

Department of Human Services
Bureau of Human Service Licensing

May 6, 2021

[REDACTED]
CPF LIVING COMMUNITIES - WHITEHALL LLC
2 N TAMIAMI TRAIL, 200
SARASOTA, FL 34236

RE: THE RESIDENCE AT WHITEHALL
4750 CLAIRTON BOULEVARD
PITTSBURGH, PA, 15236
LICENSE/COC#: 45021

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/08/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

April 30, 2021

██████████ CFO
CPF LIVING COMMUNITIES - WHITEHALL LLC
2 N TAMIAMI TRAIL, 200
SARASOTA, FL 34236

RE: THE RESIDENCE AT WHITEHALL
4750 CLAIRTON BOULEVARD
PITTSBURGH, PA, 15236
LICENSE/COC#: 45021

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 04/08/2021 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,

██████████

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: *THE RESIDENCE AT WHITEHALL* License #: *45021* License Expiration Date: *08/27/2021*
Address: *4750 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CPF LIVING COMMUNITIES - WHITEHALL LLC*
Address: *2 N TAMIAMI TRAIL, 200, SARASOTA, FL, 34236*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/13/2019* Issued By: *Whitehall Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *04/08/2021*

Inspection Dates and Department Representative

04/08/2021 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *46* Residents Served: *15*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *NA*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Year of Age or Older: *15*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

04/08/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/22/2021*

Inspections / Reviews *(continued)*

4/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/05/2021*

5/6/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 3/14/2021, resident #1 alleged that staff person A took \$60.00 from ■■■ bedroom while ■■■ was eating lunch. After lunch, ■■■ told staff person B. This incident was not reported to the local Area Agency on Aging until 4/8/2021, when the home was instructed to do so by an Agent of the Department.

Plan of Correction

Accept

Personal Care Home staff were trained on Abuse Reporting as stated in the Older Adult Protective Services Act on 4-20-2021 by the Personal Care Home Administrator. Record of training can be provided.

The Personal Care Home Administrator and/or their designee will immediately report all future reportable incidents to the department within 24 hours of the incident.

The Administrator and/or their designee will review any Abuse Allegations quarterly as part of the QA process.

Completion Date: 04/20/2021

Document Submission

Implemented

documentation attached -- completed 4-20-21

15b - Supervisor Plan

1. Requirements

2600.

- 15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 3/14/2021, resident #1 alleged that staff person A took \$60.00 from ■■■ bedroom while ■■■ was eating lunch. After lunch, ■■■ told staff person B. The home failed to initiate a suspension or plan of supervision for staff person A, who finished ■■■ shift on 3/14/2021 and continued to work unsupervised in the home on numerous dates, to include 3/16/2021, 3/18/2021, and 3/19/2021.

Plan of Correction

Accept

Staff Person A is not longer employed at the Residence at Whitehall as of ■■■■■■■■■■

The Personal Care Home Administrator and/or their designee will immediately suspend and/or implement a supervision plan for any future allegation of abuse.

Personal Care Home staff were trained on Abuse Reporting as stated in the Older Adult Protective Services Act and the 2600 on 4-20-2021 by the Personal Care Home Administrator.

Record of Training can be provided.

The Administrator and/or their designee will review any Abuse Allegations quarterly as part of the QA process.

Completion Date: 04/20/2021

15b - Supervisor Plan *(continued)***Document Submission****Implemented***documents attached -- completed on 4-20-21*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/14/2021, resident #1 alleged that staff person A took \$60.00 from ■■■ bedroom while ■■■ was eating lunch. After lunch, ■■■ told staff person B. This incident was not reported to the Department until 3/26/2021.

Plan of Correction**Accept**

Please see the State Reportable Incident Report and the completed Act 13, attached.

The Personal Care Home Administrator and/or their designee will immediately report all future reportable incidents to the department within 24 hours of the incident.

Personal Care Home staff were trained on Abuse Reporting as stated in the Older Adult Protective Services Act and the 2600 on 4-20-2021 by the Personal Care Home Administrator.

Record of Training can be provided.

The Administrator and/or their designee will review all state reportable incidents quarterly as part of the QA process.

Completion Date: 04/20/2021

Document Submission**Implemented***documents attached -- completed on 4-20-21*

42x - Safeguard

1. Requirements

2600.

- 42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

The home does not have a system to safeguard residents' money and property. On 3/14/2021, between approximately 12:00p.m. and 1:00p.m., resident #1 indicated \$60.00 was stolen from ■■■ bedroom drawer. The drawer has no lock and the home does not provide a lockbox or any other method for residents to safeguard their money and property.

42x - Safeguard (continued)

Plan of Correction**Accept**

The Personal Care Home Administrator has reached out to [REDACTED], Area on Aging and requested additional training on Abuse reporting - waiting on confirmation of date for training and [REDACTED], Ombudsman and requested a training on Resident Rights to be held on May 11th at 2:30pm.

On 4.19.2021 the Personal Care Home Administrator ordered ... Cabinet Locks for resident valuables. Proof of purchase can be provided . The Administrator will update the department when all lock boxes have been installed. The Personal Care Home Administrator and/or their designee will review any resident complaints regarding storage of property quarterly as part of the QA process.

Completion Date: 04/19/2021

Document Submission**Implemented**

Lock Smith came to Community on 5/5 to install Locks to Cabinets in Personal Care -- the locks that were purchased did not fit properly -- they are ordering new locks and will come back to install . I have not been given the date of installation yet due to them needing to reorder a different type of lock -- estimated date for delivery and installation s 5/26