

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

August 23, 2024

[REDACTED], LEGAL COUNSEL
WG SOUTH HILLS SH LLC
5300 CLAIRTON BOULEVARD
PRIORITY LIFE CARE
PITTSBURGH, PA, 15236

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 07/11/2024 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: 5300 CLAIRTON BOULEVARD, PRIORITY LIFE CARE, PITTSBURGH, PA, 15236

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 03/08/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 91 **Waking Staff:** 68

Inspection Information

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

Reason: Complaint, Incident **Exit Conference Date:** 07/11/2024

Inspection Dates and Department Representative

07/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 139 **Residents Served:** 71

Secured Dementia Care Unit

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

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 71

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 20 **Have Physical Disability:** 0

Inspections / Reviews

07/11/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/25/2024

07/25/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/22/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/01/2024

Inspections / Reviews *(continued)*

08/02/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/09/2024

08/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/22/2024

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], direct care staff person A responded to a call bell notification from resident #1 and was advised by the resident that there was an accident with a bowel movement, and [REDACTED] needed a brief change. However, direct care staff person A did not provide incontinence care and began doing a floor check or rounds with direct care staff person B and neither staff person provided incontinence care to resident #1. At approximately [REDACTED] a.m., resident #1 used [REDACTED] call bell to request assistance again, and the call bell went unanswered after being announced thirty times and ultimately was not responded to at all. Resident #1's soiled brief and soiled linens were not changed until approximately [REDACTED], when direct care staff person C observed the resident's condition at the beginning of [REDACTED] shift. Resident #1 stated the incident made [REDACTED] "pretty mad" and that [REDACTED] was "awake the whole time" and "pretty upset."

Plan of Correction

Accept ([REDACTED] - 08/02/2024)

Action: On [REDACTED], after receiving the complaint, staff person A was immediately suspended pending investigation. Resident #1 was immediately checked on to ensure that they were comfortable. Staff member A was terminated on July 19, 2024, after investigation was completed by community and DHS.

Training: Beginning on [REDACTED], staff members were in-serviced on regulation 2600.42.b, which included answering call bells within a reasonable period of time and provide the service/care that the resident is requesting/needng, by the Director of Nursing.(Training/sign in sheets attached). Documentation of the staff education shall be kept in accordance with 2600.65i. All staff persons will be trained on The Older Adult Protective Services Act., the requirements of Regulation 2600.42(b) and the home's policy and procedures of allegations of abuse by the Executive Director on 8/9/2024. Documentation will be kept in the community.

Ongoing: Beginning July 1, 2024 call bell logs are being reviewed by the Administrator, Director of Nursing or designee daily and any calls identified outside of a reasonable response time will be addressed with staff members. Private interviews will be conducted with three residents a week for three months, and then three residents a month for three months by the administrator to ensure compliance with Regulation 2600.42(b). Resident interview questionnaire will be created and kept in the community for documentation. Resident interviews were started 07/26/2024.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented ([REDACTED] - 08/23/2024)

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

85e Trash Outside Home (continued)

Description of Violation

At approximately [REDACTED] and until at least [REDACTED] the home's right side dumpster's right side lid was open and folded over the back hinge of the dumpster and was approximately one half full of various bags of garbage.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

Action: The dumpster lid was immediately closed by the Maintenance Director.

Training: The Administrator, Director of Nursing has provided in service training to staff members on the requirement of 85.e. (Training/sign in sheets attached). Documentation of the staff education shall be kept in accordance with 2600.65i.

Ongoing: Routine checks started 07/12/2024 conducted by the Director of Maintenance, Director of Nursing, Administrator or designee on a daily basis to ensure the dumpster lid is closed.

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented [REDACTED] - 08/23/2024)

225a - Assessment 15 Days

3. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1's initial assessment, dated [REDACTED], indicated the resident was fully independent for toileting, bowel management, and bladder management. However, interviews with staff and resident #1 indicated the resident used adult briefs to manage incontinence concerns, and required assistance as needed with brief changes and getting to and from the toilet. Resident #1's use of adult briefs and as needed assistance with toileting was not indicated in the resident's assessment.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

Action: Resident #1 assessment was updated on [REDACTED], to reflect her current care needs. All assessments are being audited to ensure each resident's current needs are up to date and accurate on each assessment, this is being completed by the Director of Nursing, Resident Care Coordinator and Administrator. Audit will be completed by August 23, 2024, to ensure that all assessments reflect resident's current needs.

Training: The Director of Nursing and Resident Care Coordinator was in serviced by the Administrator on July 22, 2024, on the requirement of regulation 2600.225.a. (Training/sign in sheet is attached). Documentation of the staff education shall be kept in accordance with 2600.65i.

Ongoing: Beginning July 22, 2024, every resident assessment will be checked by the Director of Nursing, and a final check will be completed and signed off by the Administrator prior to filing in the resident chart. An initial audit of all assessments will be completed by August 23, 2024, and ongoing each resident assessment will be completed per the regulation and will be reviewed annually and with change of condition, to include residents current needs, these will be completed by Director of Nursing, Administrator or designee. Documentation shall be kept.

225a - Assessment 15 Days (continued)

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented [redacted] - 08/23/2024)

227c - Support Plan Revision

4. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's assessment, dated [redacted] indicated the following medical diagnoses:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

However, resident #2's support plan, dated [redacted] did not indicate a plan to meet the service need, frequency, or responsible party for any of the resident's assessed medical needs.

Plan of Correction

Accept [redacted] - 08/02/2024)

Action: On [redacted], Resident #2 RASP was updated to reflect the plan to meet the service need, frequency, and responsible party for the assessed medical needs. All RASPs are being audited for completion by DON and Administrator. The audit will be completed by August 23, 2024, to ensure that all RASP's have their medical diagnosis addressed.

Training: The current DON has been provided with an in-service by the Administrator on July 22, 2024, on the requirement of 2600.227.c, which included that all medical diagnoses must be addressed in all resident RASP's. (Training/sign in sheet is attached). Documentation of the staff education shall be kept in accordance with 2600.65i.

Ongoing: Beginning July 22, 2024, every resident RASP will be checked by the Director of Nursing, and a final check will be completed and signed off by the Administrator prior to filing in the resident chart to be sure that every diagnosis is included on the RASP. Each resident chart will be audited annually by the Director of Nursing, Administrator or designee on their RASP due date to ensure continued compliance of each record. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented [redacted] - 08/23/2024)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's support plan, dated [REDACTED], was not signed or dated by the assessor.

Plan of Correction

Accept [REDACTED] - 08/02/2024)

Action: On July 16, 2024, Resident #2's RASP was reviewed and signed by the Administrator as the documented assessor is no longer available. All resident RASPs are being audited for signature and will be completed by August 23, 2024, by the Director of Nursing to ensure that the assessor's signature is present on all RASPs. (SEE ATTACHMENT ABOVE)

Training: The current DON was in-serviced by the Administrator on July 22, 2024, on the requirement of 2600.227.g, which needs to include a written signature, not electronic. (Training/sign in sheet is attached). Documentation of the staff education shall be kept in accordance with 2600.65i.

Ongoing: Beginning July 22, 2024, every resident RASP will be checked by the Director of Nursing, and a final check will be completed and signed off by the Administrator prior to filing in the resident chart. Director of Nursing will review all RASPs with resident and responsible party when they are due and capture signatures at that time, moving forward. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented [REDACTED] - 08/23/2024)