



MAILING DATE: MAR 10 2014

Ms. Rosalie Dapice
Henderson House
PO Box 363, 528-30 Pressley Street
Pittsburgh, Pennsylvania 15212

RE: #430950

Dear Ms. Dapice:

As a result of the Department of Public Welfare's licensing inspection on September 12, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig". The signature is fluid and cursive.

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: HENDERSON HOUSE		License Number: 43095
Address: P O B 6363 528 30 PRESSLEY ST, PITTSBURGH, PA 15212		County: Allegheny
Administrator: Marquerite Dapice		Region: WEST
Legal Entity Name: ROSALIE J DAPICE		
Legal Entity Address: PO BOX 6363 528-30 PRESSLEY ST, PITTSBURGH, PA 15212		RECEIVED
Certificate(s) of Occupancy Other 12/28/1992 City o Pittsburgh		JAN 6 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
09/12/2013: Orme, Melinda		
Off-Site Inspection Dates and Inspectors, if Applicable		
09/12/2013: Orme, Melinda		
10/01/2013: Orme, Melinda		
Other Details		
Partial or Full Triggers: n/a		Random Indicators: n/a
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 24 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 11 Have Mental Illness: 12 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 1	

Violation Report:

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 9/10/13 at approximately 8:00 AM, resident #1 was found lying on the floor of the bedroom and, according to staff, was covered with urine and feces. The resident had been lying there from approximately 11 p.m. on 9/9/13, until approximately 7:30 a.m. on 9/10/13. The resident was admitted to the hospital. The resident was diagnosed with rhabdomyolysis, a skeletal muscle breakdown from confinement in a fixed position, fall with "long lie." The resident was discharged to a skilled nursing facility for rehabilitation and physical therapy. The home has not submitted an incident report to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

On 9/10/13 Resident was sent to AGH. I called his niece [redacted] Called Dr [redacted] I talked to ER MD Dr [redacted] From A team at 3:00 PM. Dr said they were going to admit him that he had a UTI & kidney function issues, at that time I ask Dr [redacted] if [redacted] had any trauma or broken bones he said he had no broken bones or trauma. He wanted Dr [redacted] Since there was no issues of trauma or bone broken I did not send a incident report. I spoke with the hospital a few times they never gave me a diagnosis of rhabdomyolysis. If we have any similar incidents I will D.P.W for assistance of a cases to submit a incident report - IMMEDIATELY - The administrator will review all reported incidents that occur at the home and submit an incident report to the Department within the required time frames.

Repeat Violation: No

Date(s) of Previous Violation(s):

report to the Department within the required time frames.

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Dapice

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Dapice

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

3/6/14
(Date)

Plan of correction implementation status as of

3/6/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

3/6/14

Violation Report:
PCH Name: HENDERSON HOUSE

JAN 6 2014

1. REGULATION 55 Pa.Code §2600
2600.58(a) - If a home serves 16 or more residents, all direct care staff persons who are awake at all times one or more residents are present in the home.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
On 9/9/13 and 9/10/13 24 residents were present in the home. The home does not provide at least one direct care staff person who is awake from 11 p.m. to 7 a.m. On 9/10/13, at approximately 7:30 a.m., resident #1 was found on the floor of the bedroom covered with urine and feces and had been there for approximately 8 hours.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Direct Care Staff is awake between 11-7.
We have always had awake staff between those hours. We do not disturb resident by going into their bedrooms. We check in halls bathroom common areas check doors. We have posted several land lines & cell phones # in residents rooms & common areas family rooms etc.
We have had resident meetings about getting help for someone. If staff is not in that area, resident #1 roommate was fairly new. We asked him why he didn't try to get help. He stated he didn't want to bother anyone. We told him that is what the staff is there for.
Immediately - The staff of the home shall be awake at all times. The administrator will ensure that staff is awake at all times.

Repeat Violation: No
Date(s) of Previous Violation(s):
at all times

Signature of Legal Entity Representative
(Required on EVERY Page) Rosalie J Dapice

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Rosalie J Dapice owner Date 1/2/14

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The above plan of correction is approved as of 1/6/14 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 3/6/14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress JV
- Partially Implemented - Inadequate Progress
- Not Implemented

3/6/14 JW

Violation Report:

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.58(b) - If a home serves one or more but less than 16 residents with mobility needs, at least one direct care staff person shall be awake at all times residents are present in the home.

2a. DESCRIPTION OF VIOLATION

On 9/9/13 and 9/10/13, the home served 24 residents, including one resident with a mobility need. The home does not provide at least one direct care staff person who is awake from 11 p.m. to 7 a.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff is awake and available between those hours.
Usually owner or admins are on duty that shift.
When they are not other direct care staff are attached schedule for that shift

Immediately - The administrator will ensure that at least one staff person is in the home at all times and is awake at all times.

[Handwritten signature]

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice owner* Date *1/2/14*

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The above plan of correction was approved by *[Signature]* (Initials)

- Plan of correction implementation status as of 3/6/14 (Date)
- Fully Implemented
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 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report:

PCH Name: HENDERSON HOUSE

JAN 6 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.130(e) - If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

2a. DESCRIPTION OF VIOLATION

Resident #2 who has total deafness, is unable to hear the fire alarm system. The home's signaling device, to ensure that the resident is alerted in the event of a fire, is inoperable.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Stroke light was replaced 9/13/13
Staff will check light once monthly
to insure proper working condition
Invoice attached

By 4/30/14 - The administrator will observe a fire drill
during sleeping hours to ensure resident #2 is
able to identify the fire alarm using smoke expert
signaling device.

8/26/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Dapice

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Dapice owner

Date

1/2/14

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[Signature]
(Initials)

Violation Report:

PCH Name: HENDERSON HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

JAN 6 2014

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 2/8/13, does not include the health status or cognitive function of the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Admins will highlight all areas on PHE to ensure PCP will fill out all areas on forms
Will check all areas when receiving them back to PCH

Immediately - Resident #2 will have an annual medical evaluation completed and documented on the form required by the Department.

By 3/31/14 - The administration will review the medical evaluations of all residents to ensure they are completed in their entirety.

2/3/14

3/6/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Rosalie J. Dapile*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rosalie Dapile</i>	Date <i>1/2/14</i>
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(Initials)