

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

January 17, 2025

[REDACTED]
FAVERS RESIDENTIAL CARE HOME INC
[REDACTED]

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

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2024 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: *11/05/2024*
 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: [REDACTED]
 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: *11* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Monitoring* Exit Conference Date: *12/13/2024*

Inspection Dates and Department Representative

12/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *14* Residents Served: *11*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/13/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/05/2025*

01/06/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/14/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/10/2025*

Inspections / Reviews *(continued)*

01/17/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/14/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

183b - Meds and Syringes Locked

1. 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 9:33 a.m., two boxes of [redacted] prescribed to resident [redacted] were unlocked and accessible on the top shelf of the refrigerator door in the kitchen.

Plan of Correction

Accept ([redacted] - 01/06/2025)

Immediate: the two boxes of [redacted] were placed in a lock box and then placed in the refrigerator.

Continued Compliance:

1. Staff education on the requirement of refrigerated medications being in a lock box will be completed by 1/10/24.

Education will be provided by a Certified medication administration trainer. [redacted] is self administered by resident [redacted].

The ozempic will be offered to the resident for self administration and then returned to the locked box and placed back in the refrigerator. T

2. The RASP will be updated by the administrator or designee to reflect the storage and self administration of the medication.

3. Correct storage method ie, in a locked container, in the refrigerator, will be documented weekly(the day the medication is to be self administered) for the next 90 days. Documentation will be kept in the MAR and will be attached to this POC.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented [redacted] 01/17/2025)

187b - Date/Time of Medication Admin.

2. 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

The staff person who administered medications did not initial the December 2024 medication administration record (MAR) for multiple residents, on multiple dates to include the following:

- Resident [redacted]

[redacted] at 8:00 a.m.: [redacted], 1 capsule twice per day

[redacted] at 8:00 p.m.: [redacted] twice per day, and [redacted] 1 capsule twice per day

[redacted] at 8:00 a.m.: [redacted] twice per day, and [redacted] 1 capsule twice per day

- Resident [redacted]

[redacted] at 8:00 a.m.: [redacