title

ADMIN 0226 2020
Date

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(Date)

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

Plan of correction implementation status as of 3/17/2020
(Date)

Implemented
 Not Implemented

WHITETAIL SPRINGS

Alzheimers Special Care Unit

License #: 450610

Date of Visit: 02/11/2020

Date of Submission: 02/26/2020

PLAN OF CORRECTION

Violation Review: 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record

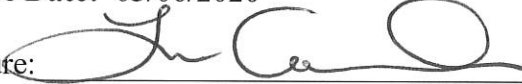
Violation Interpretive Statement: The records for resident #1 and resident #3 do not contain a statement signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

Review the benefit of the Regulation , per RCG: Protects the home by verifying that residents have been informed of the rights and procedures for filing a complaint.

DATE	ACTION	PERSON RESPONSIBLE
02112020	During initial/annual inspection during review of resident agreement, copy of resident rights in Resident Agreement was not signed by the resident. Although the resident caregiver/Power of Attorney signature was obtained, resident did not sign. Beginning 02172020, Resident Agreements were reviewed and signatures/resident "mark" were obtained on the area of Resident Agreement.	Administrator/Designee
	All Resident Agreements will be reviewed for signatures/"mark" obtained by residents with all move-ins for 6 weeks. Audit to be resolved on April 3 2020 02262020- All managers will be inserviced/educated regarding Resident Agreements to understand	Administrator/Designee

	<p>that all residents must sign/make a “mark” on the Residents Rights/Complaint Procedures portion of the Resident Agreement. Inservicing will be completed by 03062020. All Resident Agreements will be reviewed for completeness/resident “signature” with all move ins. Resident signature completion will be added to Admission checklist for ongoing review by 02282020.</p>	
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Target Compliance Date: 03/06/2020

Authorized Signature:  _____
Date: 02262020

64a - Admin Training

Regulations

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
 1. An orientation program approved and administered by the Department.

Description of Violation

Staff person A, the home's administrator, has not successfully completed the Department-approved administrator orientation program.

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 5A and 5B of 14

Legal Entity Representative

Signature

USA CONKLEIN ADMIN

Printed Name and Title

02/26/2020

Date

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The above plan of correction is approved as of 2/26/2020
(Date)

Plan of correction implementation status as of 3/17/2020
(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: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following: (1) An orientation program approved and administered by the Department. (2) A 100-hour standardized Department-approved administrator training course. (3) A Department-approved competency-based training test with a passing score.

Violation Interpretive Statement: Staff person A, the home's administrator, has not successfully completed the Department-approved administrator orientation program.

Review the benefit of the Regulation , per RCG: Ensures that the administrator will have the basic training to establish and maintain regulatory compliance and meet residents' needs.

DATE	ACTION	PERSON RESPONSIBLE
021112020	On 02112020 when reviewing the Administrator qualification, Department approved orientation program documentation was not in Administrator personnel file	
Staff person A successfully completed the Department-approved orientation program on 6/13/14. 2/26/20 <i>LM</i>	Administrator did complete Department approved orientation program. Administrator contacted [REDACTED] to obtain document. On 02262020 at approximately 1030 am, Administrator received a phone call from [REDACTED] confirming that the 100 Orientation document was confirmed by PA DHS Western Region and that Administrator would be receiving a copy of document via email. Administrator confirmed email address with [REDACTED] lisa.conklin@jeaseniiorliving.com , and that email address would be sent to [REDACTED] so that she could transmit document to	Administrator

	Administrator. Administrator will transmit document to DHS when received.	
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Target Compliance Date: 02262020

Authorized Signature:  _____
Date: 0226 2020

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1's lamp is located approximately 4 feet from the bottom of his bed and could not be turned on/off at bedside.

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 6A and 6B of 14

Legal Entity Representative



Signature

USA CONKLIN

Printed Name and Title

ADMIN

02/26/2020

Date

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The above plan of correction is approved as of

2/26/2020

(Date)

Plan of correction implementation status as of

3/17/2020

(Date)

The above plan of correction was approved by



(Initials)

Implemented

Not Implemented

WHITETAIL SPRINGS

Alzheimers Special Care Unit

License #: 450610

Date of Visit: 021102020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

Violation Interpretive Statement: Resident #1's lamp is located approximately 4 feet from the bottom of his bed and could not be turned on/off at bedside.

