

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

April 6, 2023

[REDACTED], CFO  
CPF LIVING COMMUNITIES - WHITEHALL LLC  
[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 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:** THE RESIDENCE AT WHITEHALL      **License #:** 45021      **License Expiration:** 08/27/2023

**Address:** 4750 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236

**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** CPF LIVING COMMUNITIES WHITEHALL LLC

**Address:** [REDACTED]

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

**Certificate(s) of Occupancy**

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

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 37      **Waking Staff:** 28

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Complaint      **Exit Conference Date:** 03/02/2023

**Inspection Dates and Department Representative**

03/02/2023    **On Site:** [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 46      **Residents Served:** 30

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 5

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 30

**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 7      **Have Physical Disability:** 0

**Inspections / Reviews**

03/02/2023 - Partial

**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 03/16/2023

Inspections / Reviews *(continued)*

03/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/23/2023

03/24/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/05/2023

04/06/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 132b - Safety Inspection/Fire Drill

### 1. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

### Description of Violation

*The most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 2/20/23; however, the previous fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 1/25/22.*

### Plan of Correction

*Directed (████) - 03/24/2023)*

*The administrator or their designee will confirm the scheduling and completion of a supervised fire drill annually and review quarterly as part of the QA process. The next QM meeting will be held April 5th, 2023. (DIRECTED: Documentation of the quality management meeting minutes shall be kept. █████ 3/24/23).*

*Do to scheduling we were not able to schedule the supervised drill within our annual window. The supervised drill was completed on February 20th, 2023. Please see the attached letter from Atlantic Code Consultants verifying the scheduling conflict.*

**Directed Completion Date: 04/05/2023**

*Implemented (████) - 04/06/2023)*

## 132c - Fire Drill Records

### 2. Requirements

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 for the fire drills conducted on 1/1/22 at 1:33 PM and on 1/25/22 at 1:09 PM do not include the following:*

- The number of residents in the home at the time of the fire drill*
- The number of residents that were evacuated*
- The number of staff persons participating*
- Whether the fire alarm was activated and operative*

*The fire drill records for the fire drills conducted on 1/27/23 at 4:00 AM and on 2/20/23 at 12:30 PM do not include the number of residents in the home at the time of these fire drills. The fire drill records only indicates "yes" in that section.*

## 132c - Fire Drill Records (continued)

**Plan of Correction****Directed (█ - 03/24/2023)**

The fire drill records have been completed for the fire drills conducted on 1/1/22 at 1:33pm, 1/25/22 at 1:09pm, 1/27/23 at 4:00am, and 2/20/23 at 12:30pm, to include: the number of residents in the home at the time of the fire drill, the number of residents that were evacuated, the number of staff persons participating, and whether the fire alarm was activated and operative. Please see completed records, attached.

The administrator has completed a re-education of the 2600.132c regulations with the Maintenance Technician who completes the fire drill records on March 13th, 2023. See record of training attached.

The administrator or their designee will audit the fire drill records monthly following the completion of the monthly drill. The administrator will monitor for completion of the fire drill records to include: the number of residents in the home at the time of the fire drill, the number of residents that were evacuated, the number of staff persons participating, and whether the fire alarm was activated and operative. The audit of the fire drill record was completed on March 13th, 2023. (DIRECTED: The administrator monthly review of the fire drill records shall begin on 4/1/23 and continue monthly thereafter, to ensure all items specified in 2600.132c are present on the monthly fire drill records. █ 3/24/23)

The administrator or their designee will review the written fire drill record quarterly as part of the QA process. The next QM meeting will be held on April 5th, 2023. (DIRECTED: Documentation of the quality management meeting minutes shall be kept. █ 3/24/23).

Directed Completion Date: 04/05/2023

**Implemented (█ - 04/06/2023)**

## 132e - Fire Drill Sleeping Hours

**3. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

**Description of Violation**

The most recent fire drill held during sleeping hours was conducted on 1/27/23 at 4:00 AM; however, the previous fire drill held during sleeping hours was conducted on 6/7/22 at 5:00 AM.

**Plan of Correction****Directed (█ - 03/24/2023)**

The Administrator, their designee or Maintenance Technician will complete all fire drills moving forward. Previous fire drills had been completed by the former Maintenance Director.

The administrator has completed a re-education of the 2600.132e regulations with the Maintenance Technician who completes the fire drill records on March 13th, 2023. See record of training attached.

The administrator or their designee will audit the fire drill records monthly following the completion of the monthly drill. The administrator will monitor for completion of the fire drill records to include: the scheduling and completion of a sleeping hours fire drill very six months. The audit of the fire drill record was completed on March 13th, 2023. (DIRECTED: The administrator monthly review of the fire drill records shall begin on 4/1/23 and continue monthly thereafter, to ensure a fire drill is conducted during sleeping hours every 6 months. LM 3/24/23)

The administrator or their designee will monitor the scheduling and completion of the sleeping hours fire drill once

**132e - Fire Drill Sleeping Hours (continued)**

every six months and will review during a monthly audit and quarterly as part of the QA process. The next QM meeting will be held on April 5th, 2023. (DIRECTED: Documentation of the quality management meeting minutes shall be kept. [REDACTED] 3/24/23).

