



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 18, 2016

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

RE: Henderson House
430950

Dear Ms. Dapice:

As a result of the Department of Human Services' licensing inspection on January 29, 2016, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: HENDERSON HOUSE		License Number: 43095
Address: P O B 6363 528 30 PRESSLEY ST, PITTSBURGH, PA 15212		County: Allegheny
Administrator: MARGUERITE 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 Reside 12/28/1992 City of Pittsburgh		APR 08 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/29/2016: Flinger-Alman, Lisa; Knee, Donald		
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: 26 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	Number of Residents who: Receive Supplemental Security Income: 9 Are 60 Years of Age or Older: 11 Have Mental Illness: 17 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 43095 - 01/29/2016 - Flinner-Alman, Lisa
PCH Name: HENDERSON HOUSE

APR 08 2016

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At 10:30 a.m., there was approximately a 1" light brown substance that appeared to be feces smeared on the back of the toilet seat and approximately a 7" by 1/4" light brown substance that appeared to be feces smeared on the front of the toilet bowl in the 1st floor bathroom.

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. Bathroom cleaned on 1/29/16. On 4/28/16

at the start of each shift staff members will clean all bathrooms on this floor to maintain sanitary conditions 4/4/16

By 5/31/16 - A designated staff person, daily and on each shift, will monitor the home, including all bathrooms, to ensure sanitary conditions are maintained.

[Signature]
4/28/16

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 *4/4/16*

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

The above plan of correction is approved as of 4/28/16 (Date)

Plan of correction implementation status as of 4/28/16 (Date)

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

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

Violation Report: 43095 - 01/29/2016 - Flinner-Alman, Lisa

PCH Name: HENDERSON HOUSE

APR 08 2016

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

At approximately 9:40 a.m., an agent of the Department observed resident #1's medications on a paper towel on the resident's desk. Resident #1 was sitting at the desk and staff person A, who administered the medications, was not present and did not ensure that resident #1 took the medications.

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 cannot take medication all at once; [redacted] cannot pick it out of medication cup [redacted] empties it out on to flat surface so [redacted] can grasp it.

Staff member walked for a few seconds. There was another resident who was calling. She came back in a few seconds and watched her take her medication. She spoke to staff that day about walking away. Now walks away while resident is taking medication.

We are having a Quality Management meeting this week. I will go over Training and make staff sign off on Training.

By 5/23/16 - The administrator will observe each staff person who administers medication complete a medication pass to ensure proper procedure are followed. O yhe/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dapice owner* Date *4/4/16*

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

The above plan of correction is approved as of <u>4/28/16</u> (Date)	Plan of correction implementation status as of <u>4/28/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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 - 01/29/2016 - Flinner-Alman, Lisa
PCH Name: HENDERSON HOUSE

APR 08 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

There was a bottle of Vitamin D3 1000 IU and 31 loose Tylenol tablets in an Altoid tin on the bedside table, and a tube of Cortizone 10 anti-itch cream on the left side of the entertainment center in resident #1's 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.

Resident are told when I tour them and they move in that they are not permitted any OTC Vitamin or Aspirin. Resident after go to Giant Eagle across the street and purchase these items. on 4/28/16 medications were put in locked area. Staff member or Admins will check residents room once a month for over the counter drugs. and keep documentation. Immediately - All medications, including OTC medication will be locked.

4/28/16
4/15/16

4/28/16

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 *4/14/16*

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Plan of correction implementation status as of 4/28/16 (Date)

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- Not Implemented

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

APR 08 2016

Violation Report: 43095 - 01/29/2016 - Flinner-Alman, Lisa
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 support plan, dated 1/5/16, for resident #1, does not address how the home will meet the resident's needs relating to the diagnosis of advanced glaucoma as indicated on the resident's assessment, dated 12/30/15.

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.

Files are filled out by Admins
after file is done Admins will have
another staff member to review it.
To ensure all diagnosis and residents
paperwork is properly filled out. 4/5/16

The support plan for resident #1 was updated
to include how the home will meet the resident's
vision needs related to glaucoma diagnosis.

By 5/31/16 - The administrator or designee
will review the support plans of all current
residents to ensure all service needs are
included.

4/12/16

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

4/4/16

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The above plan of correction is approved as of

4/20/16
(Date)

Plan of correction implementation status as of

4/28/16
(Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)