

Department of Human Services  
Bureau of Human Service Licensing

October 20, 2021

[REDACTED], OWNER  
[REDACTED]  
[REDACTED]

RE: FAVERS RESIDENTIAL CARE HOME  
574 TEECE AVENUE  
PITTSBURGH, PA, 15202  
LICENSE/COC#: 44913

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/26/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing

October 5, 2021

[REDACTED], OWNER  
FAVERS RESIDENTIAL CARE HOME INC  
574 TEECE AVENUE  
PITTSBURGH, PA 15202

RE: FAVERS RESIDENTIAL CARE HOME  
574 TEECE AVENUE  
PITTSBURGH, PA, 15202  
LICENSE/COC#: 44913

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/26/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC**

**Facility Information**

Name: *FAVERS RESIDENTIAL CARE HOME* License #: *44913* License Expiration Date: *11/05/2021*  
Address: *574 TEECE AVENUE, PITTSBURGH, PA 15202*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *07/26/2021*

**Inspection Dates and Department Representative**

07/26/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *14* Residents Served: *12*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *11* Are 60 Years of Age or Older: *7*  
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**07/26/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2021*

Inspections / Reviews *(continued)*

10/5/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *10/08/2021*

10/20/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There is no lock on the door of the downstairs common bathroom, therefore it does not provide privacy while using the bathroom.

Plan of Correction

Accept

Maintenance Man has set a date to put lock on first floor bathroom 09/03/2021 (See attached photo)

Administrator has added to check bathroom lock on inspection check off list, Administrator checks list every 6 months. (see acched check list)

Administrator informed DCS to also periodically check lock.

Administrator will check every 6 months.

Completion Date: 09/03/2021

Document Submission

Implemented

Maintenance [redacted] has set a date to put lock on first floor bathroom 09/03/2021 (See attached photo)

Administrator has added to check bathroom lock on inspection check off list, Administrator checks list every 6 months. (see acched check list)

Administrator informed DCS to also periodically check lock.

Administrator will check every 6 months.

Completion Date: 09/03/2021

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

Direct care staff persons A and B do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

**Plan of Correction**

**Accept**

Administrator informed DCS persons A and B diploma's were needed.

DCS persons A and B obtained diploma transcripts  
see attachments

Continued Compliance:

Administrator added employees files on check off list.  
Administrator to check new hire check list 30 days after hire.  
(See New hire check list attached)

The administrator will ensure all direct care staff have a high school diploma, GED diploma or are active on the PA nurse's aid registry before hiring. - [REDACTED] 10/5/21

Completion Date: 09/03/2021

**Document Submission**

**Implemented**

Administrator informed DCS persons A and B diploma's were needed.  
DCS persons A and B obtained diploma transcripts  
see attachments

Continued Compliance:

Administrator added employees files on check off list.  
Administrator to check new hire check list 30 days after hire.  
(See New hire check list attached)

The administrator will ensure all direct care staff have a high school diploma, GED diploma or are active on the PA nurse's aid registry before hiring. - [REDACTED] 10/5/21

Completion Date: 09/03/2021

85a - Sanitary Conditions

**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

The following unsanitary conditions were observed:

- \* The ceiling of the microwave was splattered with food debris that covered the entire surface.
- \* There was a brown food spilled on the middle of the bottom shelf of the kitchen refrigerator.
- \* There was a brownish/red food spilled on the back of the bottom shelf of the basement refrigerator.

## 85a - Sanitary Conditions (continued)

**Plan of Correction****Accept**

*Immediate: Micro wave cleaned day of inspection*

*Continued compliance: Staff re-educated on the responsibility of cleaning the microwave, checking refrigerator thermometer and contents of the refrigerator.*

*Continued compliance:*

*Training attached . Completed 9/2/8/21*

*Administrator will check kitchen items weekly for compliance*

*See attached audit form*

**Completion Date:** 09/28/2021

**Document Submission****Implemented**

*Immediate: Micro wave cleaned day of inspection*

*Continued compliance: Staff re-educated on the responsibility of cleaning the microwave, checking refrigerator thermometer and contents of the refrigerator.*

*Continued compliance:*

*Training attached . Completed 9/2/8/21*

*Administrator will check kitchen items weekly for compliance*

*See attached audit form*

*Completion Date: 09/28/2021*

## 92 - Windows

**1. Requirements**

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 Repeat Violation**

*There were tears across the entire widths of two of the window screens in bedroom #1.*

*Repeat violation 7/2/2019*

**Plan of Correction****Accept**

*Immediate:*

*Maintenance contacted for date to replace screens*

*Completed upon return screen's from true value hardware*

*Administrator will send photo's of fixed screens soon as returned from true value hardware.*

*Continued compliance:*

*Administrator will use House Audit form to check screens/windows in the building. Audit to be completed every six months. ( See attached form)*

**Completion Date:** 10/01/2021

92 - Windows (continued)

Document Submission

Implemented

Immediate:

Maintenance contacted for date to replace screens

Completed upon return screen's from true value hardware

Administrator will send photo's of fixed screens soon as returned from true value hardware.

