

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

April 11, 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 03/07/2024 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: *Borough of Whitehall*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *98* Waking Staff: *74*

**Inspection Information**

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

Reason: *Incident* Exit Conference Date: *03/13/2024*

**Inspection Dates and Department Representative**

03/07/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *66* Residents Served: *49*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Entire Facility* Capacity: *66* Residents Served: *49*

**Hospice**

Current Residents: *7*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*

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

Have Mobility Need: *49* Have Physical Disability: *0*

**Inspections / Reviews**

03/07/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/24/2024*

Inspections / Reviews (*continued*)

## 03/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/26/2024

## 03/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/21/2024

## 04/11/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 42b - Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED] at approximately [REDACTED], staff person A was overheard by a resident's family member using loud, foul language while providing care to resident [REDACTED]. When staff person A entered resident [REDACTED] bedroom, staff person A was overheard yelling, "There is [REDACTED] everywhere!" Staff person A then assisted resident [REDACTED] with a shower. During the shower, resident [REDACTED] stated to staff person A, "you are getting soap in my eyes", and staff person A told resident [REDACTED], "I don't give a [REDACTED]." Staff person A was also overheard using the words [REDACTED] and [REDACTED] numerous times during the duration of resident [REDACTED] shower.

## Plan of Correction

Directed [REDACTED] - 03/21/2024)

Staff person A was hired to the home on [REDACTED], the home followed the department's regulation and performed a criminal history check. The home also followed hiring and training policies to ensure staff person A was acceptable, suitable, compassionate, and trained for the position of a direct caregiver. Including completion of the Direct Care Staff Training Test, and required orientation topics **(attached)**

Upon report of this incident, the homes administrator immediately preformed the following actions to ensure safety of the residents within the home:

- Removed staff person A from the home on [REDACTED] at approx. [REDACTED], pending an investigation of the reported incident.
- Assessed resident [REDACTED] for mental and or physical injury.
- Placed a call to the Allegheny County Are of Aging to report the incident.
- Emailed a reportable incident to the department.
- Reported the incident to Resident [REDACTED] PCP and POA

**(all documents attached)**

Resident [REDACTED] has a dementia diagnosis; Resident [REDACTED] was monitored and has no recollection or ill effects of the incident.

Staff person A was suspended from entering the home, pending investigation on [REDACTED] immediately following report of the incident. As a result of the investigation Staff member A was terminated on [REDACTED] and no longer works in the home. **(attached)**

**To prevent future violation of regulation 2600.42(b) the home will:**

- Continue to follow the regulations and policies for hiring and training direct care staff. All staff are educated on abuse and abuse reporting at the time of hire and yearly in the homes training plan.

- The entire staff of the home has been reeducated on [REDACTED] and [REDACTED] of the importance of regulation 2600.42(b) **(Attached)** (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/21/24)

- The entire staff have been reeducated on [REDACTED] and [REDACTED] of the policy regarding conduct, that states the following: **(Attached)**

**42b - Abuse (continued)**

Sunshine Retirement Living will not tolerate conduct that threatens, intimidates, or coerces another employee, resident, a customer, or a member of the public at any time, including off-duty periods. Any threats or acts of violence of any kind from any employee, resident, resident's family, vendor, or visitor will not be tolerated. It is important that employees be able to recognize and identify potentially dangerous situations or individuals. All potentially dangerous situations including threats from managers, co-workers, residents, resident's family, customers, vendors or visitors should be reported immediately to your supervisor, any member of the Management Team, or the Human Resources Department. All reported incidents will be investigated and reports warranting confidentiality will be handled appropriately; information to others will be disclosed on a need-to-know basis.

The homes administrator has conducted interviews with residents and staff members on [REDACTED] and [REDACTED] to determine violation of regulation 2600.42(b). Random interviews of 5 staff members and 5 residents will continue weekly for 1 month, biweekly for 1 month and monthly for 1 month to ensure continued compliance of regulation 2600.42(b) **(attached)**

The home does review abuse allegations during all quarterly quality assurance meetings, this incident will be reviewed along with the staff/resident interviews to review, evaluate and maintain compliance of 2600.42(b). The next Quality Assurance meeting is scheduled for [REDACTED]. **(attached policy and template of reviewed items)** (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 3/21/24)

Proposed Overall Completion Date: 06/30/2024

Directed Completion Date: 04/21/2024

Implemented [REDACTED] - 04/11/2024)