



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 07 2017

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 December 15, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
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 PRESS LEY 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		
Certificate(s) of Occupancy Other 12/28/1992 City of Pittsburgh		<b>RECEIVED</b>  JAN 31 2017  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
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 12/15/2016: Garrigan, Laurie; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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: 12  Are 60 Years of Age or Older: 10  Have Mental Illness: 17  Have an Intellectual Disability: 0  Have a Mobility Need: 0  Have a Physical Disability: 0

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION  
At 10:15a.m., the resident privacy coding document, to include names of residents #1 and #2, was attached to the licensing inspection summary, dated 3/25/16, which was posted on the 1st floor hallway bulletin board.

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.

Pages were removed during inspection  
~~12~~ 115 ltr.

Admin. shall remove all pages with Resident & Staff names before pasting current POC

Immediately, then weekly thereafter: A designated staff person shall inspect the home to ensure all resident information is stored in an area that is locked. § 51517

Within 7 days of receipt of the plan of correction: All staff members shall be educated on the importance of maintaining confidentiality and the requirement that all resident information shall be stored in an area that is locked. § 51517

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 1/23/17  
Rosalie Dopice

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The above plan of correction is approved as of 5/5/17 (Date)  
The above plan of correction was approved by R (Initials)  
Plan of correction implementation status as of 5/5/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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Page 3 of 14

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, completed only 22 hours of annual training during the 2015 training year.

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

The administrator completed 24 hours of annual training during the 2016 training year. *[Signature]* 5/5/17

Immediately: The administrator shall develop and implement a training schedule to ensure he/she completes at least 24 hours of annual training related to the job duties during each established training year. *[Signature]* 5/5/17

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 *1/23/17*

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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 <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

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

2a. DESCRIPTION OF VIOLATION

At 11:10 a.m., there were 2 uncovered urinals on the dresser in bedroom # [redacted]. Both urinals contained a small amount of a yellowish substance, as well as numerous stains on the inside and on the handles of the urinals.

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 was informed that [redacted] was not able to keep urinals in room if [redacted] did not keep them cleaned.

Resident said that [redacted] was not going to use them any more, [redacted] gave them to [redacted] sister to take.

Admins will check bi-monthly to insure he is not using them.

Immediately, then weekly thereafter: A designated staff person shall inspect the home to ensure sanitary conditions are maintained. *[Signature]*  
5/5/17

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 Dapice* Date *1/23/17*

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(Date)

Plan of correction implementation status as of 5/5/17  
(Date)

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

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

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

At 9:45 a.m., the 3rd floor kitchen was locked and unattended; however, 2 of the 6 burners of the commercial gas stove were on. Staff person B indicated the burners were on to keep the kitchen warm.

The grab bar in the 2nd floor common shower was broken on the right side and was hanging down approximately 9".

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 by admin, never to turn burners on unattended. Staff must be present in kitchen when burners are on at all times. Staff education was completed on 12/17/16. \$515/17

Immediately, then weekly thereafter: A designated staff person shall inspect all furniture and equipment to ensure it is in good repair, clean and free of hazards. \$515/17

Grab Bar was replaced 12/17/16  
Picture attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Depice* Date *1/23/17*

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JAN 31 2017

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
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

At 11:30 a.m., a thin layer of snow and ice was present on the outside deck and the 3 steps off the emergency exit near bedroom #202. Also, 4 piles of dog feces were on the outside deck.

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.

When maintenance staff is off and immediately remove snow and ice from side exit & front walk way Admin will also be responsible for removing dog feces daily from yard Admin has been cleaning yard on daily basis  
12/16/16 P 5/5/17

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* Date *1/23/17*

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JAN 01 2017

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
 PCH Name: HENDERSON HOUSE

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

Resident #3's bedside lamp was inoperable. No other source of light which could be turned on/off at bedside was present.  
 Resident #4's bedside lamp was inoperable. No other source of light which could be turned on/off at bedside was present.

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 # 3 bulb was replaced 12/15/16  
 Resident # 4 lamp was plugged into a different outlet 12/15/16.  
 Staff was reminded to change bulbs when needs.  
 Staff signed off on change light bulbs

Immediately, then weekly thereafter: A designated staff person shall inspect all resident bedrooms to ensure each resident has an operable lamp or other source of lighting which can be turned on/off at bedside.

*[Signature]*  
 5/5/17

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 *1/23/17*

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

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

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Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

WEST BERNHARD COUNTY 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

At 10:25 a.m., the temperature in the basement refrigerator was 44 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 ~~was~~ turned down refrigerator, because milk was freezing. Turned up Refrigerator at beginning of inspection when they left freezer thermo was at 40°. Admins will check all freezers and Refrig. twice a month, and keep documentation.

