

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

August 15, 2023

[REDACTED], OWNER

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 06/16/2023 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: HENDERSON HOUSE License #: 43095 License Expiration: 03/10/2024
 Address: P.O.B. 6363,528 30 PRESSLEY ST, PITTSBURGH, PA 15212
 County: ALLEGHENY Region: WESTERN

Administrator

Name: [REDACTED] Phone: [REDACTED]

Legal Entity

Name: ROSALIE J DAPICE
 Address: [REDACTED]
 Phone: [REDACTED] Email: [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: 21 Waking Staff: 16

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/16/2023

Inspection Dates and Department Representative

06/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 Residents Served: 21
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

06/16/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/02/2023

07/05/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/02/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/11/2023

Inspections / Reviews *(continued)*

07/13/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/02/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/01/2023

08/15/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/02/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

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

At 10:00 AM, the resident privacy coding document, which included the names of residents #1 and #2, was attached to the license inspection summary, dated 10/18/21, and was posted on the 1st floor hallway bulletin board.

Plan of Correction

Directed ([REDACTED] - 07/13/2023)

Immediate: The privacy code page was removed from the posted document.

Continued compliance:

The administrator or designee will remove the privacy confidential page of the Violation report before posting in a public place.

Monitoring: Required postings including the violation report will be checked monthly by the administrator or designee) for regulatory compliance. including, location and privacy. Checks will begin July 2023. Check list attached

Monthly checks will begin 7/2023. (DIRECTED: The monthly checks shall begin on 7/20/23. [REDACTED] 7/13/23).

Documentation will be kept/attached

Directed Completion Date: 07/20/2023

Implemented ([REDACTED] - 08/03/2023)

18 - Compliance With Laws

2. 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 influenza poster was not posted in a conspicuous and public place in the home in accordance with the Influenza Awareness Act of July, 2016.

There was no operable carbon monoxide detector in close proximity of, but not less than 15 feet from the gas stove in the 3rd floor kitchen in accordance with the Care Facility Carbon Monoxide Alarms Standard Act, enacted on 9/23/16.

Plan of Correction

Accept ([REDACTED] - 07/05/2023)

Immediate;

The Flu poster was printed and posted in a public and conspicuous place. The carbon monoxide detector was repositioned and placed in close proximity

but not less than 15 feet from the gas stove as required by the Care Facility Carbon Monoxide Alarms Standard Act.

Continued Compliance:

18 - Compliance With Laws (continued)

1 Monthly, the administrator will audit for the require documents to beposted. Check list of required postings attached.

Completion by 7.17.23

Monthly the Administrator will use a check list to inspect the location and inspections dates of fire extinguishers, smoke electors and carbon monoxide detectors.

Check list attached.

Licensee's Proposed Overall Completion Date: 07/18/2023

Implemented ([redacted] - 08/15/2023)

51 - Criminal Background Check

3. Requirements

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

No Pennsylvania criminal background check was completed for direct care staff person A, who was hired on [redacted].

Plan of Correction

Accept ([redacted] - 07/13/2023)

Immediate: Application for criminal background check for staff member A was made on 6/22/23 Receipt_ 6/22/23 No record Attached.

Continue compliance:

Administrator will audit all staff files to identify any missing background checks and or other requirements for new hires Audit will be complete by 7/17/23

Any missing documents will be completed.

A check list will be used for the audit and for new hires. Check list to be implemented for new hires on July 1, 2023.

Audit will be completed by the administrator or designee by 7/21/23. Documentation will be kept/attached

New hires will not b placed on the schedule until requirements are met.

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented ([redacted] - 08/03/2023)

54a - Direct Care Staff

4. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, hired on [redacted], does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse registry.

54a Direct Care Staff (continued)

Plan of Correction

Accept (█ - 07/13/2023)

Immediate: Documentation of the required education for Staff pers B was located On 6/23/23 Documentation will be kept/ attached.

Continued compliance:

A check list has been developed to track new hire requirements. Check list will be used for all new hires beginning 7/1/23. The new hire will not be placed on the schedule to provide unsupervised direct care until the requirements for education are met.

All staff records will be audited for educational requirements.

The audit will be completed by the administrator or designee.

by 7/21/23. If deficits are found they will be corrected by the administrator.

The new hire check list was put into place 7/1/23

Documentation of the check list and audit will be kept/attached

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented (█ - 08/03/2023)

65d - Initial Direct Care Training

5. Requirements

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 A, hired on █, has not successfully completed and passed the Department approved direct care training course and passed the competency test.

REPEAT VIOLATION: 10/18/2021, et. al.

Plan of Correction

Accept (█ - 07/13/2023)

immediate: The required competency test was located the day of the inspection but after the inspector was gone. Competency was completed on 12/15/16.. The Competency test will be attached.

Continued compliance: A check list for New hire Requirements has been implemented 7/1/23. The check list will be kept in the employee record. All staff records will be audited by the administrator or designee for the competency test. Should a staff member not have the Competency test, they will be removed from direct care until the competency test has been completed. The audit and corrections will be completed by the administrator or designee. The audit and the corrections will complete by 7/21/23.

The new hire will not be placed on the schedule until the requirements have been met. Documentation of audit and check list will be kept/attached

Licensee's Proposed Overall Completion Date: 07/21/2023

65d - Initial Direct Care Training (continued)

Implemented [redacted] - 08/03/2023)

89b - Hot Water Temperature

6. Requirements

2600.

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

Description of Violation

At 10:13 AM, the hot water temperature at the 2nd floor dining room sink was 140.9 degrees Fahrenheit.

