

Department of Human Services
Bureau of Human Service Licensing

October 26, 2022

[REDACTED], ADMINISTRATOR

RE: CANTERBURY PLACE
310 FISK STREET
PITTSBURGH, PA, 15201
LICENSE/COC#: 42949

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2022, 09/28/2022 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
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *CANTERBURY PLACE* License #: *42949* License Expiration: *06/17/2023*
Address: *310 FISK STREET, PITTSBURGH, PA 15201*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *CANTERBURY PLACE*
[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *10/14/2016* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *09/28/2022*

Inspection Dates and Department Representative

09/27/2022 - On-Site: [REDACTED]
09/28/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *78* Residents Served: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/27/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/12/2022*

Inspections / Reviews (*continued*)

10/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/12/2022*

10/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/25/2022*

10/26/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 9/27/22 at 10:13am, the hot water temperature at the sink in the 6th floor women's common restroom was 129.6 degrees Fahrenheit.

On 9/27/22 at 10:42am, the hot water temperature at the sink in the 2nd floor tub room was 125 degrees Fahrenheit.

On 9/27/22 at 10:50am, the hot water temperature at the sink in the private bathroom of bedroom #235 was 125 degrees Fahrenheit.

Plan of Correction

Accept

On 9/28/22 Maintenance Director changed the mixing valve in the penthouse due to water temps being above 120 degrees. 9/28/22 Maintenance Director/Inspector rechecked water temperatures, which came in below 120 degrees. Starting 9/29/22 maintenance technicians will take water temperatures at 2 different locations throughout personal care Monday thru Friday; readings will be recorded on temperature log. If water goes above 120 degrees, mixing valve will be readjusted appropriately. Maintenance director will review temperature logs at quality assurance meetings. Documentation will be kept in Maintenance Director office.

Completion Date: 12/31/2022

Document Submission

Implemented

On 9/28/22 Maintenance Director changed the mixing valve in the penthouse due to water temps being above 120 degrees. 9/28/22 Maintenance Director/Inspector rechecked water temperatures, which came in below 120 degrees. Starting 9/29/22 maintenance technicians will take water temperatures at 2 different locations throughout personal care Monday thru Friday; readings will be recorded on temperature log. If water goes above 120 degrees, mixing valve will be readjusted appropriately. Maintenance director will review temperature logs at quality assurance meetings. Documentation will be kept in Maintenance Director office.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #1's medical evaluation, dated [REDACTED], does not include a pulse rate, cognitive functioning or the license number of the medical professional who completed the evaluation. These sections of the form are blank.

Plan of Correction**Directed**

Week of 10/2/22 audit was conducted by Director of Resident Care (DRC) on 4 new resident DME's for compliance, compliance met. On 10/4/22 Resident #1 DME's was sent back to physician for updating. 10/4/22 Physician updated and sent DME back to DRC. 10/2/22 thru 10/25/22 DRC will re-educate medication technicians on verifying DME's for accuracy/returning to physician if not completed. (DIRECTED: Documentation of education shall be kept. LM 10/7/22). 10/2/22 thru 12/31/22 DRC will utilize a tracking tool on new resident DME's to ensure compliance. If something is missing from DME, DRC/designee will return to physician for updating. DRC will continue with DME verification checks on all new resident DME's after 12/31/22. DRC will review tracking tool at quality assurance meetings. Documentation will be kept in Director of Resident Care office.

Completion Date: 12/31/2022

Document Submission**Implemented**

Week of 10/2/22 audit was conducted by Director of Resident Care (DRC) on 4 new resident DME's for compliance, compliance met. On 10/4/22 Resident #1 DME's was sent back to physician for updating. 10/4/22 Physician updated and sent DME back to DRC. 10/2/22 thru 10/25/22 DRC will re-educate medication technicians on verifying DME's for accuracy/returning to physician if not completed. (DIRECTED: Documentation of education shall be kept. LM 10/7/22). 10/2/22 thru 12/31/22 DRC will utilize a tracking tool on new resident DME's to ensure compliance. If something is missing from DME, DRC/designee will return to physician for updating. DRC will continue with DME verification checks on all new resident DME's after 12/31/22. DRC will review tracking tool at quality assurance meetings. Documentation will be kept in Director of Resident Care office.

171b1 - Providing Transportation

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

1. The occupants of the vehicle shall be in an appropriate safety restraint at all times the vehicle is in motion.

Description of Violation

On the afternoon of [REDACTED]/22, staff person A was transporting resident #2 on the home's van. During the trip, resident #2 fell backwards in [REDACTED] wheelchair because the front 2 wheelchair straps were not secured to the van floor.

