

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 July 29, 2014 until January 29, 2015,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430951

Robert E. Robinson

ISSUING OFFICER

[Signature]

ACTING DIRECTOR

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 - 10/13



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

JUL 29 2014

Ms. Rosalie Dapice, Owner  
528-30 Pressley Street, P.O. Box 6363  
Pittsburgh, Pennsylvania 15212

RE: Henderson House  
License #: 430951

Dear Ms. Dapice:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 3, 2014, January 10, 2014, May 29, 2014 and June 10, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #430950 dated June 3, 2014 to June 3, 2015 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This **FIRST PROVISIONAL** license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated June 3, 2014 to June 3, 2015 is **NOT** reinstated upon expiration of this **FIRST PROVISIONAL** license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your **FIRST PROVISIONAL** license is enclosed.

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

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
121a	II	23	\$5	\$115	5 calendar days from mailing date of this letter
103f	III	23	\$3	\$69	15 calendar days from mailing date of this letter
225a	III	23	\$3	\$69	15 calendar days from mailing date of this letter
225c	III	23	\$3	\$69	15 calendar days from mailing date of this letter
227d	III	23	\$3	\$69	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Human Services Licensing  
Department of Public Welfare  
Room 631 Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

Ms. Rosalie Dapice

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal stroke extending to the right.

Matthew J. Jones  
Director

Enclosures  
License  
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: MARGUERITE DAPICE		Region: WEST
Legal Entity Name: ROSALIE J DAPICE		
Legal Entity Address: PO BOX 6363 528-30 PRESSLEY ST, PITTSBURGH, PA 15212		
<b>Certificate(s) of Occupancy</b> Other - PCH 12/28/1992 City of Pittsburgh		RECEIVED WEST VIRGINIA DEPARTMENT OF LICENSING Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 01/03/2014: Mandock, Nancy; Rosol, Jennifer 01/10/2014: Mandock, Nancy; Rosol, Jennifer		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 25 Number of Residents Served: 23 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 9 Have Mental Illness: 15 Have an Intellectual Disability: 2 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Division

2a. DESCRIPTION OF VIOLATION

The home rules during quiet hours, 11 PM to 7 AM, include the following:  
Residents are only permitted to leave their rooms to use the bathroom.  
If you have a roommate the lights, radio and television should all be turned off by 11:00 PM.

All residents of the home have signed off on these rules as understanding and complying with them.

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.

Residents can go into common area as long as they are quiet and don't disturb other resident.

Resident who have roommates are able to watch TV, radio or etc. if it is agreeable with each other.

Immediately the above quiet hours home rules will be removed. JJP 7-8-14

8-20-14 Ave residents and staff will be educated in the updated quiet hours home rules. JJP 7-8-14

8-20-14 All direct care staff and the administrator will receive training in resident rights, including being treated with dignity and respect from an outside source. Documentation shall be kept. JJP 7-8-14

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) *owner*      Date *3/25/14*

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

The above plan of correction is approved as of 7-8-14 (Date)

Plan of correction implementation status as of 7-8-14 (Date)

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

The above plan of correction was approved by JJP (Initials)

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, date of hire 10/1/2007, received only 8 hours of annual training in training year 1/1/13-12/31/13.

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.

PCH is working with a new Nursing Agency for Direct care staff.

All staff will be trained and make up whatever hours are missing will be made up in 2014

8-20-14 the administrator will review all staff training records at least quarterly to ensure all staff has received at least 12 hours of annual training relating to their job duties. JHP 7-8-14

Repeat Violation: No      Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner*      Date *3/25/14*

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Plan of correction implementation status as of 7-8-14 (Date)

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- Partially Implemented - Adequate Progress *JHP*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, hired 1/11/11, did not receive training in any of the required elements of this regulation since hired to include training year 1/31/13 - 12/31/13.

Direct care staff person B, date of hire 10/1/2007, did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, and emergency preparedness procedures and response to crises and emergency situations during training year 1/1/13 - 12/31/13.

