

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

May 10, 2023

[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 review on 01/17/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *FAVERS RESIDENTIAL CARE HOME* License #: *44913* License Expiration: *11/05/2023*  
 Address: *574 TEECE AVENUE, PITTSBURGH, PA 15202*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *FAVERS RESIDENTIAL CARE HOME INC*  
 Address: *574 TEECE AVENUE, PITTSBURGH, PA, 15202*  
 Phone: [REDACTED] Email: [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: *10* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *01/17/2023*

**Inspection Dates and Department Representative**

*01/17/2023 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *14* Residents Served: *10*

**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: *9*  
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**01/17/2023 Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2023*

**03/15/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *04/04/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2023*

Inspections / Reviews (*continued*)

## 03/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/29/2023

## 05/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 25b SOPb2 - Rent Rebate: Intended Use

**1. Requirements**

2600.

25b.b.2. If the home collects a resident's rent rebate under subsection (a), the resident-home contract is to include the following: The home's intended use of the revenue collected from the rent rebate.

**Description of Violation**

*The home collects a portion of the rent rebate benefit for eligible residents, including resident #1. The contract for resident #1, dated [REDACTED], does not include the home's intended use for rent rebate revenues collected.*

**Plan of Correction**

Accept ([REDACTED] 03/15/2023)

*Immediate: Resident # 1 contract will be updated to include the intended use of the rent rebate.*

*All resident contracts will be reviewed by the administrator or designee for the "use of rent rebate monies" and corrected if necessary. This audit will be done by the administrator or designee.*

*Continued compliance: The administrator will review current contracts to make sure the portion of rent rebates are applied.*

*Continued Compliance: the administrator will review each contract yearly at the time the RASP are done.*

*Audit of current resident files will be completed by the Administrator or designee by March 30, 2023.*

*All files are updated as of March 13, 2023*

*Continued Compliance: The home will complete the resident contract in full, documenting the homes's intended use of the rent rebate revenues on admission.*

*Resident's admitted after 3/31/23 will be reviewed quarterly as part of the Quality Management Plan. The first review will be of admissions taking place in the 2nd quarter of 2023. The quarterly reviews will continue for the remainder of 2023. The first review will audit new admissions during the second quarter of 2023. The audit and QA report will be completed by the owner/administrator or designee.*

**Licensee's Proposed Overall Completion Date: 03/31/2023**

Implemented ([REDACTED] - 04/06/2023)

## 63a - First Aid/CPR Training

**2. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*Staff person A is not trained in First Aid and CPR and is the only staff person working in the home on Saturdays and Sundays from 7:00 a.m. – 7:00 p.m.*

**Plan of Correction**

Directed ([REDACTED] - 03/23/2023)

*The administrator has scheduled staff person A to complete CPR. The training will be done by [REDACTED] agency on \_March 25, 2023\_. All staff will be retrained , This will create a consistent date for renewal.*

*Continued Compliance: \* Staff person A will not work alone until the CPR First Aid training is complete. Training scheduled for 3/25/23.*

*The administrator has set an electronic alert on [REDACTED] calendar. The alert is set for 6 months prior to the expiration of CPR reminder September 1, 2025*

*\* if CPR and First Aid trained, owner/ administrator will place a heart annotation beside the staff persons name on*

**63a - First Aid/CPR Training (continued)**

the schedule . This will allow for a quick daily reference of those scheduled to work or are called in to cover call offs. See attached.

Within 48 hours of receipt of the plan of correction - The administrator will review the home's schedules daily to ensure at least one staff person who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. - [REDACTED] 3-23-23

**Directed Completion Date:** 03/31/2023

**Implemented** [REDACTED] - 04/06/2023)

**88a - Surfaces****3. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

There was an approximate 2" gap between the edge of the kitchen floor and the top of the exterior wooden ramp with an approximate 1" drop, posing a potential trip/fall hazard.

The top step on the stairway on the back porch was loose and moved approximately 1/2" downward, posing a trip/fall hazard.

**Plan of Correction**

**Accept** [REDACTED] - 03/15/2023)

The home repaired the 2inch gap between the edge of the kitchen floor and the top of the exterior wooden ramp on march 13, 2023

Continued Compliance: The Adm/Owner will walk the property monthly to identify areas not in good repair. Repairs are done

**Licensee's Proposed Overall Completion Date:** 03/31/2023

**Implemented** [REDACTED] - 04/06/2023)

**94b - Non-Skid Surface****4. Requirements**

2600.