Plan of Correction**Accept**

The employee driving the van was re-educated by maintenance technician and activity director on 8/16/22. Education consisted of hands-on step by step training for securing wheelchairs and Q&A session after. Two person sign off form was instituted on 9/29/22 by activity director for checking that wheelchairs are appropriately secure. On 8/22/22 steps to placing wheelchairs on/off van was posted in the van by the activity director. Yearly trainings by maintenance technician to be conducted on all van drivers. Activity Director will meet with PCHA monthly to review compliance with 2 person sign off for trips. Activity director will review trips at quality assurance meetings. Documentation will be kept in Activity Director office.

Completion Date: 12/31/2022

171b1 - Providing Transportation (continued)

Document Submission

Implemented

The employee driving the van was re-educated by maintenance technician and activity director on 8/16/22. Education consisted of hands-on step by step training for securing wheelchairs and Q&A session after. Two persons sign off form was instituted on 9/29/22 by activity director for checking that wheelchairs are appropriately secure. On 8/22/22 steps to placing wheelchairs on/off van was posted in the van by the activity director. Yearly trainings by maintenance technician to be conducted on all van drivers. Activity Director will meet with PCHA monthly to review compliance with 2 person sign off for trips. Activity director will review trips at quality assurance meetings. Documentation will be kept in Activity Director office.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On the morning of 9/28/22, resident #3's [redacted] topical gel was unlocked in resident #3's bedroom. Resident #3 has not been assessed as capable to self-administer medications.

Plan of Correction

Accept

On 9/28/22 resident #3 medication was removed from apartment and placed in the medication cart. 10/2/22 thru 10/25/22 Director of Resident Care (DRC) will re-educate medication technicians and nursing assistants on making sure medications are locked up in box/med cart. 10/2/22 thru 12/31/22 DRC/designee will conduct apartment checks on 4 resident apartments/month to ensure no medications are in resident apartment. If found in apartment, resident will be educated by DRC/designee on regulation and medication will be removed and placed in lock box/med cart. Regulation will be addressed at 10/25/22 resident council meeting by DRC and will be noted in the resident November newsletter. After 12/31/2022 a monthly check of 2 random resident apartments will be conducted by DRC/designee to audit for compliance. Re-education will be done for staff/residents annually by DRC. DRC to review audit at quality assurance meetings. Documentation will be kept for staff education in Director of Resident Care office.

Completion Date: 12/31/2022

Document Submission

Implemented

On 9/28/22 resident #3 medication was removed from apartment and placed in the medication cart. 10/2/22 thru 10/25/22 Director of Resident Care (DRC) will re-educate medication technicians and nursing assistants on making sure medications are locked up in box/med cart. 10/2/22 thru 12/31/22 DRC/designee will conduct apartment checks on 4 resident apartments/month to ensure no medications are in resident apartment. If found in apartment, resident will be educated by DRC/designee on regulation and medication will be removed and placed in lock box/med cart. Regulation will be addressed at 10/25/22 resident council meeting by DRC and will be noted in the resident November newsletter. After 12/31/2022 a monthly check of 2 random resident apartments will be conducted by DRC/designee to audit for compliance. Re-education will be done for staff/residents annually by DRC. DRC to review audit at quality assurance meetings. Documentation will be kept for staff education in Director of Resident Care office.

184a - Labeling OTC/CAM

1. Requirements

2600.

184a - Labeling OTC/CAM (continued)

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #4 is prescribed [redacted] Use 1 vial 2 times daily; however, the pharmacy label indicates [redacted] -Use 1 vial 4 times daily.

Plan of Correction

Accept

On 9/28/22 direction of change label was placed on resident #4 medication box by Director of Resident Care (DRC). 10/2/22 thru 10/25/22 DRC will re-educate medication technicians on verifying labels/orders for accuracy and steps to take if needing corrected. 10/2/22 thru 12/31/22 DRC/designee will conduct audit of 3 resident medication labels/med orders per month for accuracy/follow up if necessary. After 12/31/22, DRC/designee will conduct a monthly audit of 2 random resident med labels/orders for accuracy and follow up if necessary. Re-education will be done annually by DRC. Audit will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.

Completion Date: 12/31/2022

Document Submission

Implemented

On 9/28/22 direction of change label was placed on resident #4 medication box by Director of Resident Care (DRC). 10/2/22 thru 10/25/22 DRC will re-educate medication technicians on verifying labels/orders for accuracy and steps to take if needing corrected. 10/2/22 thru 12/31/22 DRC/designee will conduct audit of 3 resident medication labels/med orders per month for accuracy/follow up if necessary. After 12/31/22, DRC/designee will conduct a monthly audit of 2 random resident med labels/orders for accuracy and follow up if necessary. Re-education will be done annually by DRC. Audit will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.

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 9/28/22, resident #1's glucometer was not set to the current date and time.

