



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 25 2016

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

RE: Henderson House
License #: 430950

Dear Ms. Dapice:

As a result of the Department of Human Services' annual licensing inspection on March 25, 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 "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: Henderson House		License Number: 43095
Address: PO Box 6363, 628-30 Pressley Street, Pittsburgh, PA 15212		County: Allegheny
Administrator: Marquerite Dapice		Region: WEST
Legal Entity Name: Rosalie J Dapice		
Legal Entity Address: PO Box 6363, 528-30 Pressley Street, Pittsburgh, PA 15212		
Certificate(s) of Occupancy Other 12/28/1992 City of Pittsburgh		RECEIVED MAY 20 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0 Total Daily Staff: 20 Waking Staff: 15		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/25/2016; Flinner-Alman, Lisa; Bedford, Katie		
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: 20 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: 10 Have Mental Illness: 15 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

MAY 20 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43095 - 03/25/2016 - Flinner-Alman, Lisa
PCH Name: Henderson House

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

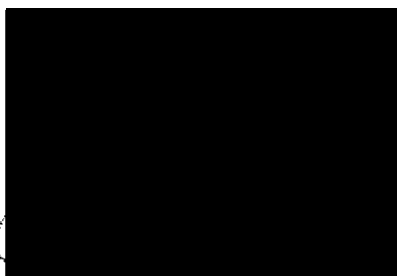
2a. DESCRIPTION OF VIOLATION

At 2:02pm, there was feces splattered, covering an area 2' x 5', in the rear of the toilet bowl in the third floor bathroom in the hallway near the laundry 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.

Meals signed off that beginning and ending of each shift bathrooms are to be cleaned and checks so sanitary condition shall be maintained



5/16/16

Immediately the administrator or designee will monitor the home daily to ensure sanitary conditions are maintained.

JL 5/16/16

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 J Depice

Date

5/16/16

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

The above plan of correction is approved as of

5/16/16
(Date)

Plan of correction implementation status as of

5/16/16
(Date)

The above plan of correction was approved by

(Initials)

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

MAY 20 2016

Violation Report: 43095 - 03/25/2016 - Flinner-Alman, Lisa
PCH Name: Henderson House

WEST REGION FIELD OFFICE
Human Services Licensing

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 numbers for local emergency management and for the personal care home complaint hotline were not posted on or by the to the telephone in the second 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.

IMMEDIATELY - ALL STAFF PERSONS WILL BE REEDUCATED ON THIS REQUIREMENT. 3/26/16
Emergency # were placed by phone on pictures attached. IMMEDIATELY - A DESIGNATED STAFF PERSON WILL MONITOR ALL PHONES WITH AN OUTSIDE LINE WEEKLY TO ENSURE EMERGENCY NUMBERS REMAIN POSTED.



Repeat Violation: Yes Date(s) of Previous Violation(s): 12/04/2014

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 J Dapice* Date: *5/16/16*

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

The above plan of correction is approved as of *6/1/16* (Date).

Plan of correction implementation status as of *6/7/16* (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 - 03/25/2016 - Flinner-Alman, Lisa
PCH Name: Henderson House

MAY 20 2016

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.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 2:04 pm, the temprature in the first floor kitchen freezer measured 5 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.

I keep several extra thermometers at PCH
let was replaced 3/25/16
Admins will check all thermometers twice monthly
& document

Immediately - A designated staff person will
monitor that thermometers are present in all
refrigerators and freezers at least weekly to
ensure food is stored at safe temperatures.

6/5/16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/04/2014

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 J Depice

Date 5/16/16

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5/16/16
(Date)

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5/16/16
(Date)

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[Signature]
(Initials)

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Violation Report: 43095 - 03/25/2016 - Flinner-Alman, Lisa
PCH Name: Henderson House

MAY 20 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

The home did not conduct an unannounced fire drill during the month of September 2015.

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.

Clerical Error describe wrong date
we have unannounced fire drills every month

Unannounced fire drills conducted on 2/27/16, 3/26/16 and 4/23/16.

Immediately - The Administrator will observe fire drills in July, August and September 2016, and review the fire drill record at least monthly thereafter, to ensure unannounced fire drills are conducted monthly.

6/2/16

Repeat Violation: N7 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 5/16/16

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

The above plan of correction is approved as of 6/7/16 (Date)

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

Plan of correction implementation status as of 6/7/16 (Date)

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

MAY 30 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43095 - 03/25/2016 - Flinger-Alman, Lisa
PCH Name: Henderson House

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

During the fire drill on 12/29/15, there were 17 residents in the home; however, the fire drill record indicates that only 16 residents were evacuated to a public thoroughfare or to the designated fire safe area.

During the fire drill on 1/30/16, there were 19 residents in the home; however only 17 residents were evacuated to a public thoroughfare or to the designated fire safe area.

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.

attached is copy of 2015 fire log. There were 17 resident in home at time 17 evacuated we count resident going out & coming when 11/30/16 two resident were not feeling well did not participate.
all my residents evacuate every month.

Immediately - Residents who do not participate in fire drills will be counseled privately regarding the need to participate. Documentation will be kept.

Summedately - all staff will be reeducated on this requirement.

