

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

March 20, 2025

[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 02/10/2025 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: 10/16/2025
 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: 82 Waking Staff: 62

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/12/2025

Inspection Dates and Department Representative

02/10/2025 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 139 Residents Served: 81
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 81
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

02/10/2025 Partial
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/01/2025

03/13/2025 - POC Submission
 Submitted By: [Redacted] Date Submitted: 03/18/2025
 Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 03/18/2025

Inspections / Reviews *(continued)*

03/20/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/18/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

The medical evaluation for resident [REDACTED], dated [REDACTED], did not include a legible name or medical professional license number of the physician, physician’s assistant or certified registered nurse practitioner who completed the exam.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Action: Executive Director and Director of Nursing were trained on regulation 2600.141 a by Regional Director of Clinical Services on 2/14/25 . DME was faxed to the MD on 2/20/25 for completion of form, to include MD signature and professional license number. An audit of all DME's was done on 2/18/25 by the Executive Director and Director of Nursing to identify signatures and license number were present on each DME. All DME's missing this information were sent to corresponding MD's for completion.

Training : Executive Director and Director of Nursing were trained on regulation 2600.141 a by Regional Director of Clinical Services on 2/14/25 .

Ongoing: Executive Director and DON will review all DME's for compliance before filing in the resident's chart starting on 2/18/25 and will be ongoing for all current and new admissions.

Licensee's Proposed Overall Completion Date: 02/28/2025

Implemented [REDACTED] - 03/20/2025)

225c - Additional Assessment

2. Requirements

2600.

- 225.c. The resident shall have additional assessments as follows:
 - 1. Annually.
 - 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

The assessment for resident [REDACTED] dated [REDACTED], indicates the resident needs minimal supervision, including no supervision in the home, however the resident has unsteady gait, and may slide off of surfaces such as chairs, resulting in additional supervision checks by staff. Also, the assessment dos not indicate the resident uses hearing aids,

225c Additional Assessment (continued)

Plan of Correction**Accept** [REDACTED] **03/04/2025)**

The resident's assessment and support plan was updated on 2/10/25 to reflect their current supervision needs, gait and hearing aid use by the Director of Nursing. The resident's updated RASP was printed, signed and filed in the resident's chart. A copy will be kept in the administrator's office .An audit of all RASP's was started 2/27/25 to be completed by 3/10/25 by the Director of Nursing and Executive Director to ensure the needs of the resident are accurately reflected in the assessment and support plan.

Training: Executive Director educated the Director of Nursing on 2/14/25 on regulation 2600.225c . Record of the training will be kept in the Executive Director's office in POC binder.

Ongoing : Resident assessments and support plans will be audited by the Executive Director and Director of Nursing for accuracy at monthly Quality Assurance meetings, held on or around the 25th of each month. Documentation of the audit will be kept in the Quality assurance meeting minutes, with a printed version kept in the Executive Director's office in the POC binder.

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented [REDACTED] **- 03/20/2025)**