Fire safety training completed for all staff 6/25/14. JJP 7-8-14

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.

All staff Direct Care and ancillary staff shall have 12 direct care annual hours and shall have training for 2600.65 annually. ancillary staff person A left employment in January 2014. JJP 7-8-14

8-20-14 the administrator will review the staff's annual training plan to ensure all required training topics in 2600.65(g) including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and response to crises and emergency situations are included. JJP 7-8-14

8-20-14 the administrator will review all staff training records at least quarterly to ensure all staff have received all required training topics in 2600.65(g). JJP 7-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner* Date *3/25/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>JJP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JJP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

On 1/3/14, 2 unlabeled and undated snack-sized plastic bags containing popcorn were found stored next to cleaning supplies and bleach in the upright storage cabinet located in the home's first floor hallway by the resident sitting room. The bottle of bleach had a manufacturer's label indicating "if swallowed contact poison control".

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.

Snacks are made up daily in morning for that evening. Home will date all snack bags. Tray with snacks are no longer kept in Hall Closet. Snacks are kept in tray and stored in back first floor kitchen area.

8-20-14 Care staff persons will be educated concerning the importance of poisonous materials being stored separately from food, food preparation surfaces and dining surfaces. Documentation shall be kept. JJP 7-8-14

8-20-14 A designated staff person will inspect the home at least 1x a week to ensure all poisonous materials are stored separately from food, food preparation surfaces and dining surfaces. JJP 7-8-14

8-20-14 The administrator will inspect the home at least 1x monthly to ensure all poisonous materials are stored separately from food, food preparation surfaces and dining surfaces. JJP 7-8-14

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/15/2013

Signature of Legal Entity Representative  
(Required on EVERY Page)

Rosalee J. Lopez

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

OWNER

Date

3/25/14

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

The above plan of correction is approved as of

7-8-14

(Date)

Plan of correction implementation status as of

7-8-14

(Date)

Fully Implemented

Partially Implemented - Adequate Progress JJP

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

JJP

(Initials)

**RECEIVED**

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

APR 01 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

**2a. DESCRIPTION OF VIOLATION**

On 1/3/14, at 10:00 AM, there were no paper towels or other sanitary means of hand drying available in the following resident bathrooms:  
 located by the first floor sitting room  
 near bedroom #207  
 near bedroom #308

**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.

Food order from Reenhart Food Service comes the first Wednesday of the month. Home was out of Paper towels. Admins will make sure home has ample amount of Paper towels for each month. 6 Rolls of paper towels are put in locked closet & Laundry Rooms. Staff was told to put a roll of towels in morning & Evening if or when needed. 8:00-11:00 A designated staff person on each shift will check all bathrooms at least 1X per shift to ensure a sanitary means of hand drying is available to all who use the bathroom. JHP 7-8-14

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie Japic*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner*      Date *3/25/14*

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

The above plan of correction is approved as of 7-8-14 (Date)  
 The above plan of correction was approved by JHP (Initials)

Plan of correction implementation status as of 7-8-14 (Date)

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

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

APR 01 2014

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair, and free of hazards.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/3/14, there was a ceramic planter, posing a tripping hazard, on the floor at the top of the stairs which lead from the second to first floor by the home's sitting room.

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.

Ceramic planter was removed 3/25/14  
 Administrator will make sure area free of any planters.

8:00-14  
 The administrator will inspect the home at least 1x per week to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. JJP 7-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Owner* Date *3/25/14*

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

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Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

**RECEIVED**

1. REGULATION 55 Pa.Code §2600  
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

APR 01 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/3/14, at 10:10 AM, the water temperature at the sink in the common resident bathroom located in the first floor hallway by the sitting room measured 124.8 degrees Fahrenheit.

On 1/3/14, at 10:15 AM, the water temperature at the sink in the resident bathroom by room # 204 measured 127.0 degrees Fahrenheit.

On 1/3/14, at 10:22 AM, the water temperature at the sink in the second floor dining room/sitting area measured 130.2 degrees Fahrenheit.

