

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

April 29, 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 03/25/2025 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**

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 84 Waking Staff: 63

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 03/25/2025

**Inspection Dates and Department Representative**

03/25/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 139 Residents Served: 79

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: 79  
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 5 Have Physical Disability: 0

**Inspections / Reviews**

03/25/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/09/2025

04/09/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/29/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/15/2025

Inspections / Reviews *(continued)*

## 04/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/28/2025

## 04/29/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [REDACTED], there were 75 residents present in the home, including 10 residents with mobility needs, requiring a total minimum of 85 direct care hours. On this day, only 82.5 hours of direct care staffing were provided.

Plan of Correction

Accept [REDACTED] - 04/16/2025)

*ACTION: On 3/25/25 the current schedule was reviewed by the Director of Nursing and Executive Director to ensure the correct amount of staffing hours is available to provide at least 2 hours per day of personal care services to each resident who has mobility needs. The home next QM meeting is scheduled April 28th. The QM review will include a review of all items specified in 260.26. All Documentation of the QM review will be kept in the quality assurance binder. The home does not have a current contract with a staffing agency. The home procedure to arrange for substitute personnel as required in 2600.261 is if hours fall short staff are asked if their available to pick up additional hours, if not available RCC will then pick up the remaining hours, if RCC isn't available DON will fall next in line to pick up the remaining hours and followed by the ED.*

*TRAINING: On 4/7/2025 the Executive Director/Director of nursing was educated on regulation 2600.57C, by Regional Director of Clinical Services.*

*ONGOING: Effective 3/26/2025 the Executive Director/Director will review staffing hours daily to ensure the correct amount of staffing hours is available to provide at least 2 hours per day of personal care services to each resident who has mobility needs. Documentation to be kept and reviewed at monthly Quality Assurance meeting.*

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] through [REDACTED] there were 75 residents present in the home, including 10 residents with mobility needs; however, only 2 staff persons were present in the home during the 11:00pm-7:00am shift on each day, which was not adequate to evacuate all residents in the event of an emergency.

Plan of Correction

Accept [REDACTED] - 04/16/2025)

*ACTION: On 3/25/25 the current schedule was reviewed by Director of Nursing and Executive Director to ensure staffing is provided to meet the needs of the residents as specified in the residents' assessment and support plan. The home next QM meeting is scheduled April 28th. All documents of the QM will be kept in the quality assurance binder held in the admin office, QM review will include a review of all items specified in 2600. 26.b. The home does not have a current contract with a staffing agency. The home procedure to arrange for substitute personnel as required in*

60a - Staff/Support Plan (continued)

2600.26.b. The home procedure to arrange for substitute personnel as required in 2600.261 is if hours fall short staff are asked if their available to pick up additional hours, if not available RCC will then pick up the remaining hours, if RCC isn't available DON will fall next in line to pick up the remaining hours and followed by the ED.

TRAINING: On 4/7/2025 the Executive Director/Director of Nursing was educated on regulation 2600.60a, by Regional Director of Clinical Services.

ONGOING: Effective 3/26/2025 the Executive Director/Director will review staffing hours daily to ensure the correct amount of staffing hours is available to meet the needs if the residents as specified in the resident's assessments and support plan. Documentation to be kept and reviewed at month Quality Assurance.

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 9:37am, the medication cart near ground floor elevator was unlocked, unattended and accessible, which contained numerous medications for numerous residents, to include the following:

- Resident [REDACTED]
- Resident [REDACTED]
- Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/16/2025)

ACTION: On 3/25/25 the med cart near the ground floor elevator was locked by Med Tech Michaela Mccutcheon. The home next QM meeting is scheduled April 28th. Documentation of the QM review will be kept and that the QM Review will include a review of all item specified in 2600.26.

TRAINING: On 4/7/2025 Executive Director and Director of Nursing was educated on regulation 2600.183b, by Regional Director of Clinical Services. On 3/26/2025-4/8/2025 all staff were educated on regulation 2600.183b, by the Executive Director. Documentation to be kept.

ONGOING: Effective 4/1/2025 Executive Director/Director of Nursing will audit the community med carts twice weekly x 3 months to ensure prescription medications, OTC medications, and CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Documentation to be kept and reviewed at month Quality Assurance

Licensee's Proposed Overall Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)

185a - Implement Storage Procedures

4. Requirements

2600.