Review the benefit of the Regulation , per RCG: Provides residents with sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.

DATE	ACTION	PERSON RESPONSIBLE
02112020	On 02112020, during walk through of resident rooms Resident 1's lamp had been moved to a bedside stand that the resident's family had moved in at the bottom of the bed. While surveyors were in the room, Maintenance Director placed the resident lamp on the bedside stand at the head of the resident's bed.	Administrator/Maintenance Director
	Maintenance Director will examine and assess all resident rooms on move in to ensure that residents have access to lamp for proper lighting and all lamps are within resident's reach. Maintenance Director will ensure that all lamps are within resident reach during daily walk through. Audit will be done weekly, and with each move in. Audit to be completed on 04032020	Maintenance Director/Designee

Target Compliance Date: 04032020

Authorized Signature: 

Date: 02262020

107a - Emergency Preparedness

Regulations

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

The home did not have a copy of the emergency preparedness plan for the local municipality, Whitehall Borough.

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 7A and 7B of 14

Legal Entity Representative



Signature

USA CANKLIN ADMIN. 02/26/2020

Printed Name and Title

Date

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

The above plan of correction is approved as of 2/26/2020
(Date)

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

Plan of correction implementation status as of 3/17/2020
(Date)

- Implemented
- Not Implemented

WHITETAIL SPRINGS

Alzheimers Special Care Unit

License #: 450610

Date of Visit: 02112020

Date of Submission:02262020

PLAN OF CORRECTION

Violation Review: 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.


Violation Interpretive Statement: 2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Review the benefit of the Regulation per RCG Ensures that homes are familiar with the local emergency management agency's plans and procedures in the event of a general emergency.

DATE	ACTION	PERSON RESPONSIBLE
02112020	On 02112020, during initial/annual survey, the Emergency Plan for Whitehall Borough was not posted/accessible in a public area. On 02122020, Whitehall Borough Emergency Plan has been posted along with Whitetail Springs Emergency Preparedness Binder and has been placed in the public area of the community across from the nurses station. Binder and "pink" book has been attached to the wall with a cord and placed into a hanging folder that is/will be accessible to all residents and family for review at any time. Administrator will audit binder weekly to ensure that all documents are in place for 6 weeks. Audit to be completed on 04032020.	Administrator/Business Office Manager

	Administrator/BOM will check hanging folder visually to make sure that documents are intact in hanging file folder and attached to chain to allow access to all residents/visitors at all times.	

Target Compliance Date: 02122020

Authorized Signature:  _____
Date: 02262020

123b - Emergency Procedures Posted

Regulations

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures were not posted in a conspicuous and public place in the home.

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 8A and 8B of 14

Legal Entity Representative



Signature

USA CONKLIN ADMIN 02262020

Printed Name and Title

Date

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

The above plan of correction is approved as of

2/26/2020

(Date)

Plan of correction implementation status as of

3/17/2020

(Date)

The above plan of correction was approved by



(Initials)

Implemented

Not Implemented

WHITETAIL SPRINGS

Alzheimers Special Care Unit

License #: 450610

Date of Visit: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

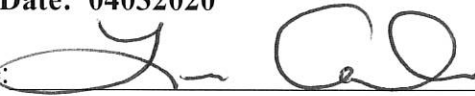
Violation Interpretive Statement: The home's emergency procedures were not posted in a conspicuous and public place in the home.

Review the benefit of the Regulation , per RCG: Posting the required information allows for easy access to critical information by laypersons during an emergency.

DATE	ACTION	PERSON RESPONSIBLE
02112020	On 02112020 during initial/annual inspection, the emergency preparedness binder was viewed in a glass case, but was not accessible to the public.	Administrator
	On 02192020, a hanging file folder was attached to the wall in the common area at entrance to community. Emergency Preparedness binder was placed in hanging folder and attached with a chain for easy access to all families and visitors. Maintenance Director will ensure that Emergency Preparedness binder is in file folder and accessible to families and visitors. This will be audited weekly for 6 weeks, audit will be completed on 04032020. Maintenance Director will continue to maintain throughout the year and checked with monthly walk	Maintenance Director/Designee

	throughs.	
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Target Compliance Date: 04032020

Authorized Signature:  _____
Date: 0226 2020

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records do not indicate am or pm for the fire drill conducted on 1/20/20 at 1:40.