On 1/3/14, the water temperature at the sink in the bathroom next to the home's laundry room measured 134.6 degrees Fahrenheit.

On 1/3/14, the water temperature at the sink in the private resident bathroom in room # 104 measured 125.4 degrees Fahrenheit.

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 turned down H2O Tanks on 1/6/14  
 Admins will check water temp in bathrooms twice a month,

800-14 care staff persons will be educated on safe water temperatures and the risk to residents. Documentation will be kept. JJP 7-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner* Date *3/25/14*

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

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The above plan of correction was approved by <u>JJP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JJP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 1/3/14, at 10:00 AM, there was 2 inches of snow covering the exterior steps and walkway, located outside the exit door in the hallway near the first floor sitting room,.

On 1/10/14, at approximately 9:00 AM, there were multiple areas of ice on the sidewalks, located on either sides of the home between the side exit doors and the front gates.

The doormat, located outside the side exit door on the left side of the building facing the home, was covered with ice.

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 neighbor works from home agree to clear sidewalks and side yard area and side steps of each building when handy man is off. 2/15/14

8-00-14 All staff persons will be educated with regards to keeping all exit passageways clear of snow, ice or other obstructions. Documentation shall be kept. JHP 7-8-14

8-00-14 During ice and snow conditions, a designated staff person will check all exit passageways to ensure they are free and clear of ice, snow or any obstructions. JHP 7-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner* Date *3/25/14*

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The above plan of correction was approved by <u>JHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

The window coverings, in resident # 1's bedroom, do not cover the entire window when drawn and do not provide privacy for 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.

Resident window will be covered with a glossy spray paint and will provide privacy 4-10-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Rosalie J. Caspice

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

owner

Date 3/25/14

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

The above plan of correction is approved as of 7-8-14  
(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

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

The above plan of correction was approved by JSP  
(Initials)

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

APR 01 2014

1. REGULATION 55 Pa.Code §2600  
2600.103(d) - Food shall be stored off the floor.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/3/14, one box of lemonade mix packets and two boxes of fruit punch were stored on the floor in the home's kitchen.

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.

Lemonade mix was removed floor of closed 3/2/14. Staff was informed to not store any food or drinks mix in or out of box. Not to be stored on floor. Administrator will check Kitchen Area Monthly to make sure food items are stored properly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Rosalie J. Dapece

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

owner

Date 3/25/14

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

The above plan of correction is approved as of 7-8-14  
(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

APR 01 2014

1. REGULATION 55 Pa.Code §2600

2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/3/14, there was a gallon container, undated and unlabeled, identified as fruit cocktail by staff person C, stored in the metal cooler in the home's kitchen.

On 1/3/14, there was approximately 8 unlabeled and undated snack - sized plastic bags containing popcorn and potato chips near the refrigerators located in the basement level of the home.

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 was informed to cover date and identify all leftovers. All snack bag shall be dated with Sharpie.

Admins will check for dated labels on monthly check of kitchen area

§ 2014  
A designated staff will check all food storage areas daily to ensure all food items are labeled and dated. JYP 7-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner* Date *3/25/14*

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

The above plan of correction is approved as of 7-8-14 (Date)

Plan of correction implementation status as of 7-8-14 (Date)

The above plan of correction was approved by JYP (Initials)

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

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 1/3/14, there was no operable thermometer in the refrigerator compartment, and no thermometer in the freezer compartment of the white refrigerator/freezer located in the home's basement level.

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.

Thermometer was broken meter was replaced 1/7/14.  
Admin. will check refrigerator monthly for working thermometers.

8-20-14 A designated staff person will check thermometers at least weekly in each refrigerator and freezer to ensure a thermometer is present and food items are being stored at proper temperatures. Documentation shall be kept. JSP  
7-8-14

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/15/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner*      Date *3/25/14*

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

The above plan of correction is approved as of 7-8-14 (Date)

The above plan of correction was approved by JSP (Initials)

Plan of correction implementation status as of 7-8-14 (Date)

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

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.103(g) - Food shall be stored in closed or sealed containers.

