



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to FAVERS RESIDENTIAL CARE HOME INC  
LEGAL ENTITY

To operate FAVERS RESIDENTIAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 574 TEECE AVENUE, PITTSBURGH, PA 15202  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 14  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 5, 2019 until November 5, 2020,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449130**

Robert E. Robinson  
ISSUING OFFICER

[Signature]  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



November 5, 2019

Ms. Nanci Favers  
Administrator  
Favens Residential Care Home, Inc.  
574 Teece Avenue  
Pittsburgh, Pennsylvania 15202

RE: Favens Residential Care Home, Inc.  
Certificate #:449130

Dear Ms. Favers:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 2, 2019 and September 16, 2019, of the above facility, the violations 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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, appearing to read "Kevin Hancock", is written over a light blue horizontal line.

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosures  
License  
Violation Report

## Violation Report

### Facility Information

Name: *FAVERS RESIDENTIAL CARE HOME*  
Address: *574 TEECE AVENUE, PITTSBURGH, PA 15202*  
County: *ALLEGHENY*                      Region: *WESTERN*

License Number: *44913*

### Administrator

Name: *Jaime Butler*                      Phone: *4127662814*                      Email: *FAVERSRCH@COMCAST NET*

### Legal Entity

Name: *FAVERS RESIDENTIAL CARE HOME INC*  
Address: *574 TEECE AVENUE, PITTSBURGH, PA, 15202*

### Certificate(s) of Occupancy

Type: *R-4*                      Date: *02/04/2010*                      Issued By: *Borough of Bellvue*

### Staffing Hours

Resident Support Staff:                      Total Daily Staff: *11*                      Waking Staff: *8*

### Inspection

Type: *Full*                      BHA Docket #:                      Notice: *Unannounced*  
Reason: *Provisional*

### Inspection Dates and Department Representative

*07/02/2019 - On-Site: Desmond Grace, Barbara Barone*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *14*                      Residents Served: *11*

#### Secured Dementia Care Unit

In Home: *No*                      Area:                      Capacity:                      Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *10*                      Are 60 Years of Age or Older: *3*  
Diagnosed with Mental Illness: *10*                      Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0*                      Have Physical Disability: *0*

## 18 - Compliance With Laws

## Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.


## Description of Violation

The Influenza Awareness Act, effective July 2016, states that "Each facility shall ensure that the required influenza information is posted in a public place in the facility year-round." However, the home does not have a copy of the influenza awareness poster posted in a public place.

On 7/1/19, at 8:00 a.m. and 12:00 p.m., staff person A independently prepared and served meals to residents in the home. However, the staff person is not ServSafe certified as required by the Allegheny County Department of Health.

## 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 Attachment 2a  9/6/19

## Legal Entity Representative

Nanci Favers  
Signature


Nanci Favers owner  
Printed Name and Title

8-21-19  
Date

## DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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


18

Staff Audit complete. Printed and posted Influenza poster placed on dining room wall visible to all on day of inspection 07/02/19.

Administrator or Designated person will check wall posters monthly.

Administrator has set up staff person A to complete servsafe certification immediately completed on 08/28/19

Administrator revised Orientation checklist. No new hires will be cleared to work independently without completing and passing the approved servsafe certification Once completely passed, Administrator will sign off and place in employee file.

During the next quality management plan review and evaluation and ongoing-The home will place an increased emphasis on these plans of correction and take action to ensure knowledge of and compliance with all applicable Federal, State and local laws, ordinances and regulations as specified in 2600.18  9/6/19

Completed By: Nanci Favers

Page 2 of 20 Violation

2600.18

Nanci Favers  
9-30-19

51 - Criminal Background Check

Regulations

2600.


51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff person B, hired on 4/13/19 and direct care staff person C, hired 4/1/19, did not have criminal background checks completed.

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 Attachment 3a  9/6/19

Legal Entity Representative

  
Signature


Nanci Favers owner  
Printed Name and Title

07/12/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

FAVERS RESIDENTIAL CARE HOME  
CERTIFICATE # 449131  
FAVERSRCH@COMCAST.NET  
412 766 2814

Favers Res. Care Home started but did not finish Training & Orientation for DCS person B. DCS person C had an out dated criminal background check. Unacceptable.