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

**Description of Violation**

There was no non-skid strip on the top step of the back porch, which was very slippery on the inspection date due to rain, posing a slip/fall hazard.

**Plan of Correction**

**Accept** [REDACTED] - 03/15/2023)

Immediate: The home will add non-skid strips or non-skid gravel paint on the outdoor steps of the back porch. This will be complete by 3/31/23

94b - Non-Skid Surface (continued)

Continued COmpliance: The adm/owner or designee will walk the property monthly to identify the need to add, repair or replace the non skid strips or paint. A check list for areas to be checked will be used. Skid strips were ordered and will be delivered to home on March 15, 2023 Administrator Will Pl. skid strips on steps in all areas need it as soon as they are delivered

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented ( ) - 04/06/2023)

95 - Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

The eighth spindle was missing from the handrail on the stairs leading from the 1st floor landing to the 2nd floor landing.

Plan of Correction

Accept ( ) - 03/15/2023)

The home has replaced the missing spindle on the handrail leading from the 1st floor to the 2nd floor landing.

Documentation of the repairs will be kept.

See attachment

Continued compliance: Owner/Adm or designee will walk the property monthly inside and outside to identify problems. Check list will be used.

Monthly walk throughs will begin in March 2023.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented ( ) - 04/06/2023)

131a - Fire Extinguisher

6. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

There is no fire extinguisher on the 3rd floor of the home.

Plan of Correction

Accept ( ) - 03/15/2023)

The homes's Adm/Owner has had the fire extinguishers checked by ABC Fire Co.

Photo attached The third floor extinguisher has been added. Photo attached

Continued Compliance: ABC Fire has added the Home to their annual reminders for fire extinguishers checks . They will alert the home when the annual check is due.

Licensee's Proposed Overall Completion Date: 03/31/2023

131a - Fire Extinguisher (*continued*)

Implemented (█) - 04/06/2023)

## 131f - Fire Extinguisher Inspection

**7. Requirements**

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

*None of the fire extinguishers in the home have been inspected since November 2021, including the fire extinguishers located in the following areas:*

- *At the top of the stairs off the kitchen*
- *In the basement*
- *At the top of the interior 2nd floor staircase*
- *Near the 2nd floor emergency exit leading to the exterior emergency exit stairs*

**Plan of Correction**

Accept (█) - 03/15/2023)

*The homes owner/adm has had the extinguishers in the home inspected on 2/27/23. ABC Fire Co will do the inspection yearly ABC fire company has added the Home to their yearly reminder for inspections of fire extinguishers. Continued Compliance: The home Will be notified by ABC Fire company to inspect the extinguishers yearly. They will contact the homes owner/administrator prior to the due date*

*Arrangements will be made with a Fire Safety Expert to inspect ALL of the homes fire extinguishers and to tag them yearly.*

*House check list will be used for the Administrators monthly inspection. Check list will be kept in the bld records..*

*Walk throughs to begin By March 30 2023 and monthly thereafter. Check list attached*

Licensee's Proposed Overall Completion Date: 02/27/2023

Implemented (█) - 04/06/2023)

## 132b - Safety Inspection/Fire Drill

**8. Requirements**

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 last annual fire safety inspection and inspection was conducted on 9/3/19.*

**Plan of Correction**

Accept (█) - 03/15/2023)

*The homes Owner/administrator will immediately reach out to the local fire safety expert to schedule the supervised drill and inspection. The █ Fire department will complete the drill and inspection by 3/31/23*

*OF note they were not coming into the bld during the Covid Emergency*

*Continued Compliance:*

*The administrator/owner will enter the due date for the supervised drill and inspection into her electronic calendar.*

*The altet will be schedule three months prior to the due date for the annual drill, inspection*

132b - Safety Inspection/Fire Drill (continued)

Continued Compliance: The Owner/Administrator will use a bld Calendar as a tickler for the annual requirements of the Supervised Drill and inspection, Fire training, and other yearly bld requirements ie, furnace checks, fire extinguishers, emergency lighting, etc. Calendar will hang in the Adm's office and will be used solely for this purpose. Owner/Adm will initial the calendar at the end of the month noting the progress of the specific requirement. Documentation of all inspections/repairs will be maintained in the homes records. Calendar to be in place by 3/31/23.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 04/06/2023)

132f - Alternate Exit Routes

9. Requirements

2600.  
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home has 3 exits; however, the front door was the only exit route used during the fire drills held from 1/6/22 to 12/15/22.

