



MAILING DATE: May 20, 2019

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's Bureau of Human Services Licensing inspection on March 27, 2019, of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *HENDERSON HOUSE*

License Number: *430950*

Address: *P O B 6363 528 30 PRESSLEY ST, PITTSBURGH, PA 15212*

County: *ALLEGHENY*

Region: *WESTERN*

Administrator

Name: *Marguerite Dapice*

Phone: *4122310350*

Email:

Legal Entity

Name: *ROSALIE J DAPICE*

Address: *PO BOX 6363, 528-30 PRESSLEY ST, PA, 15212*

Certificate(s) of Occupancy

Type: *Other*

Date:

Issued By:

Type: *Other*

Date: *12/28/1992*

Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *19*

Waking Staff: *14*

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: *Complaint*

Inspection Dates and Department Representative

03/27/2019 - On-Site: Michael Marini

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25*

Residents Served: *19*

Secured Dementia Care Unit

In Home:

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *19*

Number of Residents Who:

Receive Supplemental Security Income: *7*

Are 60 Years of Age or Older: *16*

Diagnosed with Mental Illness: *11*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *0*

Have Physical Disability: *0*

MAY 14 2019

127a - Portable Space Heaters

Western Region

Regulations

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

Resident #1's was using a portable electric space heater in his bedroom on numerous occasions, including on 2-28-19.

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 and Resident were advised that portable heaters are not allowed in building
Staff and Resident signed off
Documentation will be kept

Immediately: A designated staff person shall inspect the home daily to ensure portable space heaters are not present in the home.

JM
5/15/19

Legal Entity Representative

5/9/19

Rosalie J Dapice
Signature

Rosalie J Dapice
Printed Name and Title

Date

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The above plan of correction is approved as of 5/15/19
(Date)

Plan of correction implementation status as of 5/15/19
(Date)

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

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

225c - Additional Assessment

Western Region

Regulations

2600.
225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident #2 fell in the home in January and February 2019; however, these falls are not indicated on the resident's most recent assessment, dated 2-19-19.

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 has a problem with alcohol and does not tell us when she falls. Had a meeting with case worker & staff. She was told to alert us of any falls in or out of R.H. and also no alcohol is permitted in building. Staff shall document any falls on Support Plan and assessment, and inform admin.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments for accuracy and completion, including if the resident is a fall risk. JN 5/15/19

Immediately: The home shall develop and implement a system to ensure resident assessments are immediately updated as resident care needs change. JN 5/15/19

Legal Entity Representative

Rosalie J Dapice (Signature) Rosalie J Dapice (Printed Name and Title) 5/9/19 (Date)

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The above plan of correction is approved as of 5/15/19 (Date) Plan of correction implementation status as of 5/15/19 (Date)
The above plan of correction was approved by JN (Initials)
[] Fully Implemented
[] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented

227d - Support Plan Medical/Dental

Western Region

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 receives support services from Mon Yough Community Services; however, these services, and frequency of services, are not indicated on the resident's most recent support plan, dated 2-19-19.

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.)

After admin's does annual Support Plan will have Direct Care Staff member go over the support Plan, to make sure all information is recorded.

Within 5 days of receipt of the plan of correction: A designated staff person shall review all current resident support plans for accuracy and completion, including documentation of all services the resident is receiving. JH 5/15/19

Immediately: The home shall develop and implement a system to ensure resident support plans are immediately updated as resident care needs change. JH 5/15/19

Legal Entity Representative

Rosalie J Lapice

Signature

Rosalie Papice 5/9/19

Printed Name and Title

Date

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The above plan of correction is approved as of

5/15/19

(Date)

Plan of correction implementation status as of

5/15/19

(Date)

The above plan of correction was approved by

JH

(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

252 - Record Content

Western Region

Regulations

2600.

252.3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The most recent photograph in resident #2's record was taken in February 2017.

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 updated pictures where put in files as of March 2019
Photos will be updated annually

Legal Entity Representative

Rosalie J Lopez
Signature

Rosalie J Dapice 5/9/19
Printed Name and Title Date

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The above plan of correction is approved as of 5/15/19
(Date)

Plan of correction implementation status as of 5/15/19
(Date)

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

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