Favers Res. Care Home has created an online PATCH ACCOUNT with State Police of PA. Favers Res. Care Home has completed a criminal background check for DCS person B, and DCS person C. [ see attachment ] I Nanci Favers have designed a training & orientation check off sheet [ see attached] that will make sure all old and new employees will have everything needed to be in compliant with regulations.

Administrator Nanci Favers will complete training & orientation with each new employee's within the timeline allowed and check all old employee's files and will monitor yearly during evaluations.

Completed By: Nanci Favers Administrator Date: 07/12/2019

Page 3 of 20 Violation 2600.51

Nanci Favers  
9-30-19

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:


- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation


Direct care staff person C, hired on 4/1/19, has worked more than 40 hours in the home. However, this staff person did not complete training on the following topics: Mandatory reporting of abuse and neglect under the Older Adult Protective Service Act and Reporting of reportable incidents and conditions.

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 Attachment 4a  6/6/19

Legal Entity Representative

  
Signature

Nanci Favers owner 08-20-19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19 Plan of correction implementation status as of 9/16/19  
(Date) (Date)

The above plan of correction was approved by  (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

FAVERS RESIDENTIAL CARE HOME

CERTIFICATE # 449131

FAVERSRCH@COMCAST.NET

412 766 2814

DCS person C has completed the orientation on mandatory reporting of abuse and neglect & reporting of reportable incident and condition on date 07/05/2019.

Immediately, the administrator or designated staff person will review all staff records in the home to ensure all staff have completed trainings in accordance with §2600.65(b) <sup>9/6/19</sup>

Administrator Nanci Favers has created a Training & Orientation check off sheet [ see attached ] that will make sure all employee's will have all training needed to be in compliant with regulations at allowed timeline.

Administrator Nanci Favers will recheck all new employee files before start date.

Completed By: Nanci Favers Date: 07/05/2019

Page 4 of 20 Violation 2600.65b

Nanci Favers

9-30-19

65d - Initial Direct Care Training

Regulations

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:


- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired 4/13/19, did not complete and pass the Department- approved direct care training course and pass the competency test. However, the staff person provided unsupervised activities of daily living (ADL) services to residents in the home on multiple dates to include 6/24/19 and 6/27/19.

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.)

See Attachment 5a  6/6/19


Legal Entity Representative

Nanci Favers  
Signature

Nanci Favers owner 8-20-19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19 Plan of correction implementation status as of 9/16/19  
 (Date) (Date)

The above plan of correction was approved by   
 (Initials)

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

FAVERS RESIDENTIAL CARE HOME  
CERTIFICATE #449131  
[FAVERSRCH@COMCAST.NET](mailto:FAVERSRCH@COMCAST.NET)  
412 766 2814

44913

Certificate #449131

[Faversrch@comcast.net](mailto:Faversrch@comcast.net)


412 766 2814

65.d

DCS person B did complete and passed the direct care training course and test on 8/28/2019.

Administrator revised Orientation checklist. No new hires will be cleared to work independently without completing and passing the approved direct care training.

Once completely passed, Administrator will sign off and place in employee file.

Immediately, the administrator of designated staff person will review all current direct care staff training records to ensure that all persons providing unsupervised direct care services have completed training in accordance with §2600.65(d).  9/6/19

Administrator will recheck all new employee files before start date.

Completed By: Nanci Favers

Page 5 of 20 Violation 2600.65d

Nanci Favers

9-30-19

89b - Hot Water Temperature

Regulations

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation


At 10:00 a.m., the water temperature of the sink in the common bathroom located between the kitchen and the living room was 130.4 degrees Fahrenheit.

At 10:15 a.m., the water temperature of the sink in the common bathroom located on the second floor of the home was 130.2 degrees Fahrenheit.


Repeat Violation: 11/15/18

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 attachment 6a  6/6/19

Legal Entity Representative

  
Signature

Nanci Favens  
Printed Name and Title

08-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19 Plan of correction implementation status as of 9/16/19  
(Date) (Date)

The above plan of correction was approved by  (Initials)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

89.b.