APR 01 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/3/14, unlabeled food identified as rice was stored in an unsealed, undated, container marked "Utz Cheese Balls" in the home's kitchen.

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.

Rice was thrown away on 1/3/14.  
 all food shall be stored in plastic sealed labeled containers  
 Admins will check on monthly  
 Kitchen Check.

8-20-14 All staff persons will be educated in the importance of safe food storage to include all food shall be stored in closed or sealed containers. Documentation will be kept. JHP 7-8-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosalind Lopez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner* Date *3/25/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)  The above plan of correction was approved by <u>JHP</u> (Initials)	Plan of correction implementation status as of <u>7-8-14</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600  
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

APR 01 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 On 1/3/14, four bags of corn and nine bags of peas in the home's freezers were not dated.

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.

Henderson House rotates all inventory when food order comes in.

Left over food is put in front new food put in back.

Admins will make a inventory list and placed on freezer door bags will be dated with Sharpie.

Admins will make sure food is marked on inventory sheets on monthly kitchen checks

8-20-14 All staff persons involved in food storage will be educated regarding dating goods when put into the freezer. JSP 7-8-14.

8-20-14 A designated staff person will check all freezers at least weekly to ensure all goods are dated when placed in the freezer. JSP 7-8-14

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rosalee J Lapine*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner*      Date *3/25/14*

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

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The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented <i>JSP</i>

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

APR 01 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 1/10/14, the home served 23 residents, requiring a minimum of 69 gallons of emergency drinking water. However, only 48 gallons of emergency drinking water were available. The home's contract, dated 2/10/13, with Schneider's Supreme Dairy Products does not have a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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.

Letter is attached  
Schneider's Dairy will supply  
need water within a few hours of notice. JHP 7-8-14  
48 gallons of water for emergency is on site. JHP 7-8-14

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      Date  
(Required on EVERY Page)      *Owner*      *3/25/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>JHP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JHP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

Residents #2 and #3, who have mobility needs, reside on the home's second floor. That level of the home does not have a fire safe area specified in writing within the past year by a fire safety expert.

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.

*Letter is attached from a fire safety expert stating the stairwells serve as fire safe areas. JAP 7-8-14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Owner* Date *3/25/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>JAP</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>JAP</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

Per staff person D, the home's administrator, the home has not notified the local fire department in writing of the location of resident bedrooms or the assistance needed in an evacuation.

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.

Letter shall be written and submitted to local fire Dept with location & room numbers. Will keep a signed & dated copy in admin's file. 4/10/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Rosalie J Dupree

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

owner

Date 3/25/14

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

The above plan of correction is approved as of 7-8-14  
(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

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

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy.  
PCH Name: HENDERSON HOUSE

APR 01 2014

1. REGULATION 55 Pa. Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert annually. Documentation of this fire drill and fire safety inspection shall be kept.

WEST REGION FIELD OFFICE  
Human Services Center

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and fire drill observed by a fire safety expert was conducted on 7/25/13. The previous fire safety inspection and fire drill observed by a fire safety expert was conducted on 6/21/12.

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.

Some times this position of City fire Dept. has not been filed and very hard to get a appointment for fire inspection Administrator will make sure new drills & inspection for 2014 will be conducted before ~~7/25/13~~ <sup>ME JSP</sup> 7/25/14 <sup>JSP</sup>

Fire safety inspection and drill completed on 7/8/14. City 7/8/14

Repeat Violation: No      Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      owner      Date      3/25/14

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>JSP</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 7/25/13, the home's fire safety expert determined the home's designated evacuation time is 2 minutes and 33 seconds. Per the home's fire drill record, the drills conducted on the following dates exceeded the designated evacuation time:  
08/29/13 at 5:10 PM - 2 minutes and 42 seconds  
11/17/13 at 9:56 AM - 2 minutes and 45 seconds

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.