The administrator will observe fire drills in July, August and September 2016, to ensure all residents evacuate, and thereafter the administrator will review the fire drill record monthly to ensure compliance

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 J Depice

Date

5/16/16

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(Date)

Plan of correction implementation status as of

6/7/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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- Not Implemented

MAY 20 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43095 - 03/25/2016 - Flinger-Alman, Lisa
PCH Name: Henderson House

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

No fire drills during sleeping hours have been conducted since 7/31/15

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.

will have AM Fire Drill by 5/26/16.
will have next AM Fire drill by 11/30/16
will flag calendar for remainder 2x year
for AM Drill

A sleeping hours fire drill was conducted on 5/6/2016
5/21/16 at 6:44 a.m.

The administration will ensure unannounced
sleeping hours fire drills will be conducted every
6 months.

[Signature]
6/1/16

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

Date

5/16/16

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6/7/16
(Date)

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6/7/16
(Date)

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[Signature]
(Initials)

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- Not Implemented

Violation Report: 43095 - 03/25/2016 - Flinner-Alman, Lisa
PCH Name: Henderson House

WEST REGION FIELD OFFICE
Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION
It was unclear if the menus were current due to the dates being absent.

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.

Menus were dated 3/26/16.
Pictures are attached.

Immediately - The administrator or designee will monitor menus at least weekly to ensure a current, and upcoming week menu, dated, is posted in the home,

6/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Dupice* Date *5/16/16*

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

<p>The above plan of correction is approved as of <u>6/16</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>6/16</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 43095 - 03/25/2016 - Flinner-Alman, Lisa
PCH Name: Henderson House

MAY 20 2016

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The March 2016 medication administration record (MAR) for resident #1 does not include a diagnosis or purpose for Hydroxyzine, 25mg.

The March 2016 MAR for resident #2 does not contain a diagnosis or purpose for Doxycycline, 100mg.

The February 2016 MAR for resident #4 does not include a diagnosis or purpose for Levothyroxine, 25mg; and Lostartan, 50mg

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.

Administrator will go over all MARs at end of month with Pharmacy, Administrator shall check all MARs before sending to designated area where we keep the MARs still.

Also, immediately - The administrator will review MARs upon delivery from pharmacy to ensure they include all required information, including the diagnosis or purpose for each medication.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rosalie J Dapier

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

Rosalie J Dapier

Date 5/16/16

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The above plan of correction is approved as of

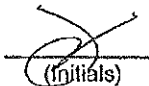
6/7/16
(Date)

Plan of correction implementation status as of

6/7/16
(Date)

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

The above plan of correction was approved by


(Initials)

MAY 20 2016

Violation Report: 43095 - 03/25/2016 - Finner-Alman, Lisa
 PCH Name: Henderson House

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Numerous February 2016 MARs do not include initials of staff administering medications on several dates to include 2/20 and 2/27 as follows:

Resident #2's 8 AM dose of the following medications:

Folic Acid, 1mg; Carvedilol, 12.5mg; Venlafaxine ER, 150mg; Aspirin, 81mg; Magnesium Oxide, 400mg; Vitamin D3, 1,000units; Gabapentin, 100mg; Isosorbide Mononitrate, 30mg; Fondaparinux, 2.5mg/0.5ml

Resident #2's 8PM dose of the following medications:

Carvedilol, 12.5mg; Gabapentin, 100mg; Melatonin, 3mg; Trazodone, 50mg

Resident #3's 8AM dose of the following medications:

Metoprolol, 50mg; Vit D3, 1,000; Gabapentin, 100mg, Carbamazepine, 200mg; Benzotropine, 1mg.

Resident #3's 8PM dose of the following medications:

Atorvastatin 40mg at 8pm; Metoprolol 50mg; Gabapentin, 100mg; Carbamazepine, 200mg; Quetiapine 400mg; Benzotropine, 1mg, Lithium, 300mg

Resident #4's 8AM dose of the following medications:

Levothyroxine, 25mg; Aspirin 81mg; Losartan, 50mg; Calcium + Vit D3 50mg

Resident #4's 8PM dose of the following medications:

Risperidone, 1mg; Atorvastatin, 10mg; Sertraline, 100mg

Resident #5's 8AM dose of the following medications:

Sertraline 100mg at 8am; Ibuprofen, 800mg; Simvastatin, 20mg; Ferrous Sulfate, 325mg; Ranitidine, 150mg; Loratadine, 10mg; Toviaz, 8mg

Resident #5's 8PM dose of the following medications: Trazodone, 50mg; Ibuprofen, 800mg

Resident #2's March 2016 MARs do not include initials of staff administering medications for Fentanyl 75mcg Patch on 3/08 and 3/17.

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.

See Page 12 of 12

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

5/16/16

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6/7/16
 (Date)

Plan of correction implementation status as of

6/7/16
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

[Handwritten mark]

Violation Report: 43095 - 03/25/2016 - Flinner-Alman, Lisa
PCH Name: Henderson House

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

The above plan of correction was approved by


(Initials)

Partially Implemented - Inadequate Progress

Not Implemented

Med Techs were educated on how important to mark MARS as prescribed by Doctor. anywhere from 1 to 4x per day
Mars are marked after each daily dose taken
Mars are marked per resident.
Medication Resident 1 Mars marked per Resident 1
Mars are to be marked everyday 3 or 4 times per day.
Administrator will check Mars at end of each week. Documentation shall be kept. 5/20/16
We shall have 4 Mars Training per year in place of two.
Documentation in staff file.



5/16/16