Continued compliance:

Administrator will use House Audit form to check screens/windows in the builing. Audit to be completed every six months. ( See attacheded form)

Completion Date: 10/01/2021

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

The armrest is broken off of a kitchen chair at the first table exposing the sharp pointed end of a screw, posing a skin tear hazard.

Plan of Correction

Accept

Immediate: the chair was removed from service.

Continued compliance:

Staff educated to report broken or unsafe items/furniture and to remove them from service. ( Education 9/3/21 see attached)

Education 9/28/21.

Continued Compliance:

Adm will immediate investigate staff reports of broken items.

Adm will audit condition of homes furnishing quarterly (see attachement.

Completion Date: 09/06/2021

Document Submission

Implemented

Immediate: the chair was removed from service.

Continued compliance:

Staff educated to report broken or unsafe items/furniture and to remove them from service. ( Education 9/3/21 see attached)

Education 9/28/21.

Continued Compliance:

Adm will immediate investigate staff reports of broken items.

Adm will audit condition of homes furnishing quarterly (see attachement.

## 103f - Refrigerator/Freezer Temps

### 1. Requirements

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.

### Description of Violation

*There was no thermometer in the kitchen refrigerator.*

### Plan of Correction

**Accept**

*Immediate: Adm cleaned refrigerator the same day as inspection, finding the thermometer in the back of the unit, Temperature read 38 degrees. All other refrigerators and freezers where checked same days with no violation found.*

*Continued compliance: Adm will audit all cooling units, refrigerators and freezers during the quarterly house audit. Adm will investigate any staff reports of missing thermometers and replace immediately. See attachment*

*Immediately - All staff will be instructed to monitor all refrigerator and freezer temperatures daily to ensure food is stored at safe temperatures.*

**Completion Date:** 09/03/2021

### Document Submission

**Implemented**

*immediate: Adm cleaned refrigerator the same day as inspection, finding the thermometer in the back of the unit, Temperature read 38 degrees. All other refrigerators and freezers where checked same days with no violation found.*

*Continued compliance: Adm will audit all cooling units, refrigerators and freezers during the quarterly house audit. Adm will investigate any staff reports of missing thermometers and replace immediately. See attachment*

*Immediately - All staff will be instructed to monitor all refrigerator and freezer temperatures daily to ensure food is stored at safe temperatures.*

## 103i - Outdated Food

### 1. Requirements

2600.

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

### Description of Repeat Violation

*The following foods stored in the kitchen freezer were not dated when opened:*

- \* 2 bags of chicken patties.*
- \* A bag of 5 bagels.*
- \* A bag of chicken wings.*

*Repeat violation 7/2/2019*

103i - Outdated Food (*continued*)**Plan of Correction****Accept**

*Immediate: Bags were disposed of as the date of opening was uncertain.*

*Continued compliance: Staff training on the proper store of food products. Date opened, Contents and correct storage containers. Education 9/3/21 Attached*

*Immediately - The administrator or designee will monitor food storage at least weekly to ensure all food is stored safely and is labeled, dated and sealed. - [REDACTED] 10/5/21*

**Completion Date:** 09/03/2021

**Document Submission****Implemented**

*Immediate: Bags were disposed of as the date of opening was uncertain.*

*Continued compliance: Staff training on the proper store of food products. Date opened, Contents and correct storage containers. Education 9/3/21 Attached*

*Immediately - The administrator or designee will monitor food storage at least weekly to ensure all food is stored safely and is labeled, dated and sealed. - [REDACTED] 10/5/21*

## 105g - Lint Removal and Duct Cleaning

**1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

**Description of Violation**

*There was an accumulation of approximately 1/4 inch of lint in the lint trap of the dryer.*

**Plan of Correction****Accept**

*Immediate:*

*Lint was removed immediately while inspector was in the bld.*

*Continued compliance:*

*Staff re-educated on the importance of lint removal and its relationship to fire safety. note was placed on dryer to remind staff to remove lint after every use.*

*Adm will check dryers weekly to monitor compliance*

*Form attached*

**Completion Date:** 09/28/2021

**Document Submission****Implemented**

*Immediate:*

*Lint was removed immediately while inspector was in the bld.*

*Continued compliance:*

*Staff re-educated on the importance of lint removal and its relationship to fire safety. note was placed on dryer to remind staff to remove lint after every use.*

*Adm will check dryers weekly to monitor compliance*

*Form attached*

## 181d - Storing Medication

## 1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

## Description of Violation

Resident #2 self-administers medications and stores medications in [REDACTED] room. On 7/26/2021 at approximately 4:45 PM, there were several unlocked, unattended medications in the dresser drawer in her unlocked bedroom. including:

[REDACTED]

## Plan of Correction

Accept

*Immediae:*

Medication was removed from the resident room and placed in the locked Med Cart

Resident was reassessed and found unable to handle the store container/lock. [REDACTED] can however read and understand the the correct medication, dose, time to take the medication

Assessment attached. RASP updated as significant change.