Directed Completion Date: 04/05/2023

Implemented [REDACTED] - 04/06/2023)

**132g - Fire Drills Days/Times****4. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

The home routinely schedules only 1 staff person in the home from 11:00 PM through 7:00 AM, to include on 2/20/23, 2/26/23 and 2/28/23. However, the home has not conducted a fire drill with only 1 staff person within the past year.

**Plan of Correction**

Directed [REDACTED] - 03/24/2023)

A sleeping hours fire drill was completed on March 11th, 2023, at 4:00am with one staff member present. Please see record of the written fire drill, as well as the record of training sheet attached.

The administrator has completed a re-education of the 2600.132g regulations with the Maintenance Technician who completes the fire drills on March 13th, 2023. See record of training attached.

The administrator or their designee will audit the fire drill records monthly following the completion of the monthly drill. The administrator will monitor for completion of the fire drill records to include: the scheduling and completion of fire drills on different days, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. The audit of the fire drill record was completed on March 13th, 2023. (DIRECTED: The administrator monthly review of the fire drill records shall begin on 4/1/23 and continue monthly thereafter, to ensure fire drills are held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. [REDACTED] 3/24/23)

The administrator or their designee will monitor the scheduling and completion of the sleeping hours fire drill once every six months and will review during a monthly audit and quarterly as part of the QA process. The next QM meeting will be held on April 5th, 2023.

(DIRECTED: Documentation of the quality management meeting minutes shall be kept. [REDACTED] 3/24/23).

The concierge desk, located on the 2nd floor, is occupied 24/7. In the event of an emergency that staff person would immediately go to the 4th floor to assist in the evacuation of Personal Care residents to a fire safe area. At minimum, there would always be two, if not three, staff persons assisting in an emergency.

Directed Completion Date: 04/05/2023

Implemented [REDACTED] - 04/06/2023)

## 182c - Medication Administration

## 5. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.

**Description of Violation**

At [REDACTED] approximately 10 pills were unlocked and unattended in a cup in resident #3's bedroom. A staff person left the morning medications on resident #3's table to take after her shower and did not observe resident #3 take the medications. According to resident #3's most recent medical evaluation, dated [REDACTED], resident #3 is unable to self-administer medications.

At [REDACTED] approximately 4 pills were unlocked and unattended in a cup in resident #4's bedroom. A staff person left the morning medications in resident #4's bedroom to take later and did not observe resident #4 take the medications. According to resident #4's medical evaluation, dated [REDACTED], resident #4 is unable to self-administer medications.

**Plan of Correction****Directed [REDACTED] - 03/24/2023)**

The staff persons who left the medications in resident #3 and resident #4's apartments were immediately brought in for re-education. This was done both formally and informally. On March 14th, 2023, the two staff persons involved completed Modules 1-9 of the Temple University Medication Administration Med Training. They will complete the test on March 27th, 2023. Verification of the record of training for Modules 1-9 is attached and verification of the successful completion of the exam will be sent on March 27th, 2023.

All Medication Technicians will complete Modules 1-9 of the Temple University Medication Administration Medication Training program by March 29th, 2023. Record of training will be sent upon completion on March 29th. Modules 7-9 include re-education on medication administration procedure, which includes ensuring staff persons observe the resident take the medications at the time of the medication administration, and that medications are not left unlocked and unattended in resident bedrooms. Post Tests as well as record of completion and record of training will be kept in the Medication Training binder.

The administrator or their designee will audit medication administration as part of the QA process on a monthly basis. The audit will follow two Med. Techs., during two different med passes, at two different times of the day. They will be random and unannounced. The audit will sample 20% of the residents who receive medication. The administrator or their designee will check the apartments of the residents selected to verify that medications have not been left unlocked or unattended in resident bedrooms. The administrator or their designee will also witness the Med Tech(s) administering medication to ensure the residents are being observed taking their medications at the time of administration. A Medication Administration audit was completed on March 22nd, 2023. (DIRECTED: The monthly medication administration audit of med techs and resident bedroom inspections shall begin on 4/1/23, and continue monthly thereafter. Documentation of the audits shall be kept. [REDACTED] 3/24/23).

The administrator or their designee will keep record of the monthly audit including the residents selected, Med Tech. supervised, and time and date of med pass. The monthly audit will be reviewed quarterly as part of the QA process. The next QM meeting will be held on April 5th, 2023. (DIRECTED: Documentation of the quality management meeting minutes shall be kept. [REDACTED] 3/24/23).

