

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

February 9, 2026

[REDACTED]
WHITEHALL CARE GROUP LLC
[REDACTED]

SUITE 200
[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 12/04/2025 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: WHITETAIL SPRINGS ALZHEIMER'S SPECIAL CARE CENTER
License #: 45061 **License Expiration:** 04/01/2026
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: 51 **Total Daily Staff:** 153 **Waking Staff:** 115

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 12/04/2025

Inspection Dates and Department Representative

12/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 51

Secured Dementia Care Unit

In Home: Yes **Area:** Entire Home **Capacity:** 66 **Residents Served:** 51

Hospice

Current Residents: 15

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 51
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 51 **Have Physical Disability:** 0

Inspections / Reviews

12/04/2025 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/07/2026

Inspections / Reviews *(continued)*

02/06/2026 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/06/2026
Reviewer: [REDACTED] Follow Up Type: *Bypass Document
Submission*

02/09/2026 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 02/06/2026
Reviewer: [REDACTED] Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident [REDACTED] resident-home contract, dated [REDACTED], is not signed by the resident.

Plan of Correction

Directed [REDACTED] - 02/05/2026)

2600.25(b)

The home's Business Office Director and the Community Development Director have been educated of regulation 2600.25(b) The executive director will maintain training documentation per chapter 2600.65(i) **(attached)**

Directed: The home's training record indicates the education occurred on 1/29/26. [REDACTED] 2/6/26

Resident # 1 passed away following the department's inspection, therefore resident [REDACTED]'s signature was unable to be obtained.

The home's Business Office Director has conducted an audit on 1/29/26 of current resident contracts to identify contracts with missing required signatures, to ensure immediate compliance of 2600.25 (b). **(attached)**

The homes Business Office Director, or designee will continue to audit all new resident contracts for 3 months to ensure continued compliance of 2600.25(b) audit results will be documented and corrective action will immediately be implemented if deficiencies are found. **(audit paperwork attached)**

Directed: The home's audit documentation indicated the initial new resident audit occurred on 1/15/26. The ongoing new admission audits shall occur within 24 hours of each admission. [REDACTED]. 2/6/26

The homes Executive Director or designee will conduct random quarterly audits of the homes contracts to remain compliant of 2600.25(b) results will be reviewed at the homes quality assessment meetings that are held quarterly.

Directed: The initial quarterly audit shall occur no later than 3/30/26. [REDACTED] 2/6/26

Proposed Overall Completion Date: 03/30/2026

Directed Completion Date: 03/30/2026

Implemented [REDACTED] - 02/09/2026)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.

Description of Violation

There was no residents rights training record for staff persons A and B during the 2024 calendar training year.

65g - Annual Training Content (continued)

Plan of Correction**Directed** (█) - 02/05/2026

2600.65(g)

The home's management team has been educated of regulation 2600.65(g) The executive director will maintain training documentation per chapter 2600.65(i) **(attached)**

Directed: The home's training record indicates the education occurred on 1/29/26. █. 2/6/26

To ensure immediate compliance, at the time of inspection on 12/4/26, Staff person's A and B completed a full training session of regulation 2600.65 (g) covering resident rights. Attendance records, content outlines and staff signatures have been placed in each employee's file. **(attached)**

Directed: The home's training record indicates it was held on 12/4/25. █. 2/6/26

To ensure compliance, on 1/29/26, the homes Business Office Director has conducted an audit of the homes 2025 annual training year, to ensure that all staff within the home were educated of regulation 2600.65(g) as pertains to resident rights. **(attached)**

To maintain compliance, the homes training calendar has been developed with scheduled dates of regulation 2600.65(g) that includes resident rights. **(attached)**

All newly hired staff will complete training of regulations of 2600.65(g) on the first day of orientation, Attendance records, content outlines and staff signatures will be placed in each employee's file.

Currently the home is fully compliant in accordance with regulation 2600.65(g)

Proposed Overall Completion Date: 01/30/2026

Directed Completion Date: 01/30/2026

Implemented (█) - 02/09/2026

185a - Implement Storage Procedures

3. Requirements

2600.

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

On █, at 5:56 p.m., the blood sugar reading on resident █'s glucometer indicated █. However, on the medication administration record it is documented as █

Plan of Correction**Directed** (█) - 02/06/2026

2600.185(a)

The home's Executive Director has educated the homes Health Services Director and the homes Health Service Coordinator of regulation 2600.185 (a) and the homes Policy and procedure for glucose supplies, storage and monitoring, The executive director will maintain training documentation per chapter 2600.65(i) **(attached)**

185a - Implement Storage Procedures (continued)

Directed: The home's training record indicates the education occurred on 1/29/26. [REDACTED] 2/6/26

*To ensure immediate compliance of regulation 2600.185(g), on 1/29/26, the homes Health Services Director completed an audit of the homes residents that utilize glucometers to ensure safe storage, access, security and use of each resident's personal glucometer supplies. **(attached)***

Resident #2 has passed away since the department's inspection, therefore immediate correction of regulation 2600.185(a) for resident #2 cannot be provided.

*During the Health Service Directors audit, it was identified that currently the home has only 1 resident utilizing a glucometer, a picture is attached of this resident's safe storage container for their glucometer and monitoring supplies; this storage container is locked in the medication cart. **(attached)***

*To ensure continued compliance of regulation 2600.185(g) the homes Health Services Director or designee will conduct weekly audits of the homes glucometer storage containers, to ensure compliance. Audits will be conducted weekly for 1 month, biweekly for 1 month and random for 1 month. **(attached)***

Directed: The home's initial audit documentation indicates it occurred on 1/29/26. [REDACTED] 2/6/26

Proposed Overall Completion Date: 03/30/2026

Directed Completion Date: 03/30/2026

Implemented ([REDACTED] - 02/09/2026)