185a Implement Storage Procedures (continued)

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] checks before meals and at bedtime. The following blood glucose readings were present on resident [REDACTED]'s [REDACTED]; however, were not documented on resident [REDACTED] March 2025 medication administration record (MAR):

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] checks before meals and at bedtime. The following [REDACTED] readings were incorrectly documented on resident [REDACTED] March 2025 MAR:

- On [REDACTED] at 7:26am resident [REDACTED] indicated a [REDACTED] reading of [REDACTED]; however, was documented on resident [REDACTED] March 2025 MAR as [REDACTED]
- On [REDACTED] at 12:26pm resident [REDACTED] indicated a [REDACTED] reading of [REDACTED]; however, was documented on resident [REDACTED] March 2025 MAR as [REDACTED]
- Resident [REDACTED] March 2025 MAR indicates a [REDACTED] reading of [REDACTED] on [REDACTED] at 8:00am; however, according to resident [REDACTED], no [REDACTED] check was completed at 8:00am on [REDACTED]

Resident [REDACTED] is prescribed blood glucose checks 3 times daily with meals, as well as [REDACTED] subcutaneously 3 times daily with meals in accordance with sliding scale. On [REDACTED] at 6:53am, resident [REDACTED] indicated a [REDACTED] reading of [REDACTED]; however, this [REDACTED] reading was not documented on resident [REDACTED] March 2025 MAR.

Resident [REDACTED] is prescribed [REDACTED] checks 3 times daily with meals, as well as [REDACTED] subcutaneously 3 times daily with meals in accordance with sliding scale. The following blood glucose readings were incorrectly documented on resident [REDACTED] March 2025 MAR:

- Resident [REDACTED] March 2025 MAR indicates a [REDACTED] reading of [REDACTED] on [REDACTED] at 8:00am; however, according to resident [REDACTED], no [REDACTED] check was completed at 8:00am on [REDACTED]
- On [REDACTED] at 7:57am resident [REDACTED] indicated a [REDACTED] of [REDACTED] however, was documented on resident [REDACTED] March 2025 MAR as [REDACTED]
- On [REDACTED] at 12:12pm resident [REDACTED] indicated a blood glucose reading of [REDACTED]; however, was documented on resident [REDACTED] March 2025 MAR as [REDACTED]
- On [REDACTED] at 7:00am resident [REDACTED] indicated a blood glucose reading of [REDACTED] however, was documented on resident [REDACTED]'s March 2025 MAR as [REDACTED]

Resident [REDACTED] is prescribed blood glucose checks before meals and at bedtime, as well as [REDACTED] subcutaneously 4 times daily in accordance with sliding scale. The following blood glucose readings were not documented, or were incorrectly documented on resident [REDACTED] March 2025 MAR:

- On [REDACTED] at 10:44am resident [REDACTED] a [REDACTED] reading of [REDACTED]; however, was documented on resident [REDACTED]'s March 2025 MAR as "N/A"
- On [REDACTED] at 10:58am resident [REDACTED] glucometer indicated a [REDACTED] reading of [REDACTED]; however, this blood glucose reading was not documented on resident [REDACTED] March 2025 MAR
- On [REDACTED] at 7:54am resident [REDACTED] indicated a [REDACTED] reading of [REDACTED] however, was

185a - Implement Storage Procedures (continued)

- documented on resident [REDACTED] s March 2025 MAR as [REDACTED]
- On [REDACTED] at 1:02pm-resident [REDACTED]'s [REDACTED] indicated a [REDACTED] reading of [REDACTED]; however, was documented on resident [REDACTED] March 2025 MAR as [REDACTED]
- No blood glucose reading was present on resident [REDACTED]'s glucometer on [REDACTED] at noon; however, was documented on resident [REDACTED] March 2025 MAR as [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/16/2025)

ACTION: On 4/09/25 DON/RCC started review all blood sugar documentation and glucometer reading daily for 1 month, then weekly thereafter for all resident prescribed blood sugar checks, Audits will begin 4/9/25 and documents will be kept for 1 month. Audits will be reviewed at our quality assurance Monthly meeting held on 4/28/25. Documentation of the QM review will be kept, and review will include a review of all items specified in 2600.26.b On 4/10/2025-4/15/2025 Executive Director and Director of Nursing, RCC and MEDtech's were trained on regulation 185a by Clinical Regional Director. Training included blood sugar reading and blood sugar documentation. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/16/25).

Proposed Overall Completion Date: 04/28/2025

Directed Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] March 2025 MAR does not include the initials of the staff person who administered numerous medications to resident #4 on numerous dates and times, to include the following:

- [REDACTED] tablet-Take 1 tablet by mouth once daily, which was not documented as administered on [REDACTED] or [REDACTED]
- [REDACTED] tablet-Take 1 tablet by mouth 3 times daily, which was not documented as administered at 9:00am on [REDACTED] and [REDACTED] and at 1:00pm on [REDACTED] or [REDACTED]
- [REDACTED] units subcutaneously before meals, which was not documented as administered at 8:30am on [REDACTED] or [REDACTED], and at 11:30am on [REDACTED] or [REDACTED]

Resident [REDACTED] March 2025 MAR does not include the initials of the staff person who administered numerous medications to resident #5 on numerous dates and times, to include the following:

- [REDACTED]-Take 1 tablet by mouth daily, which was not documented as administered on [REDACTED] or [REDACTED]
- [REDACTED] capsule-Take 1 capsule by mouth twice daily, which was not documented as administered at [REDACTED]

187b - Date/Time of Medication Admin. (continued)

