

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

April 16, 2024

[REDACTED]
WG SOUTH HILLS SH LLC

[REDACTED]
PRIORITY LIFE CARE
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/28/2024 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: *CELEBRATION VILLA OF SOUTH HILLS* License #: *44284* License Expiration: *10/16/2024*
 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] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/08/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *71* Waking Staff: *53*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/28/2024*

Inspection Dates and Department Representative

02/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *139* Residents Served: *63*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

02/28/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2024*

03/15/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/16/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2024*

Inspections / Reviews (*continued*)

03/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/15/2024

04/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132a - Monthly Fire Drill

1. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of January, 2024.

Plan of Correction

Directed (████) - 03/21/2024)

Action: An unannounced fire drill will be conducted by 3/25/24.

Training: On March 8, 2024, Maintenance Director and Assistant were reeducated on the regulation 2600.132a by the Administrator. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 3/21/24).

Ongoing: Starting in March 1, 2024 the Director of Maintenance or Administrator will follow the fire drill schedule set forth In the electronic schedule platform TELS.

Starting March 1, 2024, Administrator and or Maintenance Director will review Fire Drill record and staff sign in sheets to verify that a monthly drill is conducted. All fire drill records will be reviewed at the monthly Quality and Assurance meeting starting with March 2024 meeting (DIRECTED: The administrator review of the fire drill records, which began on 3/1/24, shall be conducted each month to ensure compliance with 2600.132a. █████ 3/21/24) (DIRECTED: Documentation of the quality management reviews shall be kept. █████ 3/21/24)

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/01/2024

Implemented █████ 04/16/2024)

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 record for the fire drill conducted on 6/17/23 at 11:10 does not indicate if the fire drill was held in the AM or PM.

Plan of Correction

Directed █████ 03/21/2024)

Action: On February 29, 2024, The drill time was documented on an individual sheet that is used at the time of each drill. The drills are then transferred to one spreadsheet, where the drill time cited was inadvertently omitted, the drill time has been updated on the spreadsheet.

Training: On 3/8/24 the Maintenance and Assistant were reeducated on the regulation 2600.132c by the Administrator. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 3/21/24).

Ongoing: Starting March 1, 2024, Administrator and or Maintenance Director will review Fire Drill record and staff sign in sheets to verify that all documentation is captured (date time indicating AM PM). All fire drill records will be

132c - Fire Drill Records (continued)

reviewed, for completeness at the monthly Quality and Assurance meeting starting with March 2024 meeting. (DIRECTED: The administrator review of the fire drill records, which began on 3/1/24, shall be conducted each month to ensure compliance with 2600.132c. LM 3/21/24) (DIRECTED: Documentation of the quality management reviews shall be kept. [REDACTED] 3/21/24)

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/01/2024

Implemented [REDACTED] - 04/16/2024)

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 home's most recent fire drill conducted during sleeping hours was held on 11/29/23 at 11:58pm; however, the previous fire drill conducted during sleeping hours was held on 4/5/23 at 5:20am.

Plan of Correction

Directed [REDACTED] - 03/21/2024)

Action: A 3rd shift sleeping hours fire drill is scheduled to be conducted by the Maintenance Director on 3/25/24.

Training: On March 8, 2024, Maintenance Director and Assistant were reeducated on the regulation 2600.132e by the Administrator. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/21/24).

Ongoing: Starting March 1, 2024, Administrator and or Maintenance Director will review Fire Drill records monthly to verify that a nighttime (hours of sleep) drill is conducted at a minimum every 6 months. All fire drill records will be reviewed at the monthly Quality and Assurance meeting starting with the March 2024 meeting. (DIRECTED: Documentation of the quality management reviews shall be kept. [REDACTED] 3/21/24)

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/01/2024

Implemented [REDACTED] - 04/16/2024)

187a - Medication Record

4. 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.

187a - Medication Record (continued)

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

On [REDACTED], resident [REDACTED] was prescribed [REDACTED] [REDACTED] capsule by mouth twice daily for 7 days; however, resident [REDACTED] February 2024 medication administration record (MAR) indicates [REDACTED] capsule- [REDACTED] by mouth twice daily.

Plan of Correction

Directed [REDACTED] - 03/21/2024)

Action: On February 28, 2024, the order for [REDACTED] was immediately corrected by the Director of Nursing to stop after 7 days. Starting March 18, 2024 Director of Nursing and/or leadership team members will conduct a complete audit of current residents MARS to ensure compliance with Regulation 187d, completed by 4/15/2024.

Training: On March 12, 2024, all nursing staff and Medication Technicians were reeducated on the regulation 2600.187a by the Administrator and Director of Nursing. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/21/24).

Ongoing: Starting 3/22/2024, Director of Nursing and/or Administrator will perform weekly audits of all resident medication records with documentation kept. Audits will be reviewed upon finding and at Quality Assurance meeting monthly starting April 1, 2024. (DIRECTED: Documentation of the quality management reviews shall be kept. [REDACTED] 3/21/24)

Proposed Overall Completion Date: 04/15/2024

Directed Completion Date: 04/15/2024

Implemented [REDACTED] - 04/16/2024)