



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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 March 10, 2015 until March 10, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430950

Robert E. Robinson
ISSUING OFFICER

Matthew J. [Signature]
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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 10 2015

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

RE: Henderson House
License #: 430950

Dear Ms. Dapice:

As a result of the Department of Human Services' licensing inspection on December 4, 2014 and January 22, 2015 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Enclosures
License
License 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: Margurite 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 Personal Care Res. 12/28/1992 City of Pittsburgh		FEB 03 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal, Provisional		
On-Site Inspections Dates and Department Representatives On-Site		
12/04/2014: Williams, Jason; Phillips, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
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: 15 Are 60 Years of Age or Older: 9 Have Mental Illness: 15 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43095 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

FEB 23 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home's current provisional license, issued on 7/29/14, was not posted in the home. The regular license, valid 6/3/14-6/3/15, and revoked on 7/29/14, was posted outside the 3rd floor dining 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.

License was posted Dec 6 2015
Licenses will be posted in both areas
1st & 2nd Floor will be posted by admin

what is
step 2 of
POC?

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* Date *1/28/15*

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

The above plan of correction is approved as of *2/25/15*
(Date)

Plan of correction implementation status as of *2/25/15*
(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 - 12/04/2014 - Williams, Jason

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 8/8/14; however, the contract was signed by the administrator on 8/10/14, and signed by the resident on 8/15/14.

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.

Resident went to visit [redacted] family and was unavailable to sign Resident Contract
Admins will ensure all new admits get signed within 24 hrs.

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

Date 1/28/15

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The above plan of correction is approved as of

2/25/15
(Date)

Plan of correction implementation status as of 2/25/15
(Date)

The above plan of correction was approved by

RD
(Initials)

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

Violation Report: 43095 - 12/04/2014 - Williams, Jason

1/28/2015

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION

The contract, dated 6/1/14, for resident #2, who receives SSI, indicates that the resident will retain \$60 monthly for the personal needs allowance. The current personal needs allowance is \$85 per month.

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 contract was change to 85.00 on 12/4/15. Admins checked all other signed + unsigned contracts had the appropriate amount 12/15/15.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice* Date *1/28/15*

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The above plan of correction is approved as of 2/25/15 (Date)

Plan of correction implementation status as of 2/25/15 (Date)

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

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

Violation Report: 43095 - 12/04/2014 - Williams, Jason

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 4/25/14, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry.

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 person A is no longer employed at Henderson the last day 1/25/15.
 New hire policy shall be. New hires shall have Back Ground checks on line Competency test and diploma or GED. Need 2 New Hires Received all 3 documents before they were hired
 Immediately -
 Staff person A will work only on ancillary tasks while employed with the home.

J 2/25/15
 By 3/31/15 - The administrator will review the educational documents of all current staff persons to ensure that a copy of their high school diploma, - GED diploma or active registration on the PA Nurse Aid registry is present in their record.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
<i>Rosalie J Depile</i>	<i>2/25/15</i>

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Rosalie J Depile</i>	<i>1/28/15</i>

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

The above plan of correction is approved as of <u>2/25/15</u> (Date)	Plan of correction implementation status as of <u>2/25/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43095 - 12/04/2014 - Williams, Jason

FEB 05 2015

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

The glass on the left side of the third floor laundry room window was cracked from top to bottom.

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.

Broken pane was removed plastic sheeting placed on window for winter window will be replaced in spring by 4/25/15.

By 3/31/15 - The administrator will monitor the physical site of the home at least monthly, to ensure all items, including windows, are in good repair. Items needing repair will be fixed promptly. 2/25/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie Papice* Date *1/28/15*

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Plan of correction implementation status as of 2/25/15 (Date)

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

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

Violation Report: 43095 - 12/04/2014 - Williams, Jason

FEB 03 2015

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At 10:08 a.m., the hot water temperature at the sink in the second floor bathroom on the 530 Pressley Street building measured 130.4 degrees Fahrenheit.

At 2:05 p.m., the hot water temperature at the sink in the first floor bathroom near the bulletin boards measured 134.0 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.

Plumber installed Safety Valve on the 3 sinks. So temp will not exceed 120°
Admins will check Temperatures 3 times a month for 3 months, and keep Documentation.

Administrator will monitor hot water temperatures at least every two weeks thereafter. Documentation will be kept.

By 3/15/15 - All staff persons will be educated on safe hot water temperatures and the scalding hazard of high hot water temperatures.

2/25/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/03/2014	
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Signature of Legal Entity Representative (Required on EVERY Page) *Rosalie J Papice*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Papice* Date *1/28/15*

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Plan of correction implementation status as of 2/25/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 43095 - 12/04/2014 - Williams, Jason

PCH Name: HENDERSON HOUSE

1/23/15

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in room 204 of the 530 Pressley Street building does not have any of the required emergency telephone numbers posted nearby.

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.

Emergency # were placed in room 204 on 12/15/15.

Jason check room on 1/22/15. Admins will ensure any new admits with phone in room will have emergency # placed next to phone.