*Continued Compliance:*

1. Adm will check res room monthly to assure there are not unlocked items.

2. Adm will have the resident reassessed by her physician at the time of the required yearly assessment and support plan, or sooner of a need is observed. Changes in [REDACTED] needs will be reflected in the RASP

Completion Date: 10/01/2021

## Document Submission

Implemented

*Immediae:*

Medication was removed from the resident room and placed in the locked Med Cart

Resident was reassessed and found unable to handle the store container/lock. [REDACTED] can however read and understand the the correct medication, dose, time to take the medication

Assessment attached. RASP updated as significant change.

*Continued Compliance:*

1. Adm will check res room monthly to assure there are not unlocked items.

2. Adm will have the resident reassessed by [REDACTED] physician at the time of the required yearly assessment and support plan, or sooner of a need is observed. Changes in [REDACTED] needs will be reflected in the RASP

## 184a - Labeling OTC/CAM

## 1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

## Description of Violation

Resident #3 is prescribed [REDACTED] take 2 tablets every 6 hours as needed; however, the medication administration record (MAR) indicates [REDACTED], take 2 tablets every 8 hours as needed.

## 184a - Labeling OTC/CAM (continued)

**Plan of Correction****Accept**

*Immediate: Medication order was clarified with PCP and the MAR was adjusted to match.*

*Continued Compliance:*

*1. Med techs were re-educated on Module 8 of the Med training course. ( match the MAR and the Label prior to administering any medication.). Training to be completed 10/1/21 by a certified medication trainer) See attachment)*

*2. Adm will audit the medication cart monthly for compliance.*

*See attached form*

**Completion Date:** 10/01/2021

**Document Submission****Implemented**

*Immediate: Medication order was clarified with PCP and the MAR was adjusted to match.*

*Continued Compliance:*

*1. Med techs were re-educated on Module 8 of the Med training course. ( match the MAR and the Label prior to administering any medication.). Training to be completed 10/1/21 by a certified medication trainer) See attachment)*

*2. Adm will audit the medication cart monthly for compliance.*

*See attached form*

## 190a - Completion Medication Course

**1. Requirements**

2600.

- 190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person B successfully completed the Department-approved medications administration course on 9/22/2019; however, he has not completed any medication administration practicums since that date. Staff person B administered medications to residents on the following dates: July 5, 6, 7, 8, 9, 10, 12, 13 and 14 at 8:00 am and 8 pm.*

*Staff person C successfully completed the Department-approved medications administration course on 4/13/2019; however, she has not completed any medication administration practicums since that date. Staff person C administered medications to residents on the following dates: July 15, 16, 19, 20, 21, 22 and 23 at 8:00 am and 8 pm.*

190a - Completion Medication Course (continued)

Plan of Correction

Accept

Annual practicums for staff person B and staff person C were not completed due to Covid 19 precautions. Practicums will be updated by an approved medication administration trainer by 10/1/21(attached)

Continued Compliance: Administrator will audit the employee files quarterly. The employee audit sheet will be used. (attached)

Immediately - The administrator will ensure all staff who administer medications will complete required ongoing training as indicated by the PA Office of Developmental Programs.

Staff persons A and C completed the medication recertification on 9/28/21. -- [redacted] 10/5/21  
Completion Date: 10/01/2021

Document Submission

Implemented

Annual practicums for staff person B and staff person C were not completed due to Covid 19 precautions. Practicums will be updated by an approved medication administration trainer by 10/1/21(attached)

Continued Compliance: Administrator will audit the employee files quarterly. The employee audit sheet will be used. (attached)

Immediately - The administrator will ensure all staff who administer medications will complete required ongoing training as indicated by the PA Office of Developmental Programs.

Staff persons A and C completed the medication recertification on 9/28/21. -- [redacted] 10/5/21

225c - Additional Assessment

1. Requirements

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

Description of Violation

Resident #4's most recent assessment was completed on [redacted]

Plan of Correction

Accept

Immediate: Assessment completed [for resident #4.]

Continued compliance:

- 1. The bld is now using Tabula Pro that will alert the adm when assessment are due. This will be an important improvement
- 2. ADM will check Tabula Pro weekly and the file to assure compliance. See attachment

Completion Date: 10/01/2021

Document Submission

Implemented

Immediate: Assessment completed [for resident #4.]

Continued compliance:

- 1. The bld is now using Tabula Pro that will alert the adm when assessment are due. This will be an important improvement
- 2. ADM will check Tabula Pro weekly and the file to assure compliance. See attachment