





# Certified End Page

**CANTERBURY PLACE**

**STATE LICENSE NUMBER: 050702**

**SURVEY EXIT DATE: 01/13/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395146</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/13/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>CANTERBURY PLACE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>310 FISK STREET PITTSBURGH, PA 15201</b>		
STATE LICENSE NUMBER: <b>050702</b>				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
K 0000	INITIAL COMMENT  Facility ID# 050702 Component 01 Main Building  Based on a Medicare/Medicaid Recertification Survey completed on January 13, 2025, it was determined that Canterbury Place was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).  This is a seven story, Type II (222), fire resistive structure, with a basement and penthouse, that is fully sprinklered.	K 0000		
K 0353  SS=F		K 0353		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395146</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/13/2025</b>	
NAME OF PROVIDER OR SUPPLIER: <b>CANTERBURY PLACE</b>  STATE LICENSE NUMBER: <b>050702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>310 FISK STREET PITTSBURGH, PA 15201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
K 0353  SS=F	Continued from page 1  NFPA 101 Sprinkler System - Maintenance and Testing  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25  This REQUIREMENT is not met as evidenced by:	K 0353	The automatic sprinkler gauges dated 2019 were replaced by an outside vendor on January 20, 2025. The Director of Maintenance and the maintenance staff were educated by the Administrator on the importance of ensuring that the fire sprinkler gauges need to be tested or replaced every five years. The Director of Maintenance or designee will pre-schedule with the outside vendor to ensure the five-year test and/or replace regulation.	Completion Date: <b>02/04/2025</b> Status: <b>APPROVED</b> Date: <b>01/27/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395146</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>01</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/13/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>CANTERBURY PLACE</b>  STATE LICENSE NUMBER: <b>050702</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>310 FISK STREET PITTSBURGH, PA 15201</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
K 0353  SS=F	Continued from page 2  Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system in one instance, affecting the entire facility.  Findings include:  1. Observation on January 13, 2025, at 10:10 a.m., revealed the automatic sprinkler gauges were dated 2019 and the facility could not provide documentation that the gauges had been replaced or tested by comparison with a calibrated gauge within the last five years.  Interview with the Facility Administrator and Maintenance Director on January 13, 2025, at 10:10 a.m., confirmed the automatic sprinkler system deficiency.	K 0353		



# Certified End Page

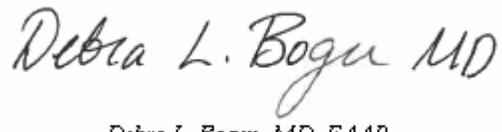
**CANTERBURY PLACE**

**STATE LICENSE NUMBER: 050702**

**SURVEY EXIT DATE: 01/13/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY