

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ROSALIE J. DAPICE

LEGAL ENTITY

To operate HENDERSON HOUSE

NAME OF FACILITY OR AGENCY

Located at P.O.B. 6363, 528-30 PRESSLEY ST, PITTSBURGH, PA 15212

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 25
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 27, 2010 until May 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430950

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 25 2010

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Rosalie J. Dapice, Owner
Henderson House
PO Box 6363
528-30 Pressley Street
Pittsburgh, Pennsylvania 15212

Dear Ms. Dapice:

As a result of the Department of Public Welfare's licensing inspection on April 19, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

Western Region

VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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06/10/2010 15:22 94125652848

NAME AND ADDRESS OF PERSONAL CARE HOME Henderson House 528-530 Pressley Street, Pittsburgh, PA 15212		CURRENT LICENSE NUMBER Adult Residential Licensing 430950	
INSPECTION DATE(S) (include all dates of the inspection) April 19, 2010		REGIONAL REPRESENTATIVE M. Orme and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rosalie J. Dapice</i>		DATE 5/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gabriel CPA</i>
		DATE 5-12-10	

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a2, 141a1 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department. 141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the	The initial medical evaluation for resident #1, admitted 07/02/09, was dated 04/13/09.	4/20/10	In the future all initial medical evaluations will be completed within the required timeframe of either 60 days prior or 30 days after admission in a monitoring system for new admissions has been put in place Admins or Designated Staff person will monitor all new admissions for correct paper work	Steps have been taken to correct violation; full compliance is not verifiable 5-12-10 Date Initials (DPW)

Western Region
MAY 10 2010

430-70 Resident #1's medical evaluation form was completed on 4/20/10, 5/2/10

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VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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05/10/2010 15:22 94129902948

NAME AND ADDRESS OF PERSONAL CARE HOME Henderson House 528-530 Pressley Street, Pittsburgh, PA 15212		CURRENT LICENSE NUMBER Adult Residential Licensing 430950	
INSPECTION DATE(S) (Include all dates of the inspection) April 19, 2010		REGIONAL REPRESENTATIVE M. Orme and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rosalie J. Depina</i>		DATE 5/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 5-12-10

1	2	3	4	5
REGULATION 55 Pa. Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
Department, within 60 days prior to admission or within 30 days after admission.				

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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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05/10/2010 15:22 94125652340

NAME AND ADDRESS OF PERSONAL CARE HOME Henderson House 528-530 Pressley Street, Pittsburgh, PA 15212		CURRENT LICENSE NUMBER Adult Residential Licensing 430950	
INSPECTION DATE(S) (include all dates of the inspection) April 19, 2010		REGIONAL REPRESENTATIVE M. Orme and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rosalie J. Dapice</i>	DATE 5/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION [Signature]	DATE 5-12-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	There was a strong odor of urine in room #300 which has a portable toilet.	4/20/10	Effective immediately the portable toilet in room #300 will be cleaned on a daily basis and monitored weekly. To ensure there is no presence of urine odor, Admin or designated Staff person will monitor room weekly.	Steps have been taken to correct violation; full compliance is not verifiable 5-12-10 [Signature] Date Initials (DPW)

Western Region

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chart was developed. Staff will initial daily activity. Documentation will be kept.

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18:02

06/23/2004

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VIOLATION REPORT PERSONAL CARE HOMES – 55 Pa. Code Chapter 2600

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05/10/2010 15:22 54125652840

NAME AND ADDRESS OF PERSONAL CARE HOME Henderson House 528-530 Pressley Street, Pittsburgh, PA 15212		CURRENT LICENSE NUMBER Adult Residential Licensing 430950	
INSPECTION DATE(S) (Include all dates of the inspection) April 19, 2010		REGIONAL REPRESENTATIVE M. Orme and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rosalie J. Dupree</i>	DATE 5/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-12-10

HENDERSON HOUSE PCH

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The vinyl seats of the third floor dining room chairs were split and missing pieces.	5/31/10	Requesting an extension for correction & completion of repair for all dining room chairs by 5/31/10. Estimate is enclosed. Admins. or designated staff per will monitor all furniture and equipment in the home weekly to be proper repair.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 5-12-10 Initials (DPW): SJ

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Adult Residential Licensing

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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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05/10/2010 15:22 9412682840

NAME AND ADDRESS OF PERSONAL CARE HOME Henderson House 528-530 Prosser Street, Pittsburgh, PA 15212		Adult Residential Licensing	CURRENT LICENSE NUMBER 430950
INSPECTION DATE(S) (Include all dates of the inspection) April 19, 2010		REGIONAL REPRESENTATIVE M. Orme and A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rosalie J. Depina</i>	DATE 5/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 5-12-10

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	There was no bedside light in room #308 There was no bedside light next to the bed in the right corner of room #300.	4/20/10	Bedside lights have been installed in both rooms (#300 & #308) Daily monitoring will be conducted of all bed rooms to ensure required lighting & furniture is in place Admins or designated staff person will monitor bedside lamps weekly	Steps have been taken to correct violation; full compliance is not verifiable 5-12-10 Date Initials (DPW) S

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New Residential Licensing

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HENDERSON HOUSE PCH

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06/23/2004

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VIOLATION REPORT PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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06/19/2010 15:22 94128652840

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rosalie J. Sapice</i>		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	
DATE 5/8/10		DATE 5-12-10	

1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (Include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
131c A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in 131a.	The kitchen did not have a fire extinguisher with a minimum 2A-10BC rating.	4/28/10	Required rating of fire extinguisher for kitchen was installed on 4/28/10. Invoice is enclosed. Admin. or designated staff person will monitor fire extinguishers weekly.	5-12-10 <i>gf</i>

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Adult Residential Licensing

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME Henderson House 528-538 Pressley Street, Pittsburgh, PA 15212		CURRENT LICENSE NUMBER Adult Residential Licensing 430950	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Rosalie J Lapue</i>	DATE 5/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	DATE 5-12-10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (13) Date and time of medication administration	The MAR sheet for resident #2, admitted 08/01/03, indicated the month of March. Administrator A said it should indicate April.	4/30/10	<i>All med sheets will be monitored monthly to ensure their correctness and completion upon receipt from the pharmacy. Admin or designated staff person will monitor MARs weekly.</i>	5-12-10 <i>g</i>

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