Immediately, then daily thereafter: A designated staff person shall inspect all refrigerators and freezers to ensure an operable thermometer is present and each refrigerator is at or below 40°F and each freezer is at or below 0°F. Documentation of the checks shall be kept. 5/5/17

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/25/2016

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

1/23/17

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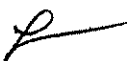
The above plan of correction is approved as of

5/5/17  
(Date)

Plan of correction implementation status as of

5/5/17  
(Date)

The above plan of correction was approved by

  
(Initials)

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

JAN 31 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600

2600.108 - Firearms, weapons and ammunition shall be permitted on the licensed premises of a home only when the following conditions are met:

- (1) Firearms and weapons shall be contained in a locked cabinet located in a place other than the residents' room or in a common living area.
- (2) Ammunition shall be contained in a locked area separate from firearms and weapons, and located in a place other than the residents' room or in a common living area.
- (3) The key to the locked cabinet containing the firearms, weapons and ammunition shall be in the possession of the administrator or a designee.
- (4) The administrator or a designee shall be the only individual permitted to open the locked cabinet containing the firearms and weapons and the locked area containing the ammunition.
- (5) If a firearm, weapon or ammunition is the property of a resident, there shall be a written policy and procedures regarding the safety, access and use of firearms, weapons and ammunition. A resident may not take a firearm, weapon or ammunition out of the locked cabinet into living areas.

2a. DESCRIPTION OF VIOLATION

At 11:10 a.m., an open, 4 inch switch blade knife was on the night stand in bedroom #209. The home's policy does not permit firearms or weapons.

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. was unaware that resident had knife in room. I explained to resident that it was considered a weapon, and [redacted] would have to remove it. [redacted] called [redacted] sister and she removed it from the home. 12/20/16

Immediately: the administrator shall notify all residents that firearms and weapons are not permitted in the home in accordance with home rules. Documentation shall be kept.

5/5/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Rosalie J Depice
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Rosalie J Depice	Date	1/23/17
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Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie PCH Name: HENDERSON HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600  
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION  
The door to the emergency exit near bedroom #202 sticks and was difficult to open by an agent of 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.

*Maintenance staff was informed.  
Doors shall be sprayed 1 a month  
with WD-40 Documentation will be  
kept began 12/17/16*

*Immediately, the weekly thereafter: A designated staff person shall  
inspect all stairways, hallways, doorways, passageways and  
egress routes from rooms and from the building to ensure  
they are unlocked and unobstructed.*

*S/S/17*

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) <i>Rosalie Dapice</i>	Date <i>1/23/17</i>
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The above plan of correction was approved by <u><i>L</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>L</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

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  
Residents and staff indicated they were notified in advance of the fire drill which occurred on 11/30/16 at 1:18 a.m.

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

Residents are never informed of Monthly Fire Drills. Resident over heard admins telling staff that <sup>she</sup> was having a nightly drill. Resident told other residents about fire drill.  
I am present for all Monthly Drills I will never inform residents.

Marguerite Dapice

Immediately: All staff persons shall be re-educated on fire drill procedures, including the only person who should have advanced knowledge of the fire drill is the person conducting the fire drill. Documentation shall be kept. *[Signature]*  
5/5/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/25/2016
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Rosalie J Dapice		1/23/17

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The fire drill record for the drill conducted on 8/24/16 only indicates "pm" and does not include the actual time of the fire drill.

**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.

*Admission will ensure that all information is filled out correctly. will double check for dates times etc.*

*Fire drills conducted from January 2017 through March 2017 are documented on the home's fire drill record, to include the actual times of the drills. 1/15/17*

*Immediately: A designated staff person shall inspect the home's fire drills monthly to ensure all items specified in 2600.132c are present on the fire drill records.*

*1/15/17*

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 J Papice*

Date

*1/23/17*

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

The above plan of correction is approved as of

*1/15/17*  
(Date)

Plan of correction implementation status as of

*1/15/17*  
(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 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

- 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 November 2016 and December 2016 medication administration records for resident #4 do not include the diagnosis or purpose for, "Terbinafine-250 mg tablet-Take one by mouth daily".

**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. Talked to owner of Pharmacy. He is to check all meds before sending to PCH Admins shall check them when they come to PCH and Train the Trainee shall recheck them when they are sent up to med cabinets*

*12/20/16*

*Immediately: All staff persons qualified to administer medications shall be re-educated on medication administration record contents specified in 2600.187a to include a diagnosis or purpose for each medication. Documentation of education shall be kept. 1/5/17*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/25/2016	
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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 *1/23/17*

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<p>The above plan of correction is approved as of <u>1/5/17</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>1/5/17</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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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 43095 - 12/15/2016 - Garrigan, Laurie  
PCH Name: HENDERSON HOUSE

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident #4's most recent photo is dated "10/14". The resident was admitted to the home on [redacted] 14.

Resident #5's photo is undated so it is unable to be determined if it is no more than 2 years old. The resident was admitted to the home on [redacted] 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 ensure pictures are replaced every 2 years and dated  
Staff member will check files to ensure admin did so.  
New pictures & Dates were updated in resident files on 1/10/17

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 *1/23/17*

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

The above plan of correction is approved as of 5/5/17 (Date)  
The above plan of correction was approved by [Signature] (Initials)  
Plan of correction implementation status as of 5/5/17 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented