

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

October 1, 2024

[REDACTED]
CPF LIVING COMMUNITIES - WHITEHALL LLC
[REDACTED]

RE: THE RESIDENCE AT WHITEHALL
4750 CLAIRTON BOULEVARD
PITTSBURGH, PA, 15236
LICENSE/COC#: 45021

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/21/2024 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: *THE RESIDENCE AT WHITEHALL* License #: *45021* License Expiration: *08/27/2025*
 Address: *4750 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *CPF LIVING COMMUNITIES - WHITEHALL LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *05/18/2019* Issued By: *Borough of Whitehall*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *40* Waking Staff: *30*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *08/21/2024*

Inspection Dates and Department Representative

08/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *46* Residents Served: *32*

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: *32*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

08/21/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/02/2024*

09/11/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/30/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2024*

Inspections / Reviews *(continued)*

09/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/30/2024

10/01/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

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 [REDACTED] support plan, dated 8/08/23, indicated that the resident has sensory needs for communication since enduring a stroke and that direct care staff "will provide yes or no questions to better assist with [REDACTED] care needs, daily." However, on [REDACTED] direct care staff person A responded to a call pendant request from resident [REDACTED] at approximately 5:08 p.m., did not prompt the resident with yes or no questions and then deactivated the resident's call pendant without providing any care or services. Approximately three minutes later, when prompted with yes or no questions by direct care staff person B resident [REDACTED] indicated with a vigorous nod of [REDACTED] head that toileting care was required.

Resident [REDACTED] initial support plan, dated [REDACTED], indicated that the resident needs assistance with toileting and that direct care staff will "assist with all hygienic practices involving toilet use." However, on [REDACTED] at approximately 5:09 p.m., direct care staff person A deactivated resident [REDACTED] call pendant and complained to direct care staff person B that "resident [REDACTED] rang [REDACTED] bell four times for nothing." Approximately three minutes later, direct care staff person B spoke to resident [REDACTED] and was made aware the resident required toileting assistance, and it was not provided by direct care staff person A.

Plan of Correction

Accepted [REDACTED] - 09/23/2024)

Staff Member A has been terminated. (See attached #2)

All Personal Care Aides and Medication Aides were Re-trained by Administrator and Wellness Director on Resident Rights, Care needs, Call bell response, and RASPs. (See attached #1A & #1B)

POC related to 2600.23(a) Wellness Director will ensure all new staff members are aware of RASPs, their purpose and location of them during new hire orientation. Monitoring will occur during Quarterly QI/QA process beginning with October's meeting.

See attached interview questions - Attachment#2

Interviews will begin Monday, September 23, 2024, and be completed by the Administrator, [REDACTED] - Three Residents per week for three months.

Licensee's Proposed Overall Completion Date: 09/23/2024

Implemented [REDACTED] 10/01/2024)

225c - Additional Assessment

2. 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.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] most recent assessment was dated [REDACTED] and was not updated to reflect the significant change to the resident's care needs requiring secured dementia care as indicated on the medical evaluation dated [REDACTED]

Plan of Correction

Accepted [REDACTED] - 09/23/2024)

At the direction of the Surveyor, a report was filed with Allegheny County AAA office for [REDACTED] of Resident [REDACTED]

225c - Additional Assessment (continued)

non-compliance with Doctor's orders dated 03/21/24. (See attached #3 & #4). Administrator called Allegheny County AAA on 08/15/2024 for an Options Assessment, this Assessment is scheduled for 09/04/2024.

An updated DME and RASP were completed to reflect the need for a higher level of care vs. dementia care on 08/22/2024 (see attached #1 & #2).

POC related to 2600.225(c) - Wellness Director will ensure all Significant Changes due to health or care are documented on the RASP with in 5 days of that change. This will be monitored by the Administrator and Wellness Director Monthly during QA process.

Staff training pertaining to 2600.225(c) was completed on 09/13/2024 by [REDACTED], Wellness Director - see attached #5. All trainings are kept in a binder located in the Wellness Director's office.

Attached #6 is the Company's Policy

Attached #7 is a completed audit of Resident file completed on 09/13/2024 by J'nai Best, Wellness Director.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [REDACTED] - 10/01/2024)