Plan of Correction

Accept

On 10/3/22 glucometer for resident #1 has been set with correct date/time by Director of Resident Care (DRC). 10/3/22 Director of Resident Care conducted an audit of resident glucometers for accuracy of date/time; glucometers were correct. 10/2/22 thru 10/25/22 DRC will educate medication technicians on resetting glucometers with date/time if assistance is needed, DRC will assist. 10/2/22 thru 12/31/22 DRC/designee will conduct a monthly audit on all resident glucometers for accuracy and correct if needed. After 12/31/22 DRC/designee will do a monthly audit to ensure accuracy on all glucometers. Med Techs to verify accuracy of date/time when using glucometers. Audit

185a - Implement Storage Procedures (continued)

will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.

Completion Date: 12/31/2022

Document Submission**Implemented**

On 10/3/22 glucometer for resident #1 has been set with correct date/time by Director of Resident Care (DRC). 10/3/22 Director of Resident Care conducted an audit of resident glucometers for accuracy of date/time; glucometers were correct. 10/2/22 thru 10/25/22 DRC will educate medication technicians on resetting glucometers with date/time if assistance is needed, DRC will assist. 10/2/22 thru 12/31/22 DRC/designee will conduct a monthly audit on all resident glucometers for accuracy and correct if needed. After 12/31/22 DRC/designee will do a monthly audit to ensure accuracy on all glucometers. Med Techs to verify accuracy of date/time when using glucometers. Audit will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [REDACTED] subcutaneously 3 times daily in accordance with sliding scale; coverage however, the number of units of insulin that were administered from 9/1/22 through 9/28/22 are not present on resident #1's September 2022 medication administration record (MAR).

Plan of Correction**Accept**

On 9/29/22 Insulin units given section was added to the computer for resident #1. 9/29/22 Medication Technicians (MT's) were notified of addition for inputting insulin units given on the computer. 10/2/22 thru 10/25/22, Director of Resident Care (DRC) will re-educate/remind MT's that all future residents who are on sliding scale, need to have units inputted into the system. DRC to conduct monthly audit 10/2/22 thru 12/31/22 on resident(s) who are on a sliding scale to ensure insulin units given is being documented. After 12/31/22 DRC/designee will continue to conduct monthly audits. Audit will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.

Completion Date: 12/31/2022

187a - Medication Record (continued)

Document Submission**Implemented**

On 9/29/22 Insulin units given section was added to the computer for resident #1. 9/29/22 Medication Technicians (MT's) were notified of addition for inputting insulin units given on the computer. 10/2/22 thru 10/25/22, Director of Resident Care (DRC) will re-educate/remind MT's that all future residents who are on sliding scale, need to have units inputted into the system. DRC to conduct monthly audit 10/2/22 thru 12/31/22 on resident(s) who are on a sliding scale to ensure insulin units given is being documented. After 12/31/22 DRC/designee will continue to conduct monthly audits. Audit will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

As of 9/27/22, no assessment was completed for resident #1, who was admitted to the home on [REDACTED]

Plan of Correction**Directed**

On 9/28/22, inspector provided training with Director of Resident Care (DRC) on completion of RASP's for 15 & 30-day evaluations. DRC completed RASP on resident #1 on 10/4/22. 10/2/22 thru 12/31/22 DRC will utilize a RASP tracking tool to document upcoming RASP 15/30 due dates to ensure RASP's are being completed regulated time frame. (Per discussion with administrator on 10/7/22, the RASP tracking tool was implemented on 10/2/22 and will be used indefinitely. LM 10/7/22).

DRC will attend a training class on RASP's as they become available/offered by the PA DHS, Temple University or Northampton College. After 12/31/22 DRC will attend additional training on RASP documentation as offered by institutions listed. PCHA and DRC will meet monthly to review RASP compliance. Audit will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.

Completion Date: 12/31/2022

Document Submission**Implemented**

On 9/28/22, inspector provided training with Director of Resident Care (DRC) on completion of RASP's for 15 & 30-day evaluations. DRC completed RASP on resident #1 on 10/4/22. 10/2/22 thru 12/31/22 DRC will utilize a RASP tracking tool to document upcoming RASP 15/30 due dates to ensure RASP's are being completed regulated time frame. (Per discussion with administrator on 10/7/22, the RASP tracking tool was implemented on 10/2/22 and will be used indefinitely. LM 10/7/22).

DRC will attend a training class on RASP's as they become available/offered by the PA DHS, Temple University or Northampton College. After 12/31/22 DRC will attend additional training on RASP documentation as offered by institutions listed. PCHA and DRC will meet monthly to review RASP compliance. Audit will be reviewed at quality assurance meetings by Director of Resident Care. Documentation will be kept for staff education in Director of Resident Care office.