



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2018

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

RE: Henderson House
Certificate #: 430950

Dear Ms. Dapice:

As a result of the Department of Human Services' annual licensing inspection on December 12, 2017, 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.

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, appearing to read "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 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		
Certificate(s) of Occupancy Other 12/28/1992 City of Pittsburgh		RECEIVED JAN 23 2018 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		
On-Site Inspections Dates and Department Representatives On-Site 12/12/2017: Hoover, Josh; Barry, Courtney		
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: 11 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	

JAN 23 2018

Violation Report: 43095 - 12/12/2017 - Hoover, Josh
PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in close proximity to the gas oven and stove on the 3rd floor.

The Influenza Awareness Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness Act.

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.

Smoke Detector / Carbon Monoxide
was installed in 3rd floor dining Room 1/16/18
Influenza Awareness Poster was put up Board
1/12/18

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 *1/18/18*

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

The above plan of correction is approved as of 1/24/18
(Date)

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

Plan of correction implementation status as of 1/23/18
(Date)

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

Violation Report: 43095 - 12/12/2017 - Hoover, Josh
PCH Name: HENDERSON HOUSE

WEST REGIONAL HEAD 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

Hot water temperature in areas of the home accessible to residents exceeded 120 degrees Fahrenheit as follows:
First Floor Bathroom: 143.1 degrees Fahrenheit
Kitchen: 155.1 degrees Fahrenheit
2nd Floor dining room: 163.4 degrees Fahrenheit
2nd floor central bathroom: 163.4 degrees Fahrenheit
2nd floor bathroom near stairway: 155.6 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.

Hot water tanks were turned down 11/21/17.
Will keep a log of temperature they will be taken 1 a week and placed in log book
if we have any further trouble with temperature exceeding 120° I will call plumber and get regulators installed.
Immediately - Hot water temperatures will be measured at various times per day. The log will indicate the date and time of temperatures.

[Signature]
1/24/18

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)		Date	<i>1/18/18</i>
<i>Rosalie J Dapice</i>			

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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 - 12/12/2017 - Hoover, Josh
PCH Name: HENDERSON HOUSE

WESTINGTON FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
The home currently serves 24 residents requiring a minimum of 72 gallons of drinking water for a 3-day emergency supply. However, there were only 45 gallons of emergency drinking water on-site and the contractual agreement with Giant Eagle, dated 2/10/2015, does not indicate a delivery timeframe or a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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

Home purchased more water
we have 16 5 gallon containers 80 gallons
1/15/17

All staff will be educated on this requirement and
the home will replace any water as it is used.

[Signature]
1/24/18

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)		Date	<i>1/18/18</i>
<i>Rosalie J Dapice</i>			

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JAN 28 2018

Violation Report: 43095 - 12/12/2017 - Hoover, Josh
PCH Name: HENDERSON HOUSE

WEST VIRGINIA STATE OFFICE
Human Services Licensing

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
The most recent sleeping hours fire drill was conducted on 5/27/2017.

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.

Fire Drill was conducted 12/30/17 6:30 AM
will conduct AM Fire drill for 2018
6/18 12/18

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 1/18/18

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Violation Report: 43095 - 12/12/2017 - Hoover, Josh

PCH Name: HENDERSON HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 2/25/2017 is does not include a mobility assessment or an indication of whether or not the resident's immunization history is current.

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.

upon receiving medical Evaluation for resident admin shall check over all forms and also PCS member shall also go over to make sure medical forms are completely filled out properly

A new medical evaluation for resident #2 will be completed by 2/25/18.

[Signature]
1/24/18

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 *1/18/18*

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Violation Report: 43095 - 12/12/2017 - Hoover, Josh

JAN 23 2018

PCH Name: HENDERSON HOUSE

WEST PENNSYLVANIA 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 Prednisone 20 mg containing 1 tablet unlocked, unattended, and accessible on the night stand of resident #4'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 stays over [redacted] Mother's House
Fri - Wednesday when [redacted] came home
[redacted] did not returned medication to Med
Tech.

Resident was informed a signal of on
when returning to home to go first then
return medication to med ~~to~~ tech.

Immediately - all staff persons will be instructed
to ask resident for medications upon return
to home if resident hasn't given them
to staff.

[Handwritten Signature]

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

1/18/18

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(Date)

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Violation Report: 43095 - 12/12/2017 - Hoover, Josh
PCH Name: HENDERSON HOUSE

JAN 23 2018

NORTH REGIONAL FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION


The Toujeo Solostar insulin pen for resident #3 is not dated as to when it was opened.

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.

med techs were told by admin
that all insulin pens are to be dated
when opened 1/10/18

Immediately - The administrator or designee will
monitor the medications, including insulin, to
ensure all that need date opened indicated are
dated.


1/24/18

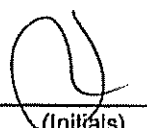
Repeat Violation: No Date(s) of Previous Violation(s):

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rosalie J Depina* Date *1/18/18*

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Violation Report: 43095 - 12/12/2017 - Hoover, Josh
PCH Name: HENDERSON HOUSE

PENNSYLVANIA 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 December 2017 medication administration record (MAR) for resident #3 indicates that the resident receives Toujeo insulin for a diagnosis of pain; however, the insulin is for diabetes.

Resident #5 is ordered Amlodipine 5mg, 1 tab by mouth daily, Loratadine 10mg, 1 tab by mouth daily, and Famotidine 20mg, 1 tab twice a day; however, these medications are not incidated on the resident's December 2017 MAR.

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.

Upon receiving MARS we will go over no medication with pharmacy upon receiving MARS Admin shall check for errors. And med techs will also go over MARS. if any medication needs added on Train then trained shall write there in. MARS are, now corrected for residents, #3 and #5.

*PL
1/24/18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/15/2016		
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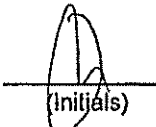
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(Required on EVERY Page) *Rosalie J Papice*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rosalie J Papice* Date *1/18/18*

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