By 3/15/15 - all staff persons will be reeducated on this requirement.

By 3/31/15 - The administrator or designee will monitor the home at least monthly, to ensure emergency phone numbers are posted nearby all telephones with an outside line.

2/25/15

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 Dapice

Date 1/28/15

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Plan of correction implementation status as of 2/25/15 (Date)

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

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

Violation Report: 43095 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

FEB 25 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no source of lighting that can be turned on/off from bedside, for the bed in the first bedroom to the right of the entrance on the first floor. The push-light on the wall was 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.

Resident kept removing lamp from night stand to put [redacted] laptop computer there. Spoke with resident on 12/16/15. Resident put lamp back & [redacted] said he would not remove it again. Jason checked lamp on 1/22/15. Lamp was on night stand.

Immediately - Administrator will consult with residents who do not want a bedside lamp to explore alternatives such as a flashlight or lighting on the wall, that the resident can use independently -

3/16/15

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

Date

1/28/15

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The above plan of correction is approved as of

2/25/15
(Date)

Plan of correction implementation status as of

2/25/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 43095 - 12/04/2014 - Williams, Jason

PCH Name: HENDERSON HOUSE

FEB 5 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.102(d)(1) - Toilet and bath areas must have grab bars, hand rails or assist bars.

2a. DESCRIPTION OF VIOLATION

There is no grab bar, hand rail or assist bar, for the shower in the first floor bathroom near the bulletin boards.

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.

Grab bar was installed 12/10/15.
Jason check for bar on 1/22/15.
Grab bars are in all other bathrooms

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Papice

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

Rosalie Papice

Date 1/28/15

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

The above plan of correction is approved as of 2/5/15
(Date)

Plan of correction implementation status as of 2/21/15
(Date)

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

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

Violation Report: 43095 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

FEB 23 2015

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

There was a cooking thermometer in the "resident freezer" in the basement. This thermometer cannot accurately measure the freezer temperature, as the temperature range on the thermometer is 100 - 600 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.

Thermometer was replaced 1/22/15.
Someone put wrong thermometer; I check them twice a month and 1-15-15 ~~the~~ correct thermometer was documented.
I will continue to check thermometers twice ^{at least weekly} a month and keep documentation. JD
2/25/15

By 3/31/15 - The administrator or designee will monitor all refrigerators and freezers in the home to ensure a thermometer is present in each and temperatures are safe - under 40°F for refrigerators and 0°F for freezers. Temperatures will be monitored by staff at least once daily.

JD
2/25/15

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/03/2014

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie Papice* Date *1/28/15*

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The above plan of correction is approved as of 2/25/15 (Date)

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

Plan of correction implementation status as of 2/25/15 (Date)

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

Violation Report: 43095 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

FEB 04 2015

1. REGULATION 55 Pa.Code §2600

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a large frozen turkey thawing in the utility sink in the basement boiler room. The turkey was not in cold water and it was warm to the touch.

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.

The Turkey was for my own personal family. My daughter was home & we later for Thanksgiving.
In future I will defrost in refrigerator or in my own apartment. Turkey was large & I put it in Laundry Tub.

By 3/15/15 - all staff will be educated on safe food thawing procedures.

J
2/25/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie Papice* Date *1/28/15*

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Plan of correction implementation status as of 2/25/15 (Date)

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

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

FEB 23 2015

Violation Report: 43095 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION

The following was found in the basement boiler room:

- A plastic milk crate and a container of windshield washer fluid were on top of the furnace and a plastic bucket, mop, and a cat litter container were on the floor, within 1 inch of the left side of the furnace.

- Three large sheets of plywood were stored on the floor, approximately 1 inch from the base of the hot water tank.

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 items were removed 12/5/15 put blue
making tape all around furnace & basement
outletting ~~that~~ that no items of any
kind will be placed inside of tape.
Pictures are attached
will check twice a month Keep documentation.

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 Date 1/28/15

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

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(Date)

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

Plan of correction implementation status as of 2/25/15
(Date)

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

Violation Report: 43095 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
The fire extinguisher in the basement boiler room had no inspection tag.

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.

Abcs missed extinguisher was replace 1/16/15
Jason observed new ticket on 1/22/15

The administrator will ensure that all fire extinguishers are inspected, approved and tagged with the date of inspection, annually.

2/25/15

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

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

Printed Name and Title of Legal Entity Representative *Rosalie Papice* Date *1/28/15*
(Required on EVERY Page)

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(Date)

Plan of correction implementation status as of 2/25/15
(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 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

FEB 08 2015

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

According to staff person C, the administrator, during the fire drill conducted on 11/30/14 at 8:16 p.m., not all of the residents evacuated outside of the home or to one of the internal fire safe areas designated in writing by the home's fire safety expert on 7/9/14. Residents went to the front door 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.

It was raining that day. I will have all resident go across to Mail Box or fire safe areas. Had a night drill 1/31/15. All residents went to fire safe areas. Future drill will be in fire safe area or at Mail Box across the Street.