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 9A and 9B of 14

Legal Entity Representative



Signature

USA CASHEW

Printed Name and Title

ADMIN

02/16/2020

Date

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

The above plan of correction is approved as of

2/27/2020


(Date)

Plan of correction implementation status as of

3/17/2020

(Date)

The above plan of correction was approved by



(Initials)

Implemented

Not Implemented

WHITETAIL SPRINGS

Alzheimers Special Care Unit

License #: 450610

Date of Visit: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.


Violation Interpretive Statement: The fire drill records do not indicate am or pm for the fire drill conducted on 1/20/20 at 1:40.

Review the benefit of the Regulation per RCG Recording fire drill information helps homes ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation.

DATE	ACTION	PERSON RESPONSIBLE
02112020	<p>On 02112020, during initial/annual inspection, it was not on Fire Drill documentation that on 01202020, the fire drill that was conducted during 6a-2pm shift was not designated with "pm".</p> <p>Fire Drill documentation will be audited for 2 months by Maintenance monthly from 2/27/2020</p> <p>Director/Administrator to ensure that appropriate time designations will be documented on Fire Drill documents. This audit will be completed on 04302020.</p> <p>On Thursday February 13 2020 Whitehall Fire Co. Chief Eric Harris and Assistant Chief Nick Price met with Maintenance personnel of Whitetail</p>	<p>Maintenance Director/Administrator</p>

	<p>Springs. A fire drill and evacuation were performed. Staff and residents evacuated in 2 minutes and 20 seconds. All visual and audible alarm devices functioned properly.</p> <p>02262020- All managers will be inserviced/educated to understand that all fire drill documentation times have to designate time of occurrence, whether am or pm. In lieu of regular time documentation, military time will be an acceptable alternative to understand time fire drill has been conducted. Inservice will be completed by 03062020.</p>	

Target Compliance Date: 04302020

Authorized Signature: 
Date: 02262020

132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum safe evacuation time specified in writing on 9/3/19 by a fire safety expert is 2 minutes 30 seconds. However, the home exceeded this time during the following fire drills:

<u>Date</u>	<u>Time</u>	<u>Evacuation Time</u>
* 12/30/19	5:16 am	3 minutes, 3 seconds
* 1/20/20	1:40	9 minutes, 6 seconds

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 10A, 10B and 10C of 14

Legal Entity Representative

Signature

LISA CONKLIN ADMIN

Printed Name and Title

02262020

Date

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

The above plan of correction is approved as of 3/2/2020 Plan of correction implementation status as of 3/17/2020
 (Date) (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


Violation Review: 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety

Violation Interpretive Statement: The home's maximum safe evacuation time specified in writing on 9/3/19 by a fire safety expert is 2 minutes 30 seconds. However, the home exceeded this time during the following fire

drills:	Date	Time	Evacuation Time *	12/30/19	5:16
am		3 minutes, 3 seconds *	1/20/20	1:40	9 minutes, 6 seconds

Review the benefit of the Regulation per RCG Evacuation within the maximum evacuation time prevents fire-related death and injury.

DATE	ACTION	PERSON RESPONSIBLE
02112020	<p>On 02112020, during initial/annual review, it was noted on the Fire Drill documentation that the evacuation times exceeded the allotted time of 2 minutes and 30 seconds.</p> <p>On Thursday February 13 2020 Whitehall Fire Co. Chief Eric Harris and Assistant Chief Nick Price met with Maintenance personnel of Whitetail Springs. A fire drill and evacuation were performed. Staff and residents evacuated in 2 minutes and 20 seconds. All visual and</p>	Maintenance Director/Designee

