

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

March 30, 2023

[REDACTED]
WHITEHALL CARE GROUP LLC
[REDACTED]
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2023, 03/01/2023, 03/02/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WHITETAIL SPRINGS ALZHEIMER'S SPECIAL CARE CENTER **License #:** 45061 **License Expiration:** 04/01/2024
Address: 3401 PROVOST ROAD, PITTSBURGH, PA 15227
County: ALLEGHENY **Region:** WESTERN

Administrator

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

Legal Entity

Name: WHITEHALL CARE GROUP LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 08/14/2019 **Issued By:** Whitehall Borough

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 80 **Waking Staff:** 60

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 03/02/2023

Inspection Dates and Department Representative

02/28/2023 On Site [REDACTED]
 03/01/2023 On Site [REDACTED]
 03/02/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 40

Secured Dementia Care Unit

In Home: Yes **Area:** Entire home **Capacity:** 66 **Residents Served:** 40

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 40
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 40 **Have Physical Disability:** 0

Inspections / Reviews

02/28/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/25/2023

Inspections / Reviews *(continued)*

03/23/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/30/2023

03/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1 is diagnosed with [REDACTED] and resides in a Secured Dementia Care Unit (SDCU). The resident has a history of exit seeking behaviors that the home was aware of per the Preadmission screening and assessment and support plan, dated [REDACTED] 22. The support plan indicated direct care staff (DCS) [REDACTED] will monitor the resident while in the home to ensure [REDACTED] safety. If resident #1 is presenting with exit seeking behavior, such as putting coat on, or saying, "I am leaving" DCS will implement safety checks and redirection techniques such as getting the resident involved in a meaningful activity to ease the exit seeking behavior.

The Summary and Determination indicates Resident #1 has a history of exit seeking, [REDACTED]. The staff has been educated of resident #1's past elopement and have participated in elopement drills.

The homes progress notes indicated the following:

- [REDACTED] /23 at 3:25 a.m., Resident hasn't been getting much sleep the past few nights. I redirected [REDACTED] back to [REDACTED] room multiple times. Kept coming up here trying to exit seek.
- [REDACTED] /23 at 4:17 a.m., resident going into people's rooms while they are asleep making them get out of bed. [REDACTED]
- [REDACTED] /23 at 5:13 a.m., Resident nowhere to be found checked every room resident was last wearing shorts with a jacket and a cowboy hat on.
- [REDACTED] /23 at 5:25 a.m., nurse received call from direct care staff person A reporting resident had eloped from community. Last seen at 4:00 a.m.

On [REDACTED] /22, during the overnight shift (10:00 p.m. to 6:00 a.m.) resident #1 was reported to be up after midnight wandering in other residents' rooms and exhibiting exit seeking behaviors. At approximately 4:00 a.m., direct care staff persons A and B left resident #1 unsupervised in the main common area by the nurse's station, to start rounds early. At approximately 4:30 a.m., staff heard a door alarm go off; however, checked the bedrooms of the hall they were in ([REDACTED]), then went to the front of the home checking the alarm panel behind the nurse's station, determined the main door to the right of the nurse's station was lit, the door alarm was going off and resident #1 was not in the main common area.

Direct care staff person A reported checking the exterior perimeter of the home, using [REDACTED] cell phone flashlight, checking the front and side walkways and parking lots, while the other staff checked the interior of the home. At 4:45 a.m., direct care staff person notified staff person C, [REDACTED] who directed staff person A to call 911.

At approximately, 5:00 a.m., the police and fire department arrived and assisted with the search. The resident was found by the fire department laying on the ground in a grassy area behind the fenced area by the dumpsters and reported falling asleep. The resident was wearing a jacket, shorts, tennis shoes and a cowboy hat. The resident was transported to [REDACTED] Hospital for evaluation at approximately 6:30 a.m. and discharged back to the home a few hours later.

23a - Activities of Daily Living Assistance (continued)

Plan of Correction**Accept (JK 03/23/2023)**

Upon identification of chapter 2600.23(a) violation, the following was conducted:

The homes Administrator educated the home's Health Services Director of the importance of regulation 2600.23(a) Attached)

The homes administrator and Health Services Director conducted a full audit of all care plans within the home to identify residents with exit seeking. At the time of the audit, resident #1 was the only resident to exit seek that was identified. (Audit Attached)

The Health Services Director held in-person/live training sessions for all direct care staff on the following topic: Resident Support Plan-where the plans are located and the importance of following. (Training material attached)

The home is committed to maintaining compliance of regulation 2600.23(a) and committed to the safety and care of our residents. To ensure compliance, the home has made a copy of all care plans from the resident's charts and placed them in a "care plan" binder (Photo attached) The care plan binders remain at the nurse's station providing the direct care staff easy access to review the care plans and utilize them.