*Letter from Fire Safety Expert attached*

*The home's fire safety expert has determined the home's designated evacuation time is 4 minutes. JJP 7-8-14*

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)      *owner*      Date      *3/25/14*

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

The above plan of correction is approved as of 7-8-14 (Date)

Plan of correction implementation status as of 7-8-14 (Date)

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

The above plan of correction was approved by *JJP* (Initials)

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

Per the home's most recent inspection by a fire safety expert, completed 7/25/13, the home does not have fire safe areas. The home's designated meeting place is outside of the building and across the street by the mailbox. Per resident interviews, residents do not always exit the building during each fire drill but instead meet by the front door.

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.

Letters attached from Pittsburgh Fire Dept  
& Pittsburgh Building Inspector  
stating fire safe areas.

Resident will leave building and meet  
at designated meeting area across  
the street at mailbox for every drill.

Admins will make sure residents  
meet at meeting place for monthly drills

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)      *Rosalie J. Lapice*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      *owner*      Date      *3/25/14*

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

The above plan of correction is approved as of 7-8-14  
(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

The above plan of correction was approved by *ASD*  
(Initials)

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

RECEIVED

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

APR 01 2014

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation, dated 3/2/13, for resident # 2 , does not include an evaluation of the resident's health status or cognitive functioning. These areas were left blank.

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 DMF and check each form after Doctors fill out Admins will make sure all areas are filled out on proper forms.  
 8-20-14 the administrator will check all residential records to ensure a current medical evaluation is completed and present in each residents' record including the health status and cognitive functioning. JHP 7-8-14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		Rosalie J Depere	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		owner	Date 3/25/14

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

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The above plan of correction was approved by <u>JHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

APR 01 2014

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/3/14 and 1/10/14, only a one week menu, which was undated, was posted on the bulletin board located on the first floor in the hallway by the sitting room and on the refrigerator in the home's kitchen.

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 make <sup>sure JSP</sup> menus shall be available + posted in both areas menu for week in advance and current weeks

8-20-14 the administrator will check weekly to ensure a current menu for that week, and a menu for the following week, are posted one week in advance in a conspicuous and public place in the home.

JSP  
7-8-14

Repeat Violation: No      Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      owner      Date 3/25/14

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JSP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, who administers medications to residents of the home, indicated he/she administers medications by the following process: filling individual labeled medication cups for multiple residents, placing the cups on a tray and administering the medications to multiple residents of the home, and then returning to the home's medication administration record (MAR) to document the medication administration.

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.

8-30-14 See Staff Person's Administration of Medications under education on Regulation 2600.182(c). Documentation also be kept. JHP 7-8-14

Medication Closet was purchased and placed in 2nd floor Denning all medication & MARs for resident on 2nd & 3rd floor will be kept locked in Denning Rooms. First floor medication free whole Bin of medication & MARs are kept on tray medication bin will be taken down to first floor medication removed from bottle put in Med cup given to resident. MAR to be marked by Med-tech after each individual resident receives medication.

8-30-14 Same procedure for 2nd & 3rd floor the administrator will observe medication administration at least 1x for all staff administering medication to ensure the procedures in 2600.182(c) are being followed. JHP 7-8-14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Owner* Date *3/25/14*

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

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The above plan of correction was approved by <u>JHP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JHP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident # 4, admitted 8/19/13, was completed on 9/17/13. The initial assessment does not include the resident's diagnoses of hypertension as listed on the resident's initial medical evaluation, dated 8/17/13. Resident #4's assessment indicates the resident is independent in managing finances; however, per staff person D, the home's administrator, resident # 4 uses the services of a representative payee to assist with his/her finances.

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 make sure all residents diagnoses are all marked on forms  
Any resident who have payee shall be marked on forms.  
Even if resident handles own personnel needs allowance.

Admins will check over resident bill when finished to make sure all areas on forms are filled out correct.