Staff turned water tanks down immediately at time of inspection. By the end of the shift water was 119.4 degrees Fahrenheit.

Administrator educated staff on checking water temperature. Water temperature not to exceed 120 degrees. Poster placed at sink in upstairs bathroom and at kitchen sink check to be completed daily between 7am – 8am every morning and sign off on faucet hot water check list that is posted on cupboard over kitchen sink and posted over 2<sup>nd</sup> floor bathroom sink.

Administrator or designated person will monitor check list weekly.

Completed By: Nanci Favers  
Page 6 of 20 Violation 2600.89b

Nanci Favers  
9-30-14

92 - Windows

Regulations

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.


Description of Violation

The large double-pane window that was approximately 2 1/2' X 3' in the center of the front emergency exit door, was shattered, leaving multiple sharp pieces of glass sticking out from the interior and exterior sides of the window.

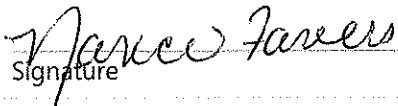
Repeat Violation: 11/15/2018

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 attachment 7a  6/6/19

Legal Entity Representative

  
Signature


Nanci Favere owner  
Printed Name and Title

08-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 6/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

92 Maintenance on 07/05/19 covered and secured double pane window on the exit front door with plexiglass on both sides of door.

Exterior of home and windows will be assessed by Administrator and or designee weekly to ensure no safety concerns i.e. broken windows. Administrator has a exterior home check list to check home and sign off on.

Within 30 days of receipt of this plan of correction, all staff will be educated on checking for and reporting of windows, including windows in doors, that are damaged or broken. *JS* 9/6/19

Completed By: Nanci Favers  
Page 7 of 20 Violation 2600.92

Nanci Favers  
9-30-19

93a - Handrails

Regulations

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The handrail attached to the cement steps at the front entry to the home was not secured and allowed for 2" of side to side movement.

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 attachment 8a  6/6/19

Legal Entity Representative

*Nanci Favers*  
Signature


*Nanci Favers owner*  
Printed Name and Title

*08-20-19*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!


The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 6/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

93a The handrail that is actually in grass maintenance has secured and tighten, done week of inspection, Maintenance and lawncare guy will check handrail for looseness when cutting the grass and report to Administrator if need be.

Within 30 days of receipt of this plan of correction, all staff will be educated on handrails in accordance with §2600.93(a) and reporting of any handrails that are not well secured to a designated person responsible for repairs in the home.  9/6/19

Exterior of home and handrail will be assessed by Administrator and or designee weekly to ensure no safety concerns. Administrator has a exterior home check list to check home and sign off on.

Completed By: Nanci Favers

Page 8 of 20 Violation 2600.93

Nanci Favers

9-30-19

94b - Non-Skid Surface

Regulations

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

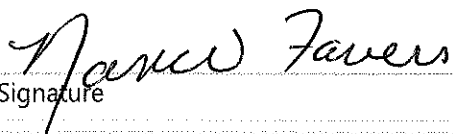
The wooden stairs located outside of the emergency exit door from the kitchen moved side to side approximately 2" and did not have non-skid surfaces.

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 attachment 9a  6/6/19

Legal Entity Representative

  
Signature


Nanci Favers  
Printed Name and Title

08-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 6/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

94b

The steps located off the emergency exit door from the kitchen was replaced with new steps on July 20, 2019.

steps will be assessed by Administrator and or designee weekly to ensure no safety concerns. Administrator has a exterior home check list to check home and sign off on.

Completed By: Nanci Favers  
Page 9 of 20 Violation 2600.94b

Nanci Favers

9-30-19

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:


- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

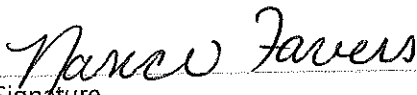
Resident #3 does not have access to a source of light that can be turned on/off at bedside.