<p>Immediately: Staffing shall be provided at all times to ensure all residents are able to be evacuated to a public thoroughfare or to a fire-safe area determined in writing within the past year by a fire safety expert, within the time specified in writing within the past year by a fire safety expert.</p>	<p>audible alarm devices functioned properly.</p> <p>3/2/2020 </p>	
	<p>1. Maintenance Director/Designee will continue to monitor monthly fire drill times and ensure that evacuation times meet the minimum requirement of the Fire Chief of Whitehall Borough. Audit will be conducted monthly. Fire Drills and accompanying paperwork will be reviewed by Administrator monthly.</p>	
<p>01212020</p>	<p>2. Training was conducted beginning on 01212020 Fire Drills/Evacuation times and Emergency Preparedness with all staff. Training included fire safe areas in community: interior and exterior. Training will be done yearly, with all new staff members during General Orientation and as needed.</p>	<p>Maintenance Director/Administrator</p>

	3. By 03092020, the community will obtain a letter detailing safe evacuation time and fire safe areas from the Whitehall Boro Fire Chief and communicate/transmit letter for DHS Western Region for approval.	Administrator/Designee
--	--	------------------------

Target Compliance Date:

Authorized Signature:  _____

Date: 03022020

171c - Home's Vehicle Documents

Regulations

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- 4. Current inspection.

Description of Violation

The home's van, used to transport resident #2, did not have a current Pennsylvania inspection.

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 11A and 11B of 14

Legal Entity Representative



Signature

USA CONKLIN ADMN 02262020

Printed Name and Title

Date

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The above plan of correction is approved as of 2/26/2020
(Date)

Plan of correction implementation status as of 3/17/2020
(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: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.171(c) - The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents: (1) Vehicle registration. (2) Valid driver's license for each vehicle operator. (3) Vehicle insurance. (4) Current inspection. (5) Commercial driver's license for vehicle operator if applicable

Violation Interpretive Statement The home's van, used to transport resident #2, did not have a current Pennsylvania inspection.

Review the benefit of the Regulation per RCG Ensures that the home's vehicles and vehicles of staff who regularly transport residents are in compliance with Pennsylvania traffic codes.

DATE	ACTION	PERSON RESPONSIBLE
02112020	On 02112020, during initial/annual inspection it was revealed that the community's van had not yet been inspected.	Maintenance Director/Designee
	Maintenance Director has pursued an appointment date for inspection of the Community Van on Thursday February 27 th . Community van has not and will not be driven or removed from Community property until an appropriate inspection has been completed. Maintenance Director will maintain appropriate and timely van inspection yearly in February.	Maintenance Director/Designee

Target Compliance Date: 02272020

Authorized Signature:  _____
Date: 02262020

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

There is no documentation that resident #1, admitted 1/6/20, has been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

There is no documentation that resident #3, admitted 12/6/19, has been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

REPEAT VIOLATION: 10/11/2019

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 12A and 12B of 14

Legal Entity Representative



Signature

USA CONKLIN ADAMS 02/26/2020

Printed Name and Title

Date

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The above plan of correction is approved as of 2/27/2020
(Date)

Plan of correction implementation status as of 3/17/2020
(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: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

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: There is no documentation that resident #1, admitted 1/6/20, has been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

There is no documentation that resident #3, admitted 12/6/19, has been educated on the resident's right to refuse medication if the resident believes that there may be a medication error.

Review the benefit of the Regulation , per RCG: Protects residents' right to refuse medications that they believe will be erroneously administered.

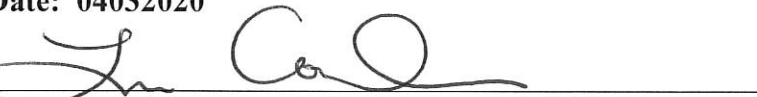
DATE	ACTION	PERSON RESPONSIBLE
02112020	During initial/annual inspection during review of resident agreement, copy of resident rights in Resident Agreement was not signed by the resident. Although the resident caregiver/Power of Attorney signature was obtained, resident did not sign. Beginning 02172020, Resident Agreements were reviewed and signatures/resident "mark" were obtained on the area of 02262020Resident Agreement specific to Residents Right to refuse medication.	Administrator/Designee

	<p>All Resident Agreements will be reviewed for signatures/"mark" obtained by residents with all move-ins for 6 weeks. Audit to be resolved on 04032020.</p> <p>02262020- All managers will be inserviced/educated regarding Resident Agreements to understand that all residents must sign/make a "mark" on the Residents Right to refuse medication Procedures portion of the Resident Agreement. Inservicing will be completed by 03062020. All Resident Agreements will be reviewed for completeness/resident "signature" with all move ins. Resident signature completion will be added to Admission checklist for ongoing review by 02282020.</p>	<p>Administrator/Designee</p>
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Target Compliance Date: 04032020

Authorized Signature: _____

Date: 02262020



233a - Lock Approval

Regulations

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority specifying that the locking system used on the exit doors from the secured dementia care unit (SDCU) will automatically and immediately release when the fire alarm is activated.