Immediately - All staff and residents will be instructed on location of designated evacuation meeting place(s) and the requirement that a full evacuation must occur for each fire drill. Documentation of training will be kept.

Fire drill also conducted on 2/24/15 at 1:39 p.m. All residents evacuated to the designated meeting place.

2/24/15

2/25/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/03/2014

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 Dapice

Date

1/28/14

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

The above plan of correction is approved as of

2/25/15
(Date)

Plan of correction implementation status as of

2/25/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

FEB 28 2015

Violation Report: 43095 - 12/04/2014 - Williams, Jason

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(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 Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on 7/15/14; however, the medical evaluation was conducted on 5/2/14.

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 will make sure all future admits that DME + MA 51. Have proper dates on those that paperwork will be 60 days prior or 30 after admission.

4 new residents were admitted since 12/4/14 and all had medical evaluations completed within the required time frame.

2/25/15

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)

Rosalie Lapice

Date

1/28/15

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

The above plan of correction is approved as of

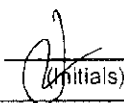
2/25/15
(Date)

Plan of correction implementation status as of

2/25/15
(Date)

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

The above plan of correction was approved by


(Initials)

Violation Report: 43095 - 12/04/2014 - Williams, Jason

PCH Name: HENDERSON HOUSE

FEB 06 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION

The preadmission screening, dated 8/2/14, for resident #1, was not completed on the current standardized form required by the Department.

The preadmission screening, dated 6/17/14, for resident #3, was not completed on the current standardized form required by 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.

Received new Screening 12/4/15.
Disposed of all old paper work. Have had 3 new
admits since. New forms are in Resident file
[redacted] observed on 1/22/15.
Will check on line quarterly that Admin
has all proper forms.

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

Date

1/28/15

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

The above plan of correction is approved as of

2/25/15
(Date)

Plan of correction implementation status as of

2/25/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 43095 - 12/04/2014 - Williams, Jason
PCH Name: HENDERSON HOUSE

WEST REGION 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

There was no inventory of personal belongings in the record of resident #3, admitted on 7/15/14.

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.

Inventory list was placed in resident #3 file on 1/4/15.
checked all other file for inventory sheets 1/10/15.
Admins will ensure that all future records have all proper paper work.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/03/2014	05/29/2014
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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 Dapice* Date *1/25/15*

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

The above plan of correction is approved as of <u>2/25/15</u> (Date)	Plan of correction implementation status as of <u>2/25/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>3</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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

Page 1 of 3

PCH Name: HENDERSON HOUSE		License Number: 43095
Address: P O B 6363 628 30 PRESSLEY ST, PITTSBURGH, PA 15212		County: Allegheny
Administrator: Margurite Dapice		Region: WEST
Legal Entity Name: ROSALIE J DAPICE		
Legal Entity Address: PO BOX 6363 628-30 PRESSLEY ST, PITTSBURGH, PA 15212		
Certificate(s) of Occupancy Personal Care Res. 12/28/1992 L&I		FEB 24 2015 MISSOURI DEPARTMENT OF SOCIAL SERVICES LICENSING
Staffing Hours		
Resident Support: 0	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Provisional, Interim		
On-Site Inspection Dates and Department Representatives On-Site 01/22/2015: Williams, Jason; Breuer, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
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: 15 Are 80 Years of Age or Older: 11 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

FEB 24 2015

Page 2 of 3

Violation Report: 49096 - 01/22/2015 - Williams, Jason	
PCH Name: HENDERSON HOUSE	
1. REGULATION 85 Pa.Code §2800 2800.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	
2a. DESCRIPTION OF VIOLATION The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable. On 12/31/14, the fire alarm was inoperable.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Had Staff meeting 2/23/15 on procedures implemented when fire alarm is inoperable attached Emergency procedure, including fire watch procedures and contact information for the alarm company</p> <p style="text-align: right;"><i>[Signature]</i> 2/25/15</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Rosalie J Dapice</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rosalie J Dapice</i>	Date <i>2/23/15</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>2/25/15</u> (Date)	Plan of correction implementation status as of <u>2/25/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED Page 3 of 3

Violation Report: 43095 - 01/22/2015 - Williams, Jason
PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2000
2000.132(a) - An unannounced fire drill shall be held at least once a month.

FEB 24 2015

WEST REGIONAL FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home did not conduct an unannounced fire drill during the month of December 2014.

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 insure fire drill shall be held every month. If alarm is not working shall be fixed within 48 hrs. Fire drill will be held after alarm system is repaired. Fire alarm was repaired on 1/26/15.

J
2/20/15

Fire drills conducted on 1/24/15 at 3:12 PM, on 1/31/15 at 12:43 a.m. and 2/24/15 at 1:39 p.m. All residents evacuated to the designated meeting place.

J
2/20/15

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 Date 2/23/15

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

The above plan of correction is approved as of 2/23/15 (Date)

Plan of correction implementation status as of 2/23/15 (Date)

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

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