

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

February 21, 2024

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

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024 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: 100 Waking Staff: 75

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/18/2024

Inspection Dates and Department Representative

01/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 Residents Served: 50

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 66 Residents Served: 50

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 50 Have Physical Disability: 0

Inspections / Reviews

01/18/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/15/2024

02/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/21/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/16/2024

Inspections / Reviews *(continued)*

02/21/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/21/2024
Reviewer: [REDACTED] Follow-Up Type: *Bypass Document
Submission*

02/21/2024 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 02/21/2024
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 ■ is diagnosed with ■ and ■ and resides in Secured Dementia Care Unit (SDCU). The assessment and support plan dated ■ indicate the resident requires moderate supervision within the home due to impaired cognition, and staff or family will accompany resident outside of the home.

On ■, at approximately ■ the SDCU door alarm went off and staff person A found that resident ■ was attempting to leave the home. Staff person A redirected the resident away from the exit door. Some time after ■. on this date, the back dining room alarm sounded. However, no check of the residents was completed.

At ■ Whitehall Borough police responded to a report of an elderly ■ walking down Provost Road in the area of Shadow Drive, approximately 3/10ths of a mile from the home. According to the police report, officers observed a ■ walking partially on the roadway. The ■ "seemed confused" and "couldn't explain how ■ arrived on ■." At approximately ■ the police transported the resident back to the home. Staff were unaware that resident ■ left the home.

The home failed to supervise resident ■ and failed to respond to the door alarm, resulting in resident ■ leaving the home.

Repeat Violation: 2/28/23

Plan of Correction

Accept ■ 02/21/2024)

Resident ■ no longer resides at the home.

Staff person A is no longer employed at the home.

Resident ■ was admitted to the home on ■ at that time, resident ■ was assessed and ■ support plan was completed on ■. Resident ■ has a ■, due to ■ impaired cognition, ■ support plan indicated that ■ required moderate supervision. **(Attached)**

In the evening of ■ resident ■ eloped from the home. Following this elopement resident ■ was reassessed and a new support plan was completed on ■ (Attached) the new support plan indicates that resident ■ is still in need of moderate supervision. In addition, due to elopement, resident ■ will be checked hourly to monitor ■ location within the home (Attached) It is also indicated that if resident ■ begins exit seeking a call will be placed to the HSD and 15 minute location checks will immediately begin and will remain in place until exit seeking has ceased. **(Attached)**

Due to resident ■ elopement, the home took the following steps:

23a - Activities of Daily Living Assistance (continued)

The home completed interior/exterior door & gate inspections to ensure the alarms are in proper working order **(Attached)**

The home provided education of the elopement/missing resident policy to the DCS **(Attached)**

After multiple family care conferences, Resident [REDACTED] was given a 30 day discharge from the home due to the need for one on one care as the home does not provide 24 hour one on one direct care. The home alerted the local ombudsman and the department **(Attached)**

Due to receiving a violation of chapter 2600.23(a) the home has educated the Health Services Director and the Health Services Coordinator of the importance of following regulation 2600.23(a) **(education documentation attached)**

DCS have received additional education of elopement and meeting the needs of our residents **(education power points and documentation attached)**

The home has completed a full audit of all support plans to ensure compliance of 2600.23(a) **(Attached)**

Support plan audits will continue weekly for 4 weeks, monthly for 4 months and random for 2 months to ensure full compliance of chapter 2600.23(a) **(Attached)**

Update:

The home has the following preventative measures in place. These preventative measures will remain in place, to ensure compliance, repeat violation and maintain the safety of the SDCU residents to prevent future elopements.

The most recent elopement drills have been completed on [REDACTED] While the homes policy states that elopement drills are to be completed quarterly, the home has chosen to complete elopement drills monthly to ensure the DCS are compliant with safety standards withing the SDCU. Elopement drills will continue to be completed monthly within the home. education is provided to the DSC as a post elopement drill review, allowing the home to educate, answer questions and review results after each elopement drill. **(attached are monthly drills)**

Elopement Risk assessments are completed on every resident upon admission/readmission and bi-annually. **(Attached: assessment schedule)**

If a resident is identified as high for elopement, preventative measures are included on the resident's support plan **(2 attachments: attachment #1 proof of the home's elopement risk screenings, upon move in and bi-annually. attachment #2 example of the support plan of a resident with high risk for elopement, showing preventive measures)**

The Administrator reviews the following elopement prevention at quarterly QA meetings:

23a - Activities of Daily Living Assistance (continued)

- *Exit seeking/wandering incidents since last QA meeting.*
- *Current residents identified a high elopement risk.*
- *Interventions to prevent elopement.*
- *Review of service (support) plans to ensure preventative measures are indicated and planned for exit seeking residents.*

(QA meeting template attached)

Licensee's Proposed Overall Completion Date: 02/09/2024

Implemented [REDACTED] - 02/21/2024)