



Department of Human Services
Bureau of Human Service Licensing

December 16, 2021



RE: WHITETAIL SPRINGS ALZHEIMER'S
SPECIAL CARE CENTER
3401 PROVOST ROAD
PITTSBURGH, PA, 15227
LICENSE/COC#: 45061

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/08/2021, 11/09/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *WHITETAIL SPRINGS ALZHEIMER'S SPECIAL CARE CENTER* License #: *45061* License Expiration:
Address: *3401 PROVOST ROAD, PITTSBURGH, PA 15227*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4128843033* Email:

[REDACTED]

Legal Entity

Name: *WHITEHALL CARE GROUP LLC*
Address: *1080 SW MOUNT BACHELOR DRIVE, SUITE 200, BEND, OR, 97702*
Phone: *4128843033* Email: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *50* Waking Staff: *38*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *11/10/2021*

Inspection Dates and Department Representative

11/08/2021 - On-Site: [REDACTED]

11/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *25*

Secured Dementia Care Unit

In Home: *Yes* Area: *Entire home* Capacity: *66* Residents Served: *25*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

11/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2021*

11/24/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/30/2021*

12/02/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/08/2021*

11/08/2021 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

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 [REDACTED]/21 at approximately [REDACTED] pm, staff person A heard resident #2 screaming "get off me!" When staff person A went to investigate, resident #4 was observed shaking both of resident #2's wrists. Later that evening, bilateral bruising was noted on resident #2's chest.

Plan of Correction

Accept

On [REDACTED]/21 resident #4 had a physical altercation with resident #2, upon investigation, it is undetermined the cause of the altercation as both resident #4 and resident #2 both have a diagnosis of dementia and neither resident have any recollection of the incident.

The home followed the regulations regarding reportable incidents and reported the incident to the department as well as the area of aging. Both resident's POA's were notified and both resident's PCP was notified. The PCP assessed both residents at her next visit to the home. (uploaded)

The home monitored both resident #4 and resident #2 by placing resident #4 on 15-minute safety checks to ensure safety.

All staff have been educated on regulation 2600.42 b (uploaded)

All staff have been assigned to complete Relias training of abuse to be completed in the month of November (Relias transcript uploaded)

Resident #4's support plan has been updated to reflect monitoring for aggressive behaviors such as yelling, grabbing at others or verbal complaints of irritation (uploaded) should symptoms of aggression occur, direct care staff will place resident in 15-minute safety checks, direct care staff will utilize calming techniques such as relaxation in the homes sensory spa, engaging in an activity or 1 on 1 engagement to ensure safety within the home.

Completion Date: 11/30/2021

Document Submission

Implemented

POC items accepted-no further documentation at this time

Completion Date: 12/15/2021

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/9/21, resident #1's [REDACTED] suppository was still present in the home's medication cart; however, the medication was discontinued on 8/4/21.

183d - Prescription Current (*continued*)**Plan of Correction****Accept**

The Administrator has educated the Health Services Director, LPN's and Med Techs of regulation 2600.183 d (uploaded)

The Administrator and Health Services Director conducted a full med cart audit to ensure compliance of regulation 2600.183 d. (uploaded)

Audits of discontinued medications will continue weekly for 1 month to ensure compliance. Ongoing audits will continue according to Whitetail Springs audit schedule (uploaded) to ensure compliance of regulation 2600.183 d within the home.

Resident #1's [REDACTED] was immediately removed from the medication cart at the time of the inspection and destroyed. This was a discontinued medication and was not reordered.

Completion Date: 12/22/2021

Document Submission**Implemented**

uploaded audit

Completion Date: 12/15/2021

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed [REDACTED] 4 times a day as needed; however, on 11/9/21, this medication was not available in the home for administration.

Plan of Correction**Accept**

Resident #2 was prescribed [REDACTED] 4 times a day as needed for a cold sore.

Resident #2's PCP was present at the community for resident #2's wellness check on the morning of 11/9/21, the same morning as the home's inspection. During the wellness check, the PCP discontinued the order for [REDACTED] (discontinue order attached)

The med tech working on the morning of 11/9/21, faxed the discontinue order to the homes pharmacy and pulled the discontinued medication from the cart and destroyed the medication. Upon printing MAR'S for inspection of medications-Docosanol Cream was still on the MAR, but not in the cart as the pharmacy did not remove the order as it was just faxed that morning.

The Administrator educated the Health Services Director, LPN's and MT of regulation 2600.185 a (uploaded)

The home asks that this violation be removed as the med tech followed regulation 2600.183 d- upon the PCP writing the discontinue order-the medication was pulled from the cart and destroyed as it was no longer a valid prescription.

Completion Date: 11/09/2021

Document Submission**Implemented**

withdrawn, no need for POC

Completion Date: 11/09/2021

Violation Withdrawn [REDACTED] 12/16/21

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED] -Take 1 tablet by mouth one time a day. However, this medication was not administered from 11/2/21 through 11/9/21, because the medication was not available in the home.

Plan of Correction**Accept**

The home made several attempts to obtain resident #3's medication from the home's pharmacy. It was found that this medication was not delivered due to the pharmacy's error (see attached email)

Resident #3's [REDACTED] was delivered on the evening on 11/9/21

The Administrator has educated the Health Service Director, LPN's and Med Techs of regulation 2600.187 d. The Administrator and Health Services Director conducted a full med cart audit to ensure compliance of regulation 2600.187 d. (uploaded)

Audits of new medications will continue weekly for 1 month to ensure compliance of regulation 2600.187 d.

Med cart audits completed twice weekly by the home's nightshift are in place year-round (uploaded) as a part of the home's quality assurance to ensure medication administration safety, storage safety and compliance of the department's regulations regarding medication administration within the home.

Completion Date: 12/22/2021

Document Submission**Implemented**

uploaded audits

Completion Date: 12/15/2021

233c - Key-Locking Devices

1. Requirements

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

On 11/8/21, the directions for operating the home's locking mechanisms were not conspicuously posted near the following gates in the rear courtyard, which are emergency exit routes:

- The gate near bedroom #11, which leads to the rear parking lot
- The gate near bedroom #22, which leads to the rear parking lot
- The gate near bedroom #40, which leads to the front parking lot

REPEAT VIOLATION: 02/11/2020

233c - Key-Locking Devices (continued)**Plan of Correction****Accept**

On the day of inspection, codes were posted on the following gates:

Gate near bedroom #11 (picture uploaded)

Gate near bedroom # 22 (picture uploaded)

Gate near bedroom # 40 (picture uploaded)

The administrator has educated the maintenance director of regulation 2600.233 c (uploaded)

The maintenance director or designee will conduct audits to ensure the directions for operating the gates locking device are conspicuously posted.

Audits will be performed:

Weekly for 2 months

Bi-Weekly for 2 months

Monthly for 2 months

to ensure compliance of regulation 2600.233 c

Completion Date: 05/31/2022

Document Submission**Implemented**

Uploaded audits

Completion Date: 12/15/2021