

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

November 30, 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 09/28/2023 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:** 12      **Waking Staff:** 9

**Inspection Information**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 09/28/2023

**Inspection Dates and Department Representative**

09/28/2023 - 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:** 11  
**Diagnosed with Mental Illness:** 11      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

**Inspections / Reviews**

09/28/2023    Partial  
**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 10/21/2023  
11/03/2023 - POC Submission  
**Submitted By:** [REDACTED]      **Date Submitted:** 11/30/2023  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 11/10/2023

Inspections / Reviews (continued)

11/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow Up Type: Bypass Document Submission

11/30/2023 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 15a - Resident Abuse Report

### 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

#### Description of Violation

On [REDACTED] at 2:33 p.m. residents #1 and #2, were outside on the porch area of the home. Resident #1 alleged that, at this time, resident #2 touched the lower right side of his/her buttocks area. Resident #1 immediately reported this to [REDACTED], the home's administrator. However, this allegation was not reported to the local Area Agency on Aging.

#### Plan of Correction

Directed ([REDACTED] - 11/22/2023)

*moving forward, staff has been educated on Reporting abuse.*

*Staff will report ~~expected~~ abuse [REDACTED] allegations of abuse to administrator. Administrator will immediately take Statement, and report abuse to designated person, Police Department, state licensing, and older adult protective service area Agency on aging.*

#### DIRECTED:

*Within 1 day of receipt of the plan of correction - The administrator will complete a daily review of any unusual incidents and ensure all allegations of abuse are immediately reported to the area agency on aging.*

Directed Completion Date: 12/01/2023

Implemented ([REDACTED] - 11/30/2023)

## 42s - Privacy

### 2. 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

*On 9/28/23, at approximately 2:10 p.m., there were no locking devices on the doors of the shared bathrooms on the 1st floor or the two bathrooms located on the 2nd floor.*

#### Plan of Correction

Accept ([REDACTED] - 11/03/2023)

*Immediately administrator notified maintenance guy. On September 29th the next day maintenance put locks on all bathrooms upstairs and downstairs. Moving forward administrator, and or staff while cleaning bathrooms will make sure locks are in place daily. see attached pictures*

Licensee's Proposed Overall Completion Date:

Implemented ([REDACTED] - 11/30/2023)

## 101j7 - Lighting/Operable Lamp

### 3. Requirements

**101j7 Lighting/Operable Lamp (continued)**

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 #2 does not have a source of lighting that can be turned on/off at bedside*

*Resident #3 does not have a source of lighting that can be turned on/off at bedside.*

**Plan of Correction**

**Accept ( [REDACTED] - 11/22/2023)**

*Immediately at time of inspection administrator, replaced light bulbs in resident #2 and resident #3 lamps on night stands next to beds. Moving forward on cleaning days one day a week staff will check lamps next to beds and notify administrator if new light bulbs are needed. Staff was educated on checking lamps for lighting next to beds. Administrator will monitor bedside lighting monthly and Document.*

**Licensee's Proposed Overall Completion Date: 11/20/2023**

**Implemented ( [REDACTED] - 11/30/2023)**

**141b1 Annual Medical Evaluation****4. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

*Resident #2's most recent medical evaluation was completed on [REDACTED].*

**Plan of Correction**

**Accept ( [REDACTED] - 11/22/2023)**

*time of inspection, resident #2 had evaluation for 2023, but not signed by doctor or dated. Moving forward administrator will check resident's files once a month when doctor does house visits to make sure all paperwork that doctor needs to sign is signed by doctor and dated monthly.*

**Licensee's Proposed Overall Completion Date: 11/20/2023**

**Implemented ( [REDACTED] - 11/30/2023)**

**181c Self administration Assessment****5. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self administer and the need for medication reminders.

**Description of Violation**

*Resident #2 self-administers medications to include [REDACTED]*

*[REDACTED] however, resident #2 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications. The resident's medical evaluation, dated the assessment for resident #2 does not indicate if the resident can or cannot self-administer medications.*

**181c Self administration Assessment (continued)****Plan of Correction****Directed ( [REDACTED] - 11/22/2023)**

*Absolutely after inspection administrator, checked assessment Plan and support plan and indicated that resident #2 can self administer certain medications that will be Creams or ointments to body. After asking resident questions that will indicate if or if not he can administer medications to creams to body. Do you know what this is for? Do you know where it goes and can you apply it yourself? Resident#2 Reply the right answer for all three questions which indicated that he can't apply his own creams or ointments. Dr Blinn house dr will also give a written statement if resident is capable of doing creams and ointments attached*

***DIRECTED:** On [REDACTED], the resident's physician provided written authorization for resident to self administer all creams and lotions.*

***DIRECTED:** Within 48 hours of receipt of the plan of correction If a resident wishes to self administer medications, the administrator will ensure the resident has been assessed by a physician, physician's assistant or certified, registered nurse practitioner that they are capable of self administering medications.* [REDACTED]

**Directed Completion Date: 11/22/2023****Implemented ( [REDACTED] - 11/30/2023)****183b - Meds and Syringes Locked****6. Requirements**

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**

*At approximately, 1:05 p.m., multiple medications were unlocked, unattended and accessible in resident #2's clothing drawer including:* [REDACTED]

**Plan of Correction****Accept [REDACTED] - 11/03/2023)**

*Immediately after inspection administrator contact residents designated person to inform them that resident misplaced his lock box and that it had to be replaced in order for [REDACTED] to keep [REDACTED] creams in [REDACTED] room. The following day residents designated person brought [REDACTED] a new lock box, moving forward all residents that keep creams in their rooms or medication in their rooms, When staff cleans rooms will check to make sure medications are inside lock box and locked weekly. Staff was educated on all residents who keep medications in the room must be locked in lock box If residents do not have a lock box in their room to put medications or creams in staff will Immediately remove medications or creams out of residents rooms and put in office in Medcart locked up and Inform administrator. Administrator will inform designated person to replace a new lock box so that medications or creams can be locked appropriate.*

**Licensee's Proposed Overall Completion Date:****Implemented ( [REDACTED] - 11/30/2023)****184a - Resident's Meds Labeled****7. Requirements**

**184a - Resident's Meds Labeled (continued)**

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

On 9/28/23, [REDACTED]

[REDACTED], belonging to resident #2 were not labeled with the resident's name.

**Plan of Correction**

Accept ( [REDACTED] - 11/03/2023)

*During inspection administrator immediately put all medications inside original labeled boxes and locked in Medcart until resident got lock box. Moving forward trained med trainers will also give residents original labels with medication. Staff has been trained on leaving medications in original labeled boxes.*

**Licensee's Proposed Overall Completion Date:**

Implemented ( [REDACTED] - 11/30/2023)

**225c - Additional Assessment****8. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

**Description of Violation**

Resident #2's annual assessment, dated [REDACTED] does not the resident's supervision needs or if the resident is able to self-administer medications.

**Plan of Correction**

Directed ( [REDACTED] - 11/22/2023)

*At time of inspection administrator immediately updated assessment planned and support plan. Indicating that resident can self administer medications. Moving forward administrator will update assessment plans and support plans as needed. According to all residents changes. DIRECTED: Assessment also updated to address the resident's supervision needs.* [REDACTED]

*DIRECTED: Within 15 days of receipt of the plan of correction, the administrator will review assessments of all residents to ensure they are completed in their entirety.* [REDACTED]

**Directed Completion Date: 11/20/2023**

Implemented ( [REDACTED] - 11/30/2023)