9:00am on [REDACTED] or [REDACTED] and at 6:00pm on [REDACTED]

Resident [REDACTED] March 2025 MAR does not include the initials of the staff person who administered numerous medications to resident #6 on numerous dates and times, to include the following:

- [REDACTED] units subcutaneously every morning, which was not documented as administered on [REDACTED] or [REDACTED]
- [REDACTED] tablet-Take 1 tablet by mouth twice daily, which was not documented as administered at 9:00am on [REDACTED] or [REDACTED]
- [REDACTED]-Take 1 tablet by mouth twice daily, which was not documented as administered at 9:00am on [REDACTED] or [REDACTED]

Plan of Correction

Directed [REDACTED] - 04/16/2025)

*ACTION:* On 3/26/25 a MAR audit of all current residents completed by the Executive Director/Director of Nursing to ensure that all medication is recorded at the time of administration. Documentation to be kept.

*TRAINING:* On 4/9/2025 the Executive Director was educated on regulation 2600.187b by Regional Director of Clinical Services. On 4/9/2025-4/15/2025 all Med Trained staff was educated on regulation 2600.178b by Director of Nursing. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/16/25).

*ONGOING:* Effective 3/26/2025 Executive Director/Director of Nursing to review MARS's twice weekly x 3 months to ensure that all medication is recorded at the time of administration. Documentation to be kept. (DIRECTED: At the conclusion of the weekly audits, the executive director/director of nursing shall review at least 5 resident MAR's monthly to ensure accurate and complete medication administration documentation is present. [REDACTED] 4/16/25).

Effective 4/9/2025 monthly observations of med pass of each person who administers medication to be completed, to ensure the directions of the prescriber is being followed and recorded at the time the medications is administered, by staff person trained in medications administration or a licensed nurse. Documentation to be kept. 5 resident MARS will be included in each of the weekly audits. The home monitoring step to ensure compliance after will then do daily audits. Monthly review will be conducted at the monthly QM meeting. (DIRECTED: By 4/28/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 4/16/25).

Proposed Overall Completion Date: 04/28/2025

Directed Completion Date: 04/28/2025

Implemented [REDACTED] - 04/29/2025)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed blood glucose checks before meals and at bedtime; however, resident [REDACTED] blood glucose was not checked at 8:00am on [REDACTED]

Resident [REDACTED] is prescribed blood glucose checks 3 times daily with meals, as well as [REDACTED] ect subcutaneously 3 times daily with meals in accordance with sliding scale; however, according to resident [REDACTED]

187d - Follow Prescriber's Orders (continued)

glucometer, resident [REDACTED]'s blood glucose was not checked at 8:00am on [REDACTED]. Also, resident [REDACTED] March 2025 MAR indicates a blood glucose reading of [REDACTED] on [REDACTED] at 8:00am; however, according to resident [REDACTED] glucometer, no blood glucose check was completed at 8:00am on [REDACTED].

Resident [REDACTED] is prescribed blood glucose checks before meals and at bedtime, as well as [REDACTED] subcutaneously 4 times daily in accordance with sliding scale; however, according to resident [REDACTED], resident [REDACTED] blood glucose was not checked on the following dates/times:

- At lunch on [REDACTED]
- At lunch on [REDACTED] however, resident [REDACTED] March 2025 MAR indicates a blood glucose reading of [REDACTED] on this day and time
- At lunch on [REDACTED]; however, resident [REDACTED] March 2025 MAR indicates a blood glucose reading of [REDACTED] on this day and time

**Plan of Correction**

**Directed [REDACTED] - 04/16/2025)**

*ACTION: On 3/26/2025 a MAR audit of all current residents completed by the Executive Director/Director of Nursing to ensure that that prescribers orders are being followed. Documentation to be kept. The home next QM meeting is scheduled April 28th. Documentation of the QM review will be kept and that the QM Review will include a review of all item specified in 2600.26.*

*TRAINING: On 4/10/2025 the Executive Director, RCC and Director of Nursing was educated on regulation 2600.187d by Regional Director of Clinical Services. On 4/09/2025-4/15/2025 all Med Trained staff was educated on regulation 2600.187d by Director of Nursing. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 4/16/25).*

*ONGOING: Effective 3/26/2025 Executive Director/Director of Nursing to review MARS's twice weekly x 3 months to ensure the home is following the directions of the prescriber. Documentation to be kept.*

*Effective 4/9/2025 monthly observations of med pass of each person who administers medication to be completed, to ensure the directions of the prescriber is being followed and recorded at the time the medications is administered, by staff person trained in medications administration or a licensed nurse. Documentation to be kept. DON/RCC will review all blood sugar documentation and glucometer readings daily for 1 month then weekly thereafter for all residents prescribed blood sugar checks. Audit will begin 4/10/25 and that the documentation of the audits will be kept for 1 month.*

*Proposed Overall Completion Date: 04/28/2025*

**Directed Completion Date: 04/28/2025**

**Implemented [REDACTED] - 04/29/2025)**