

Department of Human Services
Bureau of Human Service Licensing

May 28, 2021

[REDACTED] ADMINISTRATOR
CANTERBURY PLACE
310 FISK STREET
PITTSBURGH, PA 15201

RE: CANTERBURY PLACE
310 FISK STREET
GROUND FLR AND FLRS 2,3,5,&6
PITTSBURGH, PA, 15201
LICENSE/COC#: 42949

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2021, 04/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

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RE: CANTERBURY PLACE
310 FISK STREET
GROUND FLR AND FLRS 2,3,5,&6
PITTSBURGH, PA, 15201
LICENSE/COC#: 42949

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/05/2021, 04/06/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: CANTERBURY PLACE License #: 42949 License Expiration Date: 06/17/2021
Address : 310 FISK STREET, GROUND FLR AND FLRS 2,3,5,&6, PITTSBURGH, PA 15201
County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: 4126229000 Email: [REDACTED]

Legal Entity

Name: CANTERBURY PLACE
Address: 310 FISK STREET, PITTSBURGH, PA, 15201
Phone: 4126229000 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 10/14/2016 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 31 Waking Staff: 23

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 05/06/2021

Inspection Dates and Department Representative

04/05/2021 - On-Site: [REDACTED]
04/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 78 Residents Served: 25

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Resident : 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 6 Have Physical Disability: 2

Inspections / Reviews

04/05/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/27/2021*

5/28/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/02/2021*

5/28/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

There were multiple cracks in the vinyl exposing the underlying fabric on both of resident #1's wheelchair armrests, posing a skin tear hazard.

Plan of Correction

Accept

The arm rests on the wheelchair of resident #1 were removed and replaced (see attachment A). Weekly wheelchair audits are being conducted, and if any wheelchair needs to be repaired, it will be taken out of service. Another wheelchair will be provided during any interim period. Wheelchair cleaning will occur at night. Director of Resident Care will review wheelchair audit to ensure compliance on regulation 2600.81.b. (see attachment B).

Completion Date: 05/27/2021

Document Submission

Implemented

Documents submitted on May 27, 2021

225c - Additional Assessment

1. 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, dated 8/26/20, for resident #2 does not include the diagnoses of DMII, hypokalemia, vitamin D deficiency, and acid reflux, as indicated on the medical evaluation, dated 3/26/2021.

The assessment, dated 2/25/21, for resident #3 does not include the diagnoses of depression, anxiety, and mood disorder, as indicated on the medical evaluation, dated 1/28/21.

Plan of Correction

Accept

The assessment and medical evaluation for Residents #2 & #3 have been reviewed and updated to ensure all diagnoses are listed per their medical evaluation (see attachment C/D). Director of Resident Care will review assessments and medical evaluation to ensure accuracy on all new resident admissions to maintain compliance with regulation 2600.225.c. Any non compliant form will be immediately corrected.

Completion Date 05/27/2021

Document Submission

Implemented

Documents submitted on May 27, 2021