

Department of Human Services
Bureau of Human Service Licensing

May 16, 2022

[REDACTED], CFO
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT WHITEHALL
4750 CLAIRTON BOULEVARD
PITTSBURGH, PA, 15236
LICENSE/COC#: 45021

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2022, 04/14/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

May 13, 2022

[REDACTED], CFO
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT WHITEHALL
4750 CLAIRTON BOULEVARD
PITTSBURGH, PA, 15236
LICENSE/COC#: 45021

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/13/2022, 04/14/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
[REDACTED]

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: *THE RESIDENCE AT WHITEHALL* License #: *45021* License Expiration: *08/27/2022*
Address: *4750 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *4128851500* Email: *jjohnston@residenceatwhitehall.com*

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/18/2019* Issued By: *Whitehall Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *04/14/2022*

Inspection Dates and Department Representative

04/13/2022 - On-Site: [REDACTED]
04/14/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46* Residents Served: *35*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

04/13/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/13/2022*

Inspections / Reviews (*continued*)

05/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *05/17/2022*

05/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

91 - Telephone Numbers

1. Requirements

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

There are no emergency telephone numbers posted on or nearby by the telephone in the 4th floor living room.

Plan of Correction

Accept

Emergency numbers were posted on the 4th floor telephone as soon as it was noted by the inspector during the inspection and verified prior to exit on 4.14.22.

Please see picture attached verifying compliance.

The Executive Director or their designee will monitor weekly for compliance and quarterly as part of the QA process.

Completion Date: 05/12/2022

Document Submission

Implemented

Document submitted.

102i - Soap Dispenser

1. Requirements

2600.

- 102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 4/13/22 at approximately 11:02 a.m., there was no soap available in the 4th floor men's bathroom.

Plan of Correction

Accept

The batteries in the 4th floor men's bathroom soap dispenser were replaced as soon as it was noted by the inspector and verified with the inspector prior to exit on 4.14.22.

Soap Dispensers will be monitored for working batteries and soap daily by Personal Care Associates and weekly by the housekeeper or their designee.

Soap Dispensers will be monitored quarterly as part of the QA process.

Completion Date: 05/12/2022

Document Submission

Implemented

Not applicable.

121a - Unobstructed Egress

1. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 4/13/22, at 11:25 a.m., the emergency exit door located in the 1st floor laundry room was stuck shut. The Agent of the Department was unable to open it after multiple attempts. Ultimately, a staff person was able to open by kicking it.

121a - Unobstructed Egress *(continued)***Plan of Correction****Accept**

As stated in the LIS the exit door in the first-floor laundry room was able to be opened during the inspection with some force. The salt that was blocking the door from opening was immediately swept away and the area cleared. The Maintenance Director or their designee will monitor all egress routes monthly as part of their building tasks in TELS.

The ED or their designee will monitor quarterly as part of the QA process.

Completion Date: 05/12/2022

Document Submission**Implemented**

Not Applicable.

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2, is prescribed [REDACTED], take one tablet every six hours as needed for [REDACTED]. The medication label on the cart indicates an expiration date of 1/21/2022

Plan of Correction**Accept**

Resident #2's [REDACTED] was immediately removed from the cart once it was noted by the inspector as expired and properly destroyed. This was verified by the inspector prior to exit on 4.14.22.

Please see the Record of Training attached verifying associate re-education on regulation 183.e.

The Wellness Director or their designee will conduct monthly cart audits to comply with regulation 183.e.

The ED or their designee will monitor quarterly as part of the QA process.

Completion Date: 05/12/2022

Document Submission**Implemented**

Document Submitted.

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

On 4/14/22, at 11:13 a.m., resident #3's glucometer was not calibrated to the current date and time. The glucometer indicated the date of 3/24/22 and the time of 4:21 a.m.

Plan of Correction**Accept**

Resident #3's glucometer has been calibrated. Please see the attached picture verifying calibration.

Please see the Record of Training verifying associate re-education on how to calibrate a glucometer.

185a - Implement Storage Procedures (continued)

The Wellness Director or their designee will monitor all glucometers monthly for correct calibration.

The ED or their designee will monitor all glucometers quarterly as part of the QA process.

Completion Date: 05/12/2022

Document Submission

Implemented

Document Submitted.

25b - Contract Signatures**1. Requirements**

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, contract, dated [REDACTED] was not signed by the resident.

Repeat Violation: 5/18/2021.

Plan of Correction

Accept

Resident #1's contract was signed as soon as it was noted by the inspector and reviewed prior to exit on [REDACTED].

Please see resident #1's contract attached for signature verification.

The Executive Director or their designee will review resident contracts for compliance with regulation 25b quarterly as part of the QA process

Completion Date: 05/12/2022

Document Submission

Implemented

Document Submitted.