At 10:17 AM, the hot water temperature at the 2nd floor bathroom sink near bedroom #208 was 145.5 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 07/13/2023)

Immediate: The home has 4 water heaters. Temperature on the 2 water heaters producing excessive temperatures were turned down. Plumber was called to install a regulator that will not let water be heated above 120 degrees.

Continued Compliance:

Plumber completed the installation of the 2 regulators on _6/27/23_. Documentation kept and will be attached to this POC.

The remaining 2 heaters are producing water temperature of below 120 degrees. Administrator or designee will check /document water temperatures daily, The documentation of water temperatures from all 4 tanks begun on 6/26/23. Temperatures will be taken daily for one week, then weekly for one month and if no water temperature is greater than 120 degrees temperatures will then be taken monthly.

Record of the temperatures will be kept and attached.

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented [redacted] - 08/15/2023)

103f - Refrigerator/Freezer Temps

7. 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

At 9:50 AM, no thermometer was present in the chest freezer, located in the basement.

At 10:27 AM and at 12:45 PM, the temperature in the Superior commercial refrigerator, located in the 3rd floor kitchen, was 45 degrees Fahrenheit.

REPEAT VIOLATION: 10/18/2021, et. al.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept [redacted] - 07/13/2023)

Immediate

Food in Superior commercial refrigerator was transferred to a refrigerator reading no more than 40 Degrees. Allegheny Refrigeration is scheduled to complete the repair the week of 7/10/23. Documentation of the repair to be kept/attached.

Continued compliance.

Staff will be educated to check and document temperatures on all refrigerators and freezers daily. Lack of thermometer or temperature outside the requirements will be reported to the Administrator immediately.

Education for the staff will be completed by the administrator or designee and be complete by 7/21/23 Education will be documented and attached.

Prior to staff education the temperatures will be taken by the administrator or designee.

After education, staff will record the temperatures daily. Recording of temperatures began 6/18/23 and will continue daily as standard daily practice,

Documentation to be kept/attached.

Education for staff will be complete by 7/17/23. Education will be kept and attached.

Repair of the Superior Commercial refrigerator will take place the week of 7/10/23. Documentation will be kept and attached

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented [redacted] - 08/15/2023)

131f - Fire Extinguisher Inspection

8. 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

No inspection tag was present on the fire extinguisher in the 2nd floor dining room, so it is unable to be determined if it was inspected and approved by a fire safety expert within the past year.

The fire extinguisher in the 3rd floor kitchen near the window has not been inspected and approved by a fire safety expert since 2021.

Plan of Correction

Accept [redacted] - 07/13/2023)

Immediate: The fire extinguisher in the 2nd floor dining room was inspected and tagged. on 7/7/23. The fire extinguisher in the 3rd floor kitchen area has been inspected and tagged. on 7/7/23. The fire extinguishers were inspected by the contracted company ABCO Fire Protection. documentation will be attached.

131f - Fire Extinguisher Inspection (continued)

Continued Compliance:

Monthly, the administrator or designee will round the bld checking the fire extinguishers and tags. The tags will be initialed and dated. Monthly check list is attached. Fire extinguishers will be checked yearly by a professional inspection company. Monthly checks will begin Aug 1, 2023. Documentation will be kept/attached

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented ([redacted] - 08/03/2023)

187a - Medication Record

9. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed [redacted] tablet-Take 1 tablet by mouth 2 times a day; however, the medication is not present on resident #3's [redacted] medication administration record (MAR).

Plan of Correction

Accept ([redacted] 07/13/2023)

Immediate: The order for cardvediol was confirmed with the pharmacy. After confirmation the label on the [redacted] was transcribed to the MAR.

Continued Compliance:

All Med Techs will be re-educated on the necessity of checking medications when they come into the building to make certain they are on the MAR. If they are not on the MAR, the MAR must be updated before administering the medications.

All med techs will be re-educated on actively using the MAR when administering medications. If the medication is not on the MAR it cannot be administered.

Education will be done by a DHS approved Medication Trainer. Training will be completed by 7/21/23.

Documentation will be provided/attached.

Monitoring: The MAR/CART review will be completed monthly at the time of the month to month change over.

187a Medication Record (continued)

Audit will be done by the Administrator or designee. Monitoring via MAR/Cart audit will begin Aug 2023. Documentation will be kept/attached

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented (█) - 08/15/2023)

224a - Preadmission Screen Form

10. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

A preadmission screening was not completed for resident #4, who was admitted to the home on █.

Plan of Correction

Accept (█) - 07/13/2023)

Immediate: The pre screen was located the week of 7/2/23.

Continued Compliance:

The administrator or designee will audit all resident records for the required resident records including he prescreen. The audit will be completed by 7/21/23. A New Resident Check list has been developed and will be used for future admissions. Check list implemented at the for new admissions 7/1/23. The audit of current residents records will be complet 7/21/23. Documentation will be kept/attached

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented (█) - 08/15/2023)

225a - Assessment 15 Days

11. Requirements

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

Resident #5 was admitted to the home on █; however, resident #5's assessment was not completed until █

Plan of Correction

Accept (█) - 07/13/2023)

The administrator, designee or human service agency will complete all assessments within 15 days of admission . A check list for New ADmission requirements has been implemented as of 7/1/23.

The administrator or designee will audit all resident records. The audit will be complete by 7/21/23. A New Resident Check List has been developed and will be used for any new resident being admitted after 7/1/23. Documentation will be kept/attached

225a Assessment 15 Days (continued)

documentation will be kept/attached

Licensee's Proposed Overall Completion Date: 07/21/2023

Implemented [REDACTED] - 08/15/2023)