## 182c - Medication Administration (continued)

Directed Completion Date: 04/05/2023

Implemented [REDACTED] - 04/06/2023)

## 183b - Meds and Syringes Locked

## 6. 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

At [REDACTED], approximately 10 pills were unlocked, unattended and accessible in a cup in resident #3's bedroom. A staff person left the morning medications on resident #3's table to take after her shower. According to resident #3's most recent medical evaluation, dated [REDACTED] 2, resident #3 is unable to self-administer medications.

At [REDACTED] approximately 4 pills were unlocked, unattended and accessible in a cup in resident #4's bedroom. A staff person left the morning medications in resident #4's bedroom to take later. According to resident #4's medical evaluation, dated [REDACTED], resident #4 is unable to self-administer medications.

## Plan of Correction

Directed [REDACTED] - 03/24/2023)

The staff persons who left the medications in resident #3 and resident #4's apartments were immediately brought in for re-education. This was done both formally and informally. On March 14th, 2023, the two staff persons involved completed Modules 1-9 of the Temple University Medication Administration Med Training. They will complete the test on March 27th, 2023. Verification of the record of training for Modules 1-9 is attached and verification of the successful completion of the exam will be sent on March 27th, 2023.

All Medication Technicians will complete Modules 1-9 of the Temple University Medication Administration Medication Training program by March 29th, 2023. Record of training will be sent upon completion on March 29th. Modules 7-9 include re-education on medication administration procedure, which includes ensuring staff persons observe the resident take the medications at the time of the medication administration, and that medications are not left unlocked and unattended in resident bedrooms. Post Tests as well as record of completion and record of training will be kept in the Medication Training binder.

The administrator or their designee will audit medication administration as part of the QA process on a monthly basis. The audit will follow two Med. Techs., during two different med passes, at two different times of the day. They will be random and unannounced. The audit will sample 20% of the residents who receive medication. The administrator or their designee will check the apartments of the residents selected to verify that medications have not been left unlocked or unattended in resident bedrooms. The administrator or their designee will also witness the Med Tech administering medication to ensure the residents are being observed taking their medications at the time of administration. A Medication Administration audit was completed on March 22nd, 2023. (DIRECTED: The monthly medication administration audit of med techs and resident bedroom inspections shall begin on 4/1/23, and continue monthly thereafter. Documentation of the audits shall be kept. [REDACTED] 3/24/23).

The administrator or their designee will keep record of the monthly audit including the residents selected, Med Tech supervised, and time and date of med pass. The monthly audit will be reviewed quarterly as part of the QA process. The next QM meeting will be held on April 5th, 2023. (DIRECTED: Documentation of the quality management meeting minutes shall be kept. [REDACTED] 3/24/23).

## 183b - Meds and Syringes Locked (continued)

Directed Completion Date: 04/05/2023

Implemented [REDACTED] - 04/06/2023)

## 190a - Completion Medication Course

## 7. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person A completed the initial Department-approved medication administration course on 1/30/22; however, has not completed any annual practicums in accordance with the Department-approved medication administration course.

Staff person A has administered medications to numerous residents on numerous days, to include the following:

Staff person A administered the following medications to resident #1:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Staff person A administered the following medications to resident #2:

- [REDACTED]
- [REDACTED]
- [REDACTED]

**Plan of Correction**

Directed [REDACTED] - 03/24/2023)

Staff person A did complete the annual practicum on January 26th, 2023. Please see verification of the Annual Practicum attached. The form had not yet been filed at the time of survey and was unavailable to the inspector at the time of survey due to being locked in the Assistant Wellness Director's office who was on vacation.

All Med Tech records were reviewed on March 13th by the Wellness Director to ensure the successful completion of the department approved medication administration course, including the annual practicums and that all medication training documentation is present for each med tech. All Med Tech records are complete, present, and up to date and located in the Med Tech training binder. The administrator or their designee will continue to audit the Med Tech records monthly, using a tracking system with the Med Techs initial training, annual practicum dates, and person completing the audit's initials, located in the Med Tech training binder. (DIRECTED: The administrator monthly audits shall begin on 4/1/23. [REDACTED] 3/24/23).

The administrator or their designee will review the monthly tracker and Med Tech records quarterly as part of the QA process. The next QM meeting will be held on April 5th, 2023. (DIRECTED: Documentation of the quality management meeting minutes shall be kept [REDACTED] 3/24/23).

DIRECTED: By 4/1/23: The administrator shall ensure all medication administration training for all staff members

190a Completion Medication Course (continued)

is kept in an area that is accessible to the administrator/designee at all times, and provided to the Department immediately upon request. [REDACTED] 3/24/23).

Directed Completion Date: 04/05/2023

Implemented ([REDACTED] - 04/06/2023)