The homes Health Services Director will conduct audits of the care plan binders and audits with the direct care staff to ensure that the home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan. audits to be completed as follows:


Daily for 1 month

Weekly for 1 month

Random for 1 month

Audit sheets attached)

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented  - 03/30/2023)

84 - Heat Sources

2. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

84 - Heat Sources (continued)

Description of Violation

On 2/28/23, at 11:20 a.m., the glass front cover for the electric fireplace has a black metal frame around it and is not secured to the fireplace. At 11:26 a.m., the fireplace was on. The glass cover was cool to touch; however, the metal around the glass and the metal frame in the top left corner were very hot to touch from the heat coming from the vent at the top of fireplace. The temperature of the metal frame in top left corner measured 172.9 degrees Fahrenheit at 11:26 a.m.

Plan of Correction

Accept [redacted] - 03/23/2023)

At the time of inspection, the heat to the fireplace was immediately shut off. The fireplace was monitored at that time by the Maintenance Director until the top left corner was cool to touch to prevent any residents from injury.

The home's Maintenance Director was educated of the importance of regulation 2600.84. (attached)

To become compliant of 2600.84, the home has shut off the electrical breaker located inside the locked breaker box in the home's locked storage room. This electrical breaker controls the heat to the fireplace thus preventing the fireplace from emitting any heat. (Photo attached) The fireplace will now illuminate a light for ambiance only. The breaker box and the storage room are both locked at all times. Ancillary staff do not have access to this storage area.

The Maintenance Director or designee will conduct audits of the fireplace to ensure heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source to ensure continued compliance of regulation 2600.84, Audits are as follows:

- Weekly for 1 month
- Bi-weekly for 1 month
- Random for 1 month
- Audit sheets attached)

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [redacted] 03/30/2023)

85e - Trash Outside Home

3. Requirements

- 2600.
- 85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/28/23, at 11:15 a.m., the gate to the fenced area around the dumpster was open. The left lid to the home's dumpster was open. The dumpster contained approximately five broken down boxes.

Plan of Correction

Accept [redacted] - 03/23/2023)

At the time of inspection, the homes administrator closed the dumpster lid, and secured the gate of the fenced area around the dumpster.

At the time of inspection, the homes administrator posted signs (photos attached) on the 3 doors that exit the home to the dumpster area to immediately attain compliance of 2600.85(e), the 3 doors are as follows:

85e - Trash Outside Home (continued)

- kitchen door
- laundry/housekeeping door
- storage door

The home's administrator educated all department managers of regulation 2600.85(e) (attached)

The home's department managers educated their staff of regulation 2600.85(e) (attached)

The Maintenance Director or designee will inspect the dumpster area and the fenced area to ensure that trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents. To remain in compliance with regulation 2600.85(e) Audits are as follows:

- Daily for 1 month
- Weekly for 1 month
- Random for 1 month
- Audit sheets attached)

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) - 03/30/2023)

103g - Storing Food

4. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 2/28/23 at approximately 11:00 a.m., the following food items were open and unsealed in the pantry area, to include:

- * A 25 lb. box of Graham Cracker Crumbs, approximately 1/2 full.
- * A 5 lb. bag Krutseaz Buttermilk Pancakes Mix. Approximately 3/4 full.

Plan of Correction

Accept (█) - 03/23/2023)

At the time of inspection, the 25lb box of graham cracker crumbs and the 5lb bag of Krutseaz buttermilk pancake mix were disposed.

The Executive Chef conducted a full inspection of the home's pantry to ensure no additional items were open or unsealed. (Attached)

The home's Executive Chef and dietary staff have been educated of regulation 2600.103(g)

The home purchased grip stick clips (Photo attached) to place on any future opened pantry items. The grip sticks were verbalized as satisfactory by the department's inspector on the second day of the annual inspection.

The Executive Chef or designee will conduct audits of the pantry items to ensure food shall be stored in closed or sealed containers to remain in compliance of regulation 2688.103(g) Audits will be as follows:

- Daily for 1 month

103g - Storing Food (continued)

Weekly for 1 month
Random for 1 month
(Audit sheets attached)

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) - 03/30/2023

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 2/28/23, the two weekly menus posted in the home, were not dated. Also, the menu's posted in the home had the lunch and dinner menus posted; however, from Wednesday to Saturday, the heading for "Dinner" was missing above the meal for dinner between the lunch and dinner menu indicated, giving the appearance of having two full meal choices for lunch and no dinner meal posted.

Plan of Correction

Accept (█) - 03/23/2023

At the time of inspection new menus were posted with verbal satisfaction from the department's inspector. (Photo attached)

The Executive Chef was educated of 2600.162(c)

The Executive Chef or designee will conduct audits of the homes posted menus to ensure that the menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. to ensure continued compliance. Audits will be as follows:

Daily for 1 month
Weekly for 1 month
Random for 1 month
(Audit sheets attached)

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (█) - 03/30/2023