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 Attachment 10a  6/6/19

Legal Entity Representative

  
Signature


Nancy Favers  
Printed Name and Title

8-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 6/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

FAVERS RESIDENTIAL CARE HOME  
CERTIFICATE #449131  
[FAVERSRCH@COMCAST.NET](mailto:FAVERSRCH@COMCAST.NET)  
412 766 2814


44913


Certificate #449131  
[FAVERSRCH@COMCAST.NET](mailto:FAVERSRCH@COMCAST.NET)  
412 766 2814

101.j.

Administrator placed a working lamp next to resident #3 bedside, resident #3 now has a source of light in hand reach.

Administrator or Designated person will perform weekly audits of resident#3 room furniture once a week for 4 weeks, then once a month for 3 months

Immediately, then at least weekly thereafter, the administrator or a designated person will check all resident bedrooms to ensure that each resident has an operable source of light that can be turned on/off from bedside.  9/6/19

Within 30 days of receipt of this plan of correction, all staff will be educated on the importance of ensuring that all residents have an operable bedside lamp or source of light in accordance with §2600.101(j)(7).  9/6/19

Completed By: Nanci Favers  
Page 10 of 20 Violation 2600.101j

Nanci Favers  
9-30-19

103i - Outdated Food

Regulations

2600.


103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

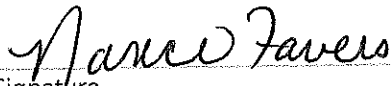
There was an unlabeled, undated container of ice cream that was 1/8 full and four unlabeled plastic bags with boneless skinless chicken breast in the main freezer in the kitchen. There were also three unlabeled and undated plastic containers containing leftover spaghetti sauce, noodles and taco meat as well as an unlabeled large open can of sweet corn in the main refrigerator in the kitchen.

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 attachment 11a  6/6/19

Legal Entity Representative

  
Signature


Nanci Favers owner  
Printed Name and Title

8-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 6/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

103.j

Staff cleaned and labeled all food in freezers, refrigerators and cupboards on 07/03/19.

. Administrator educated staff on process. All items must be labelled and dated with date open. Discard after seven days or expired date. Administrator created a food label check list that will be checked daily for 10 days then checked 1 day a week for 4 weeks, check list located on refrigerator in kitchen.

Completed By: Nanci Favers  
Page 11 of 20 Violation 2600.103j

Nanci Favers  
9-30-19

107c - Food/Water 3 Day Supply

Regulations

2600.


107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/2/19, the home served 11 residents, requiring 33 gallons of emergency drinking water. However, the home had only 11 gallons. The home does not have a contract with a local bottled water supplier for emergency drinking water.

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 attachment 12a  6/16/19

Legal Entity Representative


  
Signature

Nanci Favers owner 8-20-19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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


107.c

Administrator called and received 8, 5gallon jugs of water from Tyler Mountains water supply on 07/03/19.

45 gallons of emergency drinking water placed to meet resident needs. 45 gallons of water are put in place to meet entire occupancy of residents to prevent not meeting requirements.

Administrator or Designated person Audit emergency water 1 day aweek for 3 months.

Then monthly thereafter to ensure compliance with §2600.107(c)

During the next quality management plan review and evaluation and ongoing-The home will place an increased emphasis on these plans of correction and take action to improve the quality of its emergency preparedness plan for emergency drinking water supply in accordance with §2600.107(c)  9/6/19

Completed By: Nanci Favers

Page 12 of 20 Violation 2600.107c

Nanci Favers

9-30-19

109b - Rabies Vaccination

Regulations

2600.


109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation


On 7/2/19, the home's dog "Cale" was present at the home. However, the home did not have a certificate indicating the dog's rabies vaccinations were current.

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 Attachment 13a  9/6/19

Legal Entity Representative

  
Signature


Nanci Favens  
Printed Name and Title

8-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

109.b

Kale was not permitted back to work on 07/02/19

No pets will be permitted without having proof of vaccination records. Proof of Kale vaccination attached. 08/25/19. Staff has been educated on house rule # 7 The facility does not allow or permanent placement of pets. Pets that visit the facility must have documentation of vaccination or can not enter facility

Staff on duty will make sure all pets entering facility has vaccination papers and can not enter PCH without them.