Plan of Correction

Accept [redacted] - 03/15/2023)

The home will use alternate exit routes for fire drills.  
The next drill will reflect an alternate route. The next drill will take place in March 2023.  
Future drills will reflect the use of the homes alternate exit  
Continued Compliance: The Owner/Administrator will review the previous month fire drill records prior to doing a drill. Exites will be rotated when drills are performed. The adminstrator will block the exit that is not to be used/as if that were where the fire was. This will start the drill due in March on 2023. Documentation will be reflected on the fire drill record form.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [redacted] - 05/10/2023)

132g - Fire Drills Days/Times

10. Requirements

2600.  
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Three consecutive fire drills were held on the same day of the month:  
- 2/16/22  
- 3/16/22  
- 4/16/22

The past two drills held during sleeping hours, were conducted at the same time of the day:  
- 7/29/22 at 6:30 a.m.  
- 12/15/22 at 6:30 a.m.

132g - Fire Drills Days/Times (continued)

Plan of Correction

Accept ( [redacted] ) - 03/23/2023

Immediate: The owner/administrator will alternate dates and times of drills

The drill in March of 2023 will reflect a different date/time and exit route

Continued Compliance. The homes Owner/Administrator will review the previous months drill records paying attention to the date, day, time of the drill as well as the fore mentioned exit routes. The date,day, time and exit routes will be adjusted to comply with 2600.132g. The fire drill records will be maintained in in the bd.

* Jan 2023 drill	Date	1/14/23	Time	5pm	Exit front dr
Feb 2023 drill	Date	2/15/23	Time	12pm	Exit back dr

See attached drill record.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented ( [redacted] ) - 04/06/2023

144c1 - Smoking Area Guidelines

11. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

There was an ashtray full of cigarette butts on top of a plastic milk crate on the back porch to the left of the door leading into the kitchen. This is not the designated smoking area.

Plan of Correction

Accept ( [redacted] ) - 03/15/2023

Immediate: The home removed the crate, milk carton and ashtray from the back porch leading to the kitchen. A no smoking sign is in place. Photo attached

Continued compliance:

The homes administrator will retrain the staff on the regulation 144 C , and the homes designated smoking area.

The Employees are required to smoke in the designated area. That area is on the front wrap around porch ( side area). This is also the designated smoking area for staff.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented ( [redacted] ) - 04/06/2023

183d - Prescription Current

12. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

A bottle of [redacted] which expired [redacted] for resident #1 was on the medication cart.

## 183d Prescription Current (continued)

A blister package of [REDACTED] which was discontinued on [REDACTED] for resident #1 was on the medication cart.

**Plan of Correction**

Accept [REDACTED] - 03/23/2023)

Immediate Action: The expired OTC bottle of [REDACTED] was destroyed. A new bottle of [REDACTED] was ordered from the pharmacy. The blister pack of [REDACTED] which was discontinued on [REDACTED] 2 was counted by the Administrator and another staff person. The medication was then destroyed.

Continued Compliance: The adm /owner has had all person passing medications retrained by a Department Certified MEducation trainer. Training WAS completed on 2/11/23 A portion of this training addresses discontinued medications and expired medications. The training was performed by a department approved Certified medication administrator trainer.

**Continued Compliance:**

The administrator or designee will audit the medication cart for medications that may be expired or has been discontinued. The audit will take place on or before 3/31/23 The Audit will be kept in the building for reference. Med Fast Pharmacy will perform an Audit of the medication cart on a yearly basis

The Administrator will arrange for medication techs to be retrained on the correct way to manage expired and discontinued medication. The training will be performed by a Certified Medication Trainer. The training will take place by 3/31/23.

