

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

November 3, 2025

[REDACTED]
CANTERBURY PLACE
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/02/2025, 10/03/2025 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: CANTERBURY PLACE License #: 42949 License Expiration: 06/17/2026
 Address: 310 FISK STREET, GROUND FLR AND FLRS 2,3,5,&6, PITTSBURGH, PA 15201
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: CANTERBURY PLACE
 Address: [REDACTED]
 Phone: [REDACTED] 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: 16 Waking Staff: 12

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/03/2025

Inspection Dates and Department Representative

10/02/2025 - On-Site [REDACTED]
 10/03/2025 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 78 Residents Served: 11
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 11
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 5 Have Physical Disability: 1

Inspections / Reviews

10/02/2025 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/31/2025

Inspections / Reviews *(continued)*

11/03/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/03/2025
Reviewer: [REDACTED] Follow Up Type: *Bypass Document Submission*

11/03/2025 Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 11/03/2025
Reviewer: [REDACTED] Follow Up Type: *Not Required*

103g Storing Food

1. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [REDACTED] at 12:00 pm, there were 3 uncovered and undated stainless-steel trays of pumpkin bars on a tray carrier in the walk-in commercial cooler. There was also an open, unsealed and undated bag containing 6 hot dogs on a tray in the cooler.

Plan of Correction

Accept [REDACTED] 11/03/2025)

On 10/10/2025 the Dietary Director and PCHA discussed the possibility of receiving a violation of unsealed/undated food items that were found in the freezer during the inspection. Upon the findings, the dietary director covered/dated the food items prior to exit review. Education was conducted with cooks and supervisors on 10/27/2025 and the servers will be educated by 11/14/2025. Weekly audits starting 10/12/2025 thru 1/12/2026 will be done by the dietary director/designee to ensure there are no unsealed/undated food items. If items are found, dietary director will immediately correct and re-educate staff. In addition to weekly audit, the food service supervisor will conduct ongoing daily checks for proper storage of food products. Signatures on temperature logs will double and verification that freezer foods are following proper food standards. Education verification and audit tool will be kept in the Dietary Directors office.

Licensee's Proposed Overall Completion Date: 01/12/2026

Implemented [REDACTED] - 11/03/2025)

103i Outdated Food

2. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [REDACTED] at 12:15 pm, the following food items were found open, unsealed and undated in the walk-in commercial freezer:

- * 5lb bag of Gold-n-Spice breaded chicken strips.
- * A bag containing 20 veggie burgers.
- * A bag containing 12 pieces of battered cod fillets.
- * A bag containing approximately 3 dozen pieces of tilapia fillets.
- * A bag containing 25 flame broiled burgers.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

On 10/10/2025 the Dietary Director and PCHA discussed the possibility of receiving a violation of unsealed/undated food items that were found in the freezer during the inspection. Upon the findings, the dietary director covered/dated the food items prior to exit review. Education was conducted with cooks and supervisors on 10/27/2025 and the servers will be educated by 11/14/2025. Weekly audits starting 10/12/2025 thru 1/12/2026 will be done by the dietary director/designee to ensure there are no unsealed/undated food items. If items are found, dietary director will immediately correct and re-educate staff. In addition to weekly audit, the food service supervisor will conduct ongoing daily checks for proper storage of food products. Signatures on temperature logs will double and verification that freezer foods are following proper food standards. Education verification and audit tool will be kept in the

103i Outdated Food (continued)

Dietary Directors office.

Licensee's Proposed Overall Completion Date: 01/12/2026

Implemented [REDACTED] 11/03/2025)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED].

Repeat violation: [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/03/2025)

Although we are unable to go back in time to correct the evaluation date, the PCHA did obtain the DME from the physician on 10/09/2025. An audit of all current resident DME dates was conducted on 10/10/2025, all were in compliance. The audit tool will be used on going to ensure all future DME's are completed in a timely per the regulatory requirements. The PCHA/designee will reach out to the resident's physician to remind them of the time frame for the completed DME to be returned. Documented audit tool will be retained in the PCHA office.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [REDACTED] - 11/03/2025)

185a - Implement Storage Procedures

4. 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

Resident [REDACTED] is prescribed [REDACTED] apply to affected area topically as needed. for pain, remove and discard patch within 12 hours. On [REDACTED] at approximately 10:05 am, the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

The medication in question was ordered and is readily available ton the resident as needed. On 10/12/2025 the PCHA started weekly audit on 2 random residents medications to ensure compliance is being met with prescribed medications being available in the medication carts. Audit to be concluded by 01/12/2026. All medication technicians were re educated on the implementation of storage procedures and reordering of medications prior to medications running out. After the conclusion of the 3 month weekly medication audit the PCHA will conduct random monthly audits on 2 residents medications to ensure compliance continues to be met. Any medications that are found that need to be ordered will be brought to the attention of the medication technician for ordering. Documented notes will be retained in the PCHA office.

Licensee's Proposed Overall Completion Date: 01/12/2026

185a - Implement Storage Procedures (continued)

Implemented [redacted] 11/03/2025)

225c - Additional Assessment

5. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident [redacted] assessment, dated [redacted], does not include information regarding the resident's dental needs. This care need is marked "none", even though [redacted] does have [redacted] own teeth.

Plan of Correction

Accept [redacted] - 11/03/2025)

The PCHA reviewed the resident RASP in question and added an addendum that reflects the dental service need that was missing from the residents annual RASP. Each resident RASP will be reviewed to ensure resident needs are being added to the initial, annual, and significant change RASP, if something needs to be added once the RASP has been completed and addendum will be added.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/03/2025)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

A bedside mobility device was present on resident [redacted] bed; however, resident [redacted]'s most recent support plan, dated [redacted], does not include the specific need for the device, the intended use and any risks associated with the use or the resident's ability to use the device safely for the purpose it was intended.

Plan of Correction

Accept [redacted] - 11/03/2025)

The interim PCHA immediately added the addendum for the bed cane and provided it to the inspector prior to the exit review. The resident had been assessed and educated on the use, risk, and safety of using a bed cane. Upon any resident being ordered a bed cane the resident will be assessed on the residents ability to safely use the device and educated on then risks associated with having a bed cane. Documented of the assessment and education will be added to the residents RASP.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/03/2025)

227g -Support Plan Signatures

7. Requirements

2600.

227g -Support Plan Signatures (continued)

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] s support plan, dated [redacted], is not signed by the staff person who completed the plan.

Resident [redacted] did not sign [redacted] support plan, dated [redacted], and the home did not indicate if the resident was unable to sign, or if they declined to sign the support plan.

Plan of Correction

Accept [redacted] - 11/03/2025)

Upon the findings of the section not being marked that the resident refused to sign the RASP, interim PCHA marked the appropriate box. An audit was done on 10/10/2025 of all residents current RASPS to ensure compliance with proper marking/signature reflecting the review with the resident. a RASP tracking tool was developed to be used on all future RASP to reflect the proper markings when doing a RASP review with the resident. Documented audit tool will be retained in the PCHA office.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 11/03/2025)