Completed By: Nanci Favers  
Page 13 of 20 Violation 2600.109b

Nanci Favers

9-30-17

132a - Monthly Fire Drill

Regulations

2600.


132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of April 2019.

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 attachment 14a  9/6/19

Legal Entity Representative

*Nanci Favers*  
Signature


Nanci Favers  
Printed Name and Title

8-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

132.a

Staff did an extra fire drill in July on July 1st @ 7:30am and July 8<sup>th</sup> @ 2:30pm

Administrator will schedule day and time of fire drill each month on a yearly calendar in private phone with alarm to ensure fire drill is done monthly.

Administrator will review fire drill log monthly to ensure drill is being done.  
Administrator reviewed fire drill training with staff.

Completed By: Nanci Favers  
Page 14 of 20 Violation 2600.132a

Nanci Favers

9-30-19

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

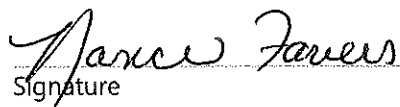
The home did not have a fire safety inspection conducted by a fire safety expert.

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 Attachment 15a  9/6/19

Legal Entity Representative

  
Signature


Nanci Favers owner  
Printed Name and Title

8-21-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

132.b

Administrator called and left message to set up a fire inspection on date of inspection. Fire department returned call the next day staff was told to call Terri Howells Godkin to set up inspection. Inspection was set up for September 3, 2019 @ 10am.

Staff will Scheduel an inspection with them prior to exiting facility, place on yearly calendar. In office and also place on private phone calendar with alarm for reminder.

Administrator has up dated the Quality Management review with fire drills and fire yearly inspection to be reviewed

Completed By: Nanci Favers  
Page 15 of 20 Violation 2600.132b

Nanci Favers

9-30-19

183e - Storing Medications

Regulations

2600.


183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 was prescribed Ozempic 0.5 mg (2mg/1.5ml)- inject 0.5 mg subcutaneously weekly. According to the manufacturer's instructions the medication expires 56 days after opening. On 7/2/19, the medication was opened and did not indicate the date opened or the date of expiration.

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 attachment 16a  9/6/19

Legal Entity Representative


*Nanci Favers*  
Signature

Nanci Favers owner 8-20-19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)


The above plan of correction was approved by   
(Initials)

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

183.e.

Trained medication passer wrote date on Ozempic box at time of inspection and will write date on new box as soon as its open. This was addressed at staff meeting and posted above med cart for reminder.

Administrator or Designated person will In service staff on medications Dates. Audit med cart for all medications not dated. remove and discard all medications that is not dated [injection]

Audit medications daily for x7 days then weekly x4. Then monthly thereafter.  9/6/19

Completed By: Nanci Favers

Page 16 of 20 Violation 2600.183e

Nanci Favers

9-30-19

187a - Medication Record

Regulations

2600.


187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation


Resident #1 was prescribed Ranitidine 75 mg-take 1 tablet by mouth twice daily. However, the resident's July 2019 medication administration record (MAR) did not include this medication. The resident's July 2019 MAR also did not include the initials of the staff person who administered the medication on multiple dates to include: 7/1/19 at 8:00 a.m. and 8:00 p.m. and 7/2/19 at 8:00 a.m.

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 attachment 17a  9/6/19

Legal Entity Representative

  
Signature


Nanci Favens  
Printed Name and Title

8-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

187.a

Staff recorded Ranitidine 75mg in Resident #1 MAR at time of inspection.

Administrator has educate staff on medication administration error and Educated staff on missing signature. Administrator or designated person will Audit MAR's Weekly at the end of the day, then once a month for 3 months . First audit 8/28/19

Medication administration record (MAR) audits, will include, at a minimum, checking that all prescribed medications are included on the MAR and checking that all staff initial the MAR at the time of administration.

 9/6/19

Completed By: Nanci Favers  
Page 17 of 20 Violation 187a

Nanci Favers

9-30-19

191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.


