



SENT VIA EMAIL: bossladydapice@gmail.com

MAILING DATE: June 9, 2020

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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on November 14, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Suzy Quinn", written over a horizontal line.

Suzy Quinn
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

RECEIVED

6/4/20
 Western Region Field Office
 Bureau of Human Services Licensing

Violation Report**Facility Information**

Name: *HENDERSON HOUSE* License Number: *43095*
 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, PITTSBURGH, PA, 15212*

Certificate(s) of Occupancy

Type: *Other* Date: *12/28/1992* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

Inspection

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

Inspection Dates and Department Representative

11/14/2019 - On-Site: Barb Barone, Joe Eveges

Resident Demographic Data as of Inspection Dates**General Information**

License Capacity: *25* Residents Served: *20*

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: *16*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

17 - Record Confidentiality

Regulations

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.

Description of Violation

The resident privacy coding document listing the names of residents #1 and #2 was posted on the home's 530 side bulletin board near the common area, along with the violation report dated 11/8/18.

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.)

As soon as POC come adminis will take the privacy coding document. It will be locked in adminis office
Designated Person will check + Make sure all records are locked.
Designated person will start to monitor twice 5/28/20 a month starting June 1st

The privacy coding document was removed during the inspection. On 5/27/20, staff were reeducated regarding the requirements of this regulation.

SE 6/8/20

Legal Entity Representative

Rosalie J Dapice

Signature

Rosalie J Dapice 2/18/20

Printed Name and Title

Date

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The above plan of correction is approved as of

6/8/20

(Date)

Plan of correction implementation status as of

6/8/20

(Date)



Implemented

The above plan of correction was approved by

SE

(Initials)



Not Implemented

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 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.

The carbon monoxide detector in the back basement of the home's 530 side was approximately 4' from the hot water tank.

The home has no carbon monoxide detector near the gas stove in the 1st floor kitchen of the home's 530 side.

Repeat Violation: 11/08/2018

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.)

Carbon monoxide in 530 Back basement was moved on 11/14/19.

Carbon monoxide detector was installed 530 back kitchen 11/14/19

Designated Person will monitor all smoke & Carbon detectors twice month. beginning 6/1/20 on 5/26/20. SE 6/8/20 Staff has been Educated

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Signature

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2/18/20

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64c - Annual Training

Regulations

2600. 64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed 22 hours of Department-approved training in 1/1/2018 to 12/31/2018 training year.

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 make up 2 hours in 2019
for ~~and~~ a total of 26 hours for 2019
By 4/2019
3/12/19 fire Safety Devices 2 hrs Long Term Care online

Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.64(c) was suspended. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. If the suspension is lifted after 12/31/20, the administrator shall complete 24 hours of training for the 1/1/2020 – 12/31/2020 training year within 90 days from the date the suspension of the regulation is lifted.

SE 6/8/20

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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 10:47 AM, the hot water temperature in the common bathroom next to bedroom #207 was 125.7 degrees Fahrenheit.

Repeat Violation: 11/08/2018

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.)

Hot water tank was turned down 11/14
 Was check next day Temp. was 123 degrees
 all tubs & sinks shall be checked ~~For~~
 3 times a month. Will keep documentation
 3 sinks have regulators so temp does not
 exceed 120°
 will but regulators on other 3 sinks
 by 6/2020
 Designated person will monitor twice a month 5/29/20
 for water temp
 staff was educated that all sinks & tubs do not
 exceed 120° on 5/29/20. SE

daily and documentation shall be kept SE 6/8/20

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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident #3's headboard was not attached to the left side of the bed frame.

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.)

Head board was reattached on 11/15/19
 Residents were told to inform staff of anything needing repaired.
 Admin will do a monthly walk through to make sure everything is in working order
 Designated person shall check twice a month to make sure all furniture & equipment are in good repair
 Staff was educated home should be in good condition & free of hazards on 5/29/20. *SE* 6/8/20

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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's bedside lamp was inoperable. There was no other source of light that could 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.)

Electrician repaired plug 12/19:
 Lamp is in working order.
 Designated person will monitor Room Daily
 for any repairs or light bulb issues 5/28/20

On 5/28/20, staff were reeducated regarding the requirements of this regulation.

SE 6/8/20

Legal Entity Representative

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Signature

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121a - Unobstructed Egress

Regulations

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

A cardboard box of adult briefs blocked the 2nd floor exit door of the home's 530 side, which leads to the fire exit stairwell on the home's 528 side.

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 put her briefs by door they were removed put in her room.
we advised resident to keep in her room & away from all exits
Admins will check on her monthly sweep
Designated person will check daily for any garbage or boxes blocking exits. 5/28/20

On 5/28/20, staff were reeducated regarding the requirements of this regulation.

SE 6/8/20

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125a - Combustible Storage

Regulations

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

2 dolls in wooden chairs were 2"-3" from the hot water tank's exhaust pipe in the basement on the home's 530 side. Multiple cardboard boxes containing laminate flooring were resting against furnace #1 on the home's 530 side.

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.)

all objects were removed 11/14/19.
adminis will check monthly to make sure
water tanks of free of all objects.
designated person will check twice monthly
to make sure all objects are away from
all boilers, furnaces and H2O tanks 5/28/20
Staff was educated abouts no items shall
be near H2O tank furnaces + Boiler
Adminis tape of are by boiler & furnace
& put away. on 5/27/20 SE 6/8/20

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183b - Meds and Syringes Locked

Regulations

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.

Description of Violation

The following medications were unlocked, unattended and accessible in bedroom #207, shared by residents #2 and #4:

- * A 2.75 oz. tube of Salon Pas topical analgesic
- * A 3/4 full, 24 tablet bottle of Aleve
- * A tube of triple antibiotic ointment

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.)

OTC med were removed on 11/14/19.
 all residents were informed and signed off on
 having no OTC meds in Room.
 admit will look for OTC med
 on Monthly checks.
 Designated person will check twice a month 5/28/20
 to monitor any OTC medication
 PCS ~~staff~~ staff shall check daily for OTC 5/28/20
 medication

to ensure it is kept in an area or container that is locked. On 5/28/20, staff were reeducated regarding the requirements of this regulation.

SE 6/8/20

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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:

6. Dose.

Description of Violation

Resident #5 is prescribed Risperidone 3MG, take one tablet by mouth twice a day; however, his November 2019 medication administration record indicates - Risperidone 3MG Tabs, take 1 tab in AM and 2 tabs at bedtime.

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 tech at end of month will go over all changes with the pharmacy. when meds are accepted admins will check again for changes. when meds are sent upstairs to med chest med tech will also check for any changes 5/28/20

Designated person and med tech & admins will check monthly for any change to ensure accuracy in accordance with the prescriber's orders. Documentation of the audits shall be kept. SE 6/8/20

med tech and designated persons have all ready Educated on this violation

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Signature

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