

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

August 28, 2023

[REDACTED], LEGAL COUNSEL  
WG SOUTH HILLS SH LLC  
[REDACTED]  
[REDACTED]

RE: CELEBRATION VILLA OF SOUTH  
HILLS  
5300 CLAIRTON BOULEVARD  
PITTSBURGH, PA, 15236  
LICENSE/COC#: 44284

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2023 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: CELEBRATION VILLA OF SOUTH HILLS License #: 44284 License Expiration: 10/16/2023
Address: 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236
County: ALLEGHENY Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: WG SOUTH HILLS SH LLC
Address: [Redacted]
Phone: [Redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 07/13/2023

Inspection Dates and Department Representative

07/13/2023 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 139 Residents Served: 66
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: 65
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 9 Have Physical Disability: 1

Inspections / Reviews

07/13/2023 - Partial
Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 07/31/2023
08/01/2023 POC Submission
Submitted By: [Redacted] Date Submitted: 08/27/2023
Reviewer: [Redacted] Follow Up Type: POC Submission Follow Up Date: 08/08/2023

Inspections / Reviews (*continued*)

08/07/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/14/2023

08/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/27/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [redacted], at approximately [redacted] a.m., there were the following medications in med cups with resident's room numbers written on each cup unlocked unattended and accessible on top of the medication cart by bedroom #106 on the LL/ground floor, to include:

\* Med cup [redacted] containing 5 medications prescribed for resident #1, to include: [redacted] tablet.

\* Med cup [redacted] containing 2 medications prescribed for resident #2, to include: [redacted]

\* Two med cups [redacted] - one containing 9 pills and other containing 2 pills, prescribed for resident #3, [redacted] tablet

\* A zip lock bag containing labeled for resident # [redacted].

Plan of Correction

Accept [redacted] - 08/07/2023)

\* On 7-13-23 All staff qualified to administer medications were re-educated not to leave medication unattended the Executive Director.

\* On 7-26-23 All staff qualified to administer medications were educated on Regulation 183b by Regional Nurse and Clinical Specialist.

\* All staff qualified to administer medication will be observed for competency; to be completed by Director of Nursing/Clinical Specialist by August 11, 2023.

\* Starting 7-31-23 observations of all staff qualified to administer medications will be completed by Director of nursing or a member of community leadership on a weekly basis x4 weeks then monthly and results reviewed monthly at quality assurance monthly meeting.

\* All prescription medications, OTC medications, CAM and syringes are kept in an area or container that is locked. This includes medications and syringes kept in the residents room.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [redacted] - 08/28/2023)

185a - Implement Storage Procedures

2. 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 #4 is ordered [redacted] by mouth every day at 9:00 a.m. On 7/13/23, review of the resident #4's July 2023 Medication Administration Record (MAR) indicated the medication was not available in the home to be administered on the following dates: [redacted]

185a Implement Storage Procedures (continued)

Plan of Correction

Accept ( ) - 08/07/2023

\* Resident #4 medication was obtained on July 27, 2023.

\* On 7/26/23 All staff qualified to administer medications were educated on Regulation 185a by Regional Nurse and Clinical Specialist.

\* Initial cart audit started on 7/24/23 and completed on 7/28/23 by Med Tech/LPN/Clinical Specialist.

\* All staff qualified to administer medications will be observed for competency; to completed by DON/Clinical Specialist by 8/11/3.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ( ) - 08/28/2023

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 is ordered [redacted] Inject subcutaneously twice a day. Only a licensed staff person can administer the specialized medication. Staff person B and LPN administered the injections; however, did not initial resident #4's June and July 2023 MAR as the person that administered the injections on the following dates and times, to include:

\* At 9:00 a.m. on [redacted]

and [redacted]

\* At 9:00 p.m. on [redacted]

Plan of Correction

Accept ( ) - 08/07/2023

\* All staff qualified to administer medication were re educated that person who administers medication must initial the MAR by Nurse specialist.