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 13A and 13B of 14

Legal Entity Representative



Signature

USA CONKLIN ADMIN, 0226-2020

Printed Name and Title

Date

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The above plan of correction is approved as of 2/26/2020
(Date)

Plan of correction implementation status as of 3/17/2020
(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: 02112020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.233(a) - Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Violation Interpretive Statement: The home does not have written approval from the Department of Labor and Industry, Department of Health or local building authority specifying that the locking system used on the exit doors from the secured dementia care unit (SDCU) will automatically and immediately release when the fire alarm is activated.

Review the benefit of the Regulation , per RCG: Having approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system ensures that the locking system has met the appropriate standards established by those agencies.

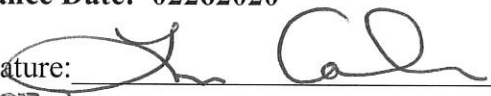
DATE	ACTION	PERSON RESPONSIBLE
02112020	On 02112020 during initial/annual survey, surveyors were given Certificate of Occupancy documents and document of "PASS" approval of Fire, Physical Plant and Door Locks from Joe Motznik, Building Inspector of Allegheny County. Administrator did not have receipt of the Letter from Allegheny County Building Inspector included in documents provided for initial licensure to Department of Human Services.	Administrator

	<p>Letter of written approval from Allegheny County Building Inspector, Joe Motznik was obtained and is attached in this document for your review. Email/letter was documented on September 19, 2019. Administrator will keep receipt of letter on file with all Certificate of Occupancy documents available for review during any DHS survey/complaint/concern.</p>	<p>Administrator</p>
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Target Compliance Date: 02262020

Authorized Signature: _____

Date: 0226 2020

A handwritten signature in black ink, appearing to be 'J. Motznik', is written over a horizontal line. The signature is cursive and somewhat stylized.

233c - Key-Locking Devices

Regulations

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the following doors in the SDCU:

- * The exit door in the kitchen next to the walk-in freezer
- * The exit door in the laundry 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 Pages 14A and 14B of 14

Legal Entity Representative


Signature

USA CARLIN ADMIN. 02/26/2020
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 3/17/2020
(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: 021102020

Date of Submission: 02262020

PLAN OF CORRECTION

Violation Review: 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.


Violation Interpretive Statement: The directions for operating the home's locking mechanism are not conspicuously posted near the following doors in the SDCU: * The exit door in the kitchen next to the walk-in freezer * The exit door in the laundry room

Review the benefit of the Regulation , per RCG: Posting the directions for the operation of key-locking devices, electronic cards systems or other devices that prevent immediate egress help to ensure that persons in the secured dementia care unit who do not have an identified need to be in a secured unit can exit the secured unit on their own and at will.

DATE	ACTION	PERSON RESPONSIBLE
02112020	On 02112020 during initial/annual inspection, surveyors noted that in non-resident areas of kitchen delivery door and laundry room exit, locking mechanism instructions for exit were not posted.	Maintenance Director/Designee
	During initial/annual survey, Maintenance Director posted locking mechanism instructions on kitchen delivery door and laundry room exit door. Maintenance Director will audit all exit doors for 6 weeks and ensure that all locking mechanism instructions are intact/in place on all exits. Audit will be completed 04032020. 02262020 Maintenance Director will audit door lock instruction monthly as part of his Monthly	Maintenance Director/Designee

	Maintenance Checklist ongoing throughout the year. Replacement of signage to correspond with any change in door lock code and signage.	
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Target Compliance Date: 04032020

Authorized Signature:  _____
Date: 02/16/2020