

Department of Human Services
Bureau of Human Service Licensing

January 5, 2022

[REDACTED], OWNER
[REDACTED]
[REDACTED]

RE: HENDERSON HOUSE
P.O.B. 6363,528-30 PRESSLEY ST
PITTSBURGH, PA, 15212
LICENSE/COC#: 43095

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/18/2021, 10/19/2021 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
LICENSING INSPECTION SUMMARY

Facility Information

Name: *HENDERSON HOUSE* License #: *43095* License Expiration: *03/10/2022*
Address: *P.O.B. 6363,528-30 PRESSLEY ST, PITTSBURGH, PA 15212*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/19/2021*

Inspection Dates and Department Representative

10/18/2021 - On-Site: [REDACTED]
10/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* Residents Served: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

10/18/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/25/2021*

12/01/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/03/2021*

12/20/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/22/2021*

01/05/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 10/18/21, the Certificate of Compliance for the home's license posted on the bulletin board indicated the effective date March 10, 2018 to March 10, 2019.

Plan of Correction

Do Not Accept

PCH did not receive license in mail. Was overlooked for posting when admin. Send in annual renewal see will post it on calendar day, it will be mailed.

Cert was printed out and posted on 10/18/21

Completion Date: 11/18/2021

Plan of Correction

Accept

Admin made a 'not in admins log' the day [redacted] mailed in application for license. When received, a certificate of compliance shall be posted on bulletin board. Admins will check daily that cert is posted in the popper area.

Completion Date: 11/20/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

18 - Compliance With Laws

1. Requirements

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 home's boiler inspection expired on 10/3/21 for the basement modular water tube hot water heating boiler serial number 303185B.

Plan of Correction

Accept

When admins called, labor and industry for appt attend of September soonest they could get could get her was 10/27/21. They were back log from Covid, permit was issued on 10/28/21. Amin's will make notation in admin log and call the beginning of 9/23. Permit was posted in broiler room 11/12/21

Completion Date: 11/12/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

65d - Initial Direct Care Training

1. Requirements

2600.

65d - Initial Direct Care Training (continued)

- 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 C started working in the home on 10/8/20 and provided unsupervised Activities of Daily Living services to the home's residents. However, staff person C did not complete the Department approved direct care training competency course or pass the competency test.

Plan of Correction

Do Not Accept

Staff person C had to take competency test with liken admin that would be suitable. She had not taken it with DHS. Admins will have all new hires take test before hiring and make sure to give website for new staff to take competency test with DHS.

Completion Date: 11/10/2021

Plan of Correction

Directed

Admin will maintain a comp test to be required before. Admin will make sure all documentation will be in the staff file upon hire. This will be for all new staff.

DIRECTED

Within two calendar day of receipt of the accepted plan of correction: Staff person C shall not perform any direct care services until the requirements of Regulation 2600.65(d) have been completed. 12/20/21 JK

Within two calendar day of receipt of the accepted plan of correction: The administrator shall audit all direct care staff records to ensure all direct care staff have met the requirements of Regulation 2600.65(d). 12/20/21 JK

Completion Date: 11/20/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

85a - Sanitary Conditions

1. Requirements

- 2600.
- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/18/21, at 9:15 a.m. there were no paper towels, individual cloth towels, or other sanitary means of safe hand drying in the first-floor shared restroom next to the home's bulletin board.

Plan of Correction

Do Not Accept

Admin will advise staff to check all bathroom at beginning of shift and end to replace paper and to advise admin asap when toilet paper or paper towels are needed. Will have staff sign off that they were advised to do so.

Completion Date: 11/20/2021

Plan of Correction

Accept

Staff was educated on the importance of sanitary conditions.

Staff and admins will check daily for replacing paper towels in all bathrooms.

A Sign off sheet/check list has been issued to check paper towels in all bathrooms. Staff will check daily for paper

85a - Sanitary Conditions (continued)

towels being replaced in all bathrooms.

Completion Date: 11/20/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

101j7 - Lighting/Operable Lamp

1. Requirements

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

On 10/18/21, resident #1's bedroom [redacted] did not have a source of light reachable from bedside. There was no light on the nightstand and no reachable light from bedside.