8-20-14 (see administrative designated staff person who reviewed all current resident assessments for accuracy and completion including all diagnoses and financial management. POC 7-8-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/15/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J. Joseph*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *owner* Date *3/25/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u><i>ASD</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>ASD</i> <input type="checkbox"/> Not Implemented

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

APR 01 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The annual assessment, dated 11/12/13, indicates resident # 5 is assessed as independent in managing finances; however, per staff person D, the home's administrator, resident # 5 uses the services of a representative payee to assist with his/her finances.

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 make sure all residents who have payee are marked on Support Plan

8-30-14

The administrator or designated staff person will review all resident assessments for accuracy and completion including financial management. JSP 7-8-14

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/15/2013

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Rosalie J. Cooper

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

Owner

Date 3/25/14

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

The above plan of correction is approved as of

7-8-14  
 (Date)

Plan of correction implementation status as of

7-8-14  
 (Date)

The above plan of correction was approved by

JSP  
 (Initials)

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

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

RECEIVED

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment. APR 01 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The assessment, dated 3/3/13, for resident #2 indicates the resident has minimal mobility needs requiring limited physical or oral assistance ~~to~~ to evacuate in an emergency. The medical evaluation, dated 3/2/13, for resident #2 diagnoses includes autistic disorder and mental retardation. However, per interviews with staff, resident #2 requires total oral assistance to evacuate in an emergency.

The annual assessment, dated 7/5/13, for resident #3 indicates the resident is independent, having no mobility needs and able to evacuate independently in an emergency. However, the annual medical evaluation, dated 6/24/13, for resident #3 indicates the resident has a diagnosis of deafness. Resident #3 is unable to hear the fire alarm when activated.

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.

*Resident #2's assessment was updated to state moderate mobility needs. JSP 7-8-14*  
*Admin will make sure resident will meet correct mobility needs evaluated that resident needs total oral assistance to evacuate. Resident shall be leaving in next few months. Resident evacuates every time fire alarm goes off. Admin conducts the drills & sees her evacuate. Admin will make sure resident will meet as meeting place. JSP 7-8-14*  
*8-20-14 the administrator will review all current resident assessments to ensure an accurate assessment of the resident's mobility needs are addressed. JSP 7-8-14*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J. Lopez*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie*      Date *3/25/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JSP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2014

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
 PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 3/13/13, for resident # 2 indicates the resident has a need for some physical assistance with personal hygiene, managing health care, securing healthcare, securing and using transportation, and caring for personal possessions; and also has a need for total physical assistance with making and keeping appointments. However, the support plan, dated 3/3/13, for resident # 2 does not document how these needs will be met.

The assessment, dated 9/17/13, for resident #4 includes a diagnosis of borderline intellectual functioning. However, the resident's support plan, dated 9/17/13, does not include the home's plan to meet the resident's care needs associated with this diagnosis.

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 make sure when filling out support plans that residents needs that are checked, Admins will write the residents care needs associated with that diagnosis

Resident #4's assessment was updated to include all required information. JJP 7-8-14

Resident #2's annual assessment was completed on 3-3-14 to include all required information. JJP 7-8-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/15/2013	
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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) *Owner* Date *3/25/14*

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

The above plan of correction is approved as of <u>7-8-14</u> (Date)	Plan of correction implementation status as of <u>7-8-14</u> (Date)
The above plan of correction was approved by <u><i>JJP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <i>JJP</i> <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43095 - 01/03/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

APR 01 2014

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26) WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The resident record for resident # 3, admitted 7/5/10, contains an undated photograph of the resident.

The resident record for resident # 5, admitted 11/12/10, contains a photograph of the resident that is dated 11/10.

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.

All Resident had new photos taken placed dated 3/15/14 and put in residents files.