\* On 7 26 23 All staff qualified to administer medications were educated on Regulation 187b by Regional Clinical nurse/Nurse Specialist

\* Starting 7 31 23 Director of nursing or a member of community leadership will monitor residents' medication record weekly to ensure proper documentation is occurring and results of audit will be reviewed at month quality assurance meeting.

\*LPN reviewed resident #4 MAR and initial and dated where she administered the medication

Licensee's Proposed Overall Completion Date: 08/03/2023

Implemented ( ) - 08/28/2023

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #4 is ordered [redacted] Inject subcutaneously twice a day every 12 hours (9:00 a.m. and 9:00 p.m.). However, the residents June and July 2023 MAR indicates on the following dates and times, the

187d - Follow Prescriber's Orders (continued)

resident was not administered the medication, as follows:

- \* [REDACTED], "No nurse available to administer".
- \* On [REDACTED]. the resident refused or was out of the facility and family not provided medication to administer while out.

The July 2023 MAR for resident #4 indicates on [REDACTED] at [REDACTED] p.m., the resident was not administered the following medication as prescribed, to include:

- \* [REDACTED]

Resident #4 is ordered [REDACTED] – Take two tablets by mouth every day. (9:00a.m.). However, review of the resident #4's July 2023 MAR indicated the resident was not administered the medication, due to the Myrbetriq Tablets not being available in the home on the following dates, to include: [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 08/07/2023)

- \* On July 18, 2023 The Director of Nursing filed an incident report regarding the medication errors.
- \* On July 18, 2023 he residents' doctor and family informed of missed medication that occurred in June and July by director of nursing and state reportable sent to DHS.
- \* Weekly observations to be completed by DON and/or other leadership on all shifts. This will start on July 31, 2023
- \* On 7/26/23 All staff qualified to administer medications were educated by the Regional Nurse and Clinical Specialist on regulation 187d.
- \* On 7/26/23 All qualified staff were educated on the home's policy and procedures for medication administration.
- \* Starting July 31, 2023 weekly audit of medication records will be done by Director of Nursing or Nurse or Medication Technicians with documentation kept and reviewed at monthly quality assurance meeting.
- \* All staff qualified to administer medications are to follow the prescribers orders and directions.

Licensee's Proposed Overall Completion Date: 08/04/2023

Implemented [REDACTED] - 08/28/2023)

225c - Additional Assessment

5. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
  2. If the condition of the resident significantly changes prior to the annual assessment.

**Description of Violation**

Resident #4 had an assessment completed on [REDACTED], that was not updated address the residents current care needs and services to include:

- On 1/23/23, the resident was ordered a specialized medication, [REDACTED]

225c - Additional Assessment (continued)

subcutaneously twice a day every 12 hours (9:00 a.m. and 9:00 p.m.), and due to cost is the only medication managed by the family. The specialized medication administered only by a licensed staff and/or family. The other medications are managed, ordered, by the home and administered by the home and family.

• The resident has a diagnosis of [REDACTED]. The resident is assessed with no supervision needs in the home. However, the resident's progress notes, indicate the resident has multiple falls, most recently to include, [REDACTED], [REDACTED]. The resident utilizes a wheeled walker; however, for the past several months requires the use of a wheelchair and can self-propel most days independently move about the home. The resident has had several falls when out in the garden area and requires more supervision when in the exterior garden area of the home.

**Plan of Correction**

Accept ([REDACTED] - 08/01/2023)

- \* All current residents RASP were audited on 7/20/23 by Clinical Specialist to ensure current and accurate. .
- \* Resident #4 RASP was updated for [REDACTED] by Clinical Specialist.
- \* All Med Techs and Nurses were education on Regulation 225c on 7-26-23 by Regional Nurse and Clinical Specialist
- \* Starting July 31, 2023 the Director of Nursing and or member of leadership will monitor RASP monthly to ensure accurate and updated with changes and reviewed at monthly quality assurance meeting with documentation kept..

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented [REDACTED] - 08/28/2023)