Description of Violation

The following residents were not educated by the home on the resident's right to refuse medication if the resident believes that there may be a medication error:

- \*Resident #1, admitted 4/18/19
- \*Resident #2, admitted 4/16/19
- \*Resident #3, admitted 4/16/19

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.)

see attachment 18a  6/6/19

Legal Entity Representative

*Nance Favers*  
Signature


*Nanci Favers Owner*  
Printed Name and Title

*8-20-19*  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

191

Administrator went over new house rules on the day of inspection July 2nd, 2019 with all residents indicating date effective Aug. 2nd with the exception knowing their rights of refusing medication that is effective immediately after signing house rules. And place in resident files

Administrator will Audit all residents plus #1, #2 and #3 on house rules and New admissions will sign off on residents Rights/house rules. Administrator created a residents initial & annual paperwork check list. Administrator or designated person will over see check list to ensure all paperwork is done on time and properly done. Staff educated on process.

Completed By: Nanci Favers  
Page 18 of 20 Violation 191

Nanci Favers  
9-30-19

225a - Assessment 15 Days

Regulations

2600.


225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

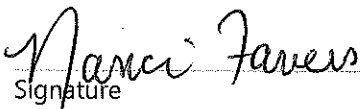
An initial assessment was not completed for resident #1, who was admitted to the home on 4/18/19.

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.)

see attachment 19a  6/6/19

Legal Entity Representative

  
Signature


Nanci Favers owner  
Printed Name and Title

8-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)


The above plan of correction was approved by   
(Initials)


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

225a

Staff person Nanci Favers completed RASP on the day of inspection 07/02/19 with Resident #1.

Administrator Audit complete, RASP and placed in file. Administrator has created a check off list for all residents for required paperwork on admission and annual to ensure RASP are completed within 15 days of admission and placed in file.

Within 30 days of receipt of this plan of correction, the administrator or designated person will review all initial resident assessments to ensure that they are completed.  9/6/19

Immediately, all staff responsible for completing resident assessments will be educated on required timeframes for completing resident assessments in accordance with §2600.225(a).  9/6/19

Completed By: Nanci Favers Page  
19 of 20 Violation 2600.225a

Nanci Favers

9-30-19

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:


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

Description of Violation


Resident #1's resident record does not include a picture of the resident.

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 attachment 20a  9/6/19

Legal Entity Representative

  
Signature


Nanci Favens  
Printed Name and Title

8-20-19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 9/6/19  
(Date)

Plan of correction implementation status as of 9/16/19  
(Date)

The above plan of correction was approved by   
(Initials)

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

252

Administrator printed picture at time of inspection and placed in MAR book

Administrator will Audit all residents pictures plus resident #1. Administrator created a residents initial & annual paperwork check list with picture date and due date on it. Administrator or designated person will over see check list to ensure photographs are taken dated and placed in file. To make sure pictures are done on time and properly done. Staff educated on process.

Completed By: Nanci Favers  
Page 20 of 20 Violation 2600.252

Nanci Favers

9-30-19

## Violation Report

### Facility Information

Name: *FAVERS RESIDENTIAL CARE HOME* License Number: *44913*  
 Address: *574 TEECE AVENUE, PITTSBURGH, PA 15202*  
 County: *ALLEGHENY* Region: *WESTERN*

### Administrator

Name: *Jaime Butler* Phone: *4127662814* Email: *FAVERSRCH@COMCAST.NET*

### Legal Entity

Name: *FAVERS RESIDENTIAL CARE HOME INC*  
 Address: *574 TEECE AVENUE, PITTSBURGH, PA, 15202*

### Certificate(s) of Occupancy

Type: *R-4* Date: Issued By:

### Staffing Hours

Resident Support Staff: *N/A* Total Daily Staff: *NaN* Waking Staff: *NaN*

### Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*  
 Reason: *Interim*

### Inspection Dates and Department Representative

*09/16/2019 - On-Site: Desmond Grace, Barbara Barone*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *14* Residents Served: *11*

#### Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

#### Hospice

Current Residents: *0*

#### Number of Residents Who:

Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *0* Have Physical Disability: *0*