Admins will make sure photos are taken every other year dated & placed in file

8-20-14 the administrator will review all resident records to ensure all records include the required contents including a resident photograph that is no more than 2 years old. JSP 7-8-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Roxelle J Lapice

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

owner

Date 3/25/14

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

The above plan of correction is approved as of 7-8-14  
(Date)

Plan of correction implementation status as of 7-8-14  
(Date)

The above plan of correction was approved by JSP  
(Initials)

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

**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: MARGUERITE DAPICE		Region: WEST
Legal Entity Name: ROSALIE J DAPICE		
Legal Entity Address: PO BOX 6363 528-30 PRESSLEY ST, PITTSBURGH, PA 15212		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> Other 12/28/1992 City of Pittsburgh		JUN 05 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Interim, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
05/29/2014: Mandock, Nancy; Flinner-Alman, Lisa		
06/10/2014: Mandock, Nancy; Flinner-Alman, Lisa		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 25 Number of Residents Served: 23 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 12 Have Mental Illness: 15 Have an Intellectual Disability: 2 Have a Mobility Need: 2 Have a Physical Disability: 1	

Violation Report: 43095 - 05/29/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 5/29/14, the trash can in the 3rd floor kitchen was uncovered. Approximately 1/3 of the can was filled with trash.

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.

Spoke with staff. They informed me that lid was on trash can, but it was not completely covered. Informed staff that lid should be completely covered after every use.

When I do weekly kitchen check I will make sure lid is covered correctly.

8-20-14 All staff persons will be educated on keeping trash receptacles covered. Documentation of training will be kept. JHP 7-8-14

8-20-14 A designated staff person will check all trash receptacles in the kitchens and bathrooms on a daily basis to ensure the receptacle is covered. JHP 7-8-14

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 7/2/14

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

The above plan of correction is approved as of

7-8-14  
(Date)

Plan of correction implementation status as of

7-8-14  
(Date)

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

The above plan of correction was approved by

JHP  
(Initials)

Violation Report: 43095 - 05/29/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

WEST VIRGINIA HEALTH OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 5/29/14, approximately 14 bags of trash that were not contained in a covered trash container were observed outside near the home's front porch.

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.

Trash shall be placed out side in covered Garbage Cans, 7/1/14

8-20-14 One staff person will be educated on the need to keep trash covered and the risks of unsanitary living conditions. Documentation will be kept. JSP 7-8-14

8-20-14 A designated staff person will check the home daily for 3 weeks to ensure that any trash outside the home is kept in covered receptacles. JSP 7-8-14

8-20-14 The administrator will check the home weekly for 4 weeks to ensure that any trash outside the home is kept in covered receptacles. JSP 7-8-14

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J. Depice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie Depice* OWNER      Date *7/2/14*

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

The above plan of correction is approved as of 7-8-14 (Date)

The above plan of correction was approved by JSP (Initials)

Plan of correction implementation status as of 7-8-14 (Date)

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

Violation Report: 43095 - 05/29/2014 - Mandock, Nancy  
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Inspector

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The pre-admission screening form for resident #1, admitted 3/1/14, is dated 3/20/14.

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 made mistake she filled out forms on 2/20/14 and marked 3/20/14.

Admins shall have DCs check over paper work to ensure all areas are filled out & correct date are marked on forms.

8/20/14 (the administrator will create a new admission documentation tracking system to ensure that the Department's preadmission screening form is completed within 30 days prior to admission. JHP

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/15/2013

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 *7/2/14*

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

The above plan of correction is approved as of 7-8-14 (Date)

The above plan of correction was approved by JHP (Initials)

Plan of correction implementation status as of 7-8-14 (Date)

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

Violation Report: 43095 - 05/29/2014 - Mandock, Nancy

PCH Name: HENDERSON HOUSE

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident record for resident #1, admitted 3/1/14, does not include a photograph 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.

Resident has photo in file 7/1/14  
Admins will ensure pictures in all resident files shall be placed in file within 15 days.

8/20/14 The administrator will review all resident records to ensure all records include the required contents including a resident photograph that is no more than 2 years old.

JHP  
7-8-14

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 *7/2/14*

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

The above plan of correction is approved as of 7-8-14 (Date)

The above plan of correction was approved by JHP (Initials)

Plan of correction implementation status as of 7-8-14 (Date)

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