Repeat violation 11/14/19

Plan of Correction

Accept

Resident 1 did have a lamp on beside table. [redacted] unplugged it and put in on the floor next to the table. Resident was asked to leave lamp on table and to not remove it. Staff that works on the 3rd floor signed off on checking room daily to make sure lamp is in proper place.

Completion Date: 10/18/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

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 white refrigerator with 2 dozen eggs and one 16 oz container of cottage cheese, in the second-floor dining room.

Plan of Correction

Do Not Accept

Sometimes residents remove them. Admins will check biweekly that all thermometers will be checked. Admin replaced thermometer 10/20/21. Admin also purchased several extra thermometer kept in basement.

Completion Date: 10/20/2021

Plan of Correction

Accept

Admins educated staff on the importance of maintaining thermometer and the correct thermometer. Staff and admins have been informed to check weekly for non-working or missing temp. 40 degrees for refrigerator and zero for freezer.

103f - Refrigerator/Freezer Temps (continued)

Med tech comes every month, they are to check residents who administers their own meds.

Completion Date: 11/20/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the home's two forced-air furnaces was dated 10/16/20.

Plan of Correction

Do Not Accept

Admins furnaces gets checked annually in September or October and replace filters. Never had violation for furnace safety.

Completion Date: 10/23/2021

Plan of Correction

Directed

Admins will make note on Calander and admins log to call heating and cooling company at the end of September and to set an appointment for the first week of October.

DIRECTED

Within two calendar day of receipt of the accepted plan of correction: The administrator shall have the home's furnace inspected in accordance with Regulation 2600.126(a). 12/20/21 JK

Completion Date: 11/20/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

186a - Authorized Prescriber

1. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

Resident #2 self-administers multiple medications. However, the home's list of the resident's medications dated 10/13/21 did not indicate the following medications:

* [Redacted list of medications]

186a - Authorized Prescriber (continued)



Plan of Correction

Do Not Accept

PCH checks mars monthly for resident. We administrate medication to. We rarely have a resident who administrates own medication.

We contacted Resident #2 UA nurse, [redacted] is oversees resident #2 medication monthly. I have spoken with [redacted] and discussed going over medication weekly for [redacted] to call or fax in D/C or add new Rx . We will check any changes to medication monthly. When the mars come from pharmacy, med-techs will check [redacted] medication from VA and check he monthly MAR to make sure they are the same.

Completion Date: 11/01/2021

Plan of Correction

Directed

Med techs were educated to check MARS monthly for all residents who self administrates medication. Med techs and admins will check mars monthly.

DIRECTED

Within two calendar day of receipt of the accepted plan of correction: The administrator or designated staff person qualified to administer medication shall audit all resident medication records to ensure compliance with Regulation 2600.186(a). 12/20/21 JK

Completion Date: 11/20/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

White correction fluid was used on resident #3's addendum to the resident/home agreement indicating refund policy in the event of death on three areas to include:

- * The area for resident's signature.*
- * The area for date resident signed.*
- * The area for date administrator signed.*

251b - Record Entries Legible (continued)

Plan of Correction

Accept

Administrator made mistake on dates and used whiteout on some forms. Admin was advised by inspector not to use whiteout and to just put a line through mistake and date and initial any other staff member who may do paperwork. Now informed on the correct way to correct mistake.

Completion Date: 10/19/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021

252 - Record Content

1. Requirements

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 #4's record included a photograph dated [REDACTED].

Plan of Correction

Do Not Accept

Admin shall have new pictures taken every other year in January. Will make notification in admin log when to take pictures.

Completion date 12/1/21 and also 1/1/23

Completion Date: 12/01/2021

Plan of Correction

Directed

Staff was educated on the importance of all residents having a current photo dated and put in file. Staff and admin will check every January for any outdated or missing photo.

Directed

Within two calendar day of receipt of the accepted plan of correction: The administrator or designated staff person shall audit all resident records to ensure each resident has a photograph that is no more than two years old.

12/20/21 JK

Completion Date: 11/20/2021

Document Submission

Implemented

See attachment.

Completion Date: 12/22/2021