The Administrator or designee will audit the medication cart quarterly to identify medications that are expired.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [REDACTED] - 04/06/2023)

## 187b - Date/Time of Medication Admin.

**13. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

On [REDACTED] resident #1 was ordered [REDACTED], take 1 capsule each morning. However, the medication has not been available in the home since it was initially ordered, and staff have initialed the medication administration records (MARs) as having given the resident the medication on a daily basis since it was ordered.

**Plan of Correction**

Accept [REDACTED] - 03/15/2023)

Immediate: The home confirmed the order of [REDACTED] take 1 capsule by mouth each morning. [REDACTED] Pharmacy and the physician confirm the order and the delay caused by a requirement of a prior authorization from insurance prior to filling the order.

The [REDACTED] was approved and came into the the bld on 2/17/23 at which time administration began

Continued Compliance: The owner administrator has had all med passers retrained in the correct method of medication administration and documentation of the administration. A Medication Administration Training class was taught approved by the department.

**187b - Date/Time of Medication Admin. (continued)***Continued Compliance:*

The staff administering medication was re-educated on the administration and documentation of medication. The education took place on 2/11/23

and was done by a department certified Medication Administration trainer.

Documentation of the training will be kept in the bld.

Med Fast Pharmacy will NOT enter medications onto the MAR until they have been released for delivery. Med Fast Pharmacy will audit the cart minimally one time per year. Staff (as trained in Med Class will not enter medications onto the MAR until they have arrived in the bld and the label/MAR can be compared)

**Licensee's Proposed Overall Completion Date:** 03/31/2023

**Implemented** [REDACTED] - 04/06/2023)

**187d - Follow Prescriber's Orders****14. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

On [REDACTED] resident #1 was ordered [REDACTED] take 1 capsule each morning. However, the resident has not received the medication since it was ordered, as the medication has never been available in the home. The pharmacy indicated they were waiting for an insurance authorization.

**Plan of Correction**

**Accept** [REDACTED] - 03/23/2023)

*Immediate:* The prescriber was notified that resident #1 has not received the medication [REDACTED], take 1 capsule by mouth each morning. The status of the Prior authorization was under inquiry. A complaint was filed with the pharmacy as it should not have been placed on the MAR until the script was filled. The physician was aware of the required prior auth, The medication has been delivered to the home. Delivery date was 2/11/23

*Continued Compliance:* The Administrator scheduled Medication Administration training for all staff administering medications which will include the correct documentation of medications that are not available. this was completed 2/27/23 by a Department approved trainer.

[REDACTED] pharmacy will not enter medications on the MAR until the medication has been dispensed..

MEd Fast Pharmacy will perform a cart audit yearly and provide physician order sheet to the administrator monthly \* The physician was not notified by the home prior to the BHSL inspection. He was notified of the need for prior authorization by the pharmacy.

The home will notify the physician immediately when a prescribed medication is not available for administration. This re-training was a part of the total Medication Administration Course provided to the staff on 2/11/23. Refresher training on this specific requirement will be completed on 3/25/23.

**Licensee's Proposed Overall Completion Date:** 03/31/2023

**Implemented** [REDACTED] - 04/06/2023)

**190a - Completion Medication Course**

15. 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 persons A, B, C and D have not completed the Department-approved medication administration annual practicum since [REDACTED]; however, they have administered medications to multiple residents in 2022 and 2023.

Plan of Correction

Accept [REDACTED] - 03/15/2023)

The Administrator of the home has had all current staff administering medication repeat the Department approved Medication Administration Course. This was completed 2/11/23. The course was taught by a Department certified trainer.

Certificate and sign in sheet attached

Continued Compliance: The Administrator will review Medication training records of all staff on a quarterly basis. This will identify the need for Annual practicums. The Administrator will schedule the annual practicums to be done by a department approved medication trainer. The records will be maintained in the bld.

????? Is trainer a part of your QA reports????????? If so, the review could be done at the same time as the QA report

The Administrator will contact and schedule a Department approved Medication trainer to retrain the homes medication passers.

The home will schedule this training ASAP and before March 31, 2023

The homes owner/administrator will track medication passers required training and schedule the required observations, MAR reviews which comprise the annual practicum.

Licensee's Proposed Overall Completion Date: 03/31/2023

Implemented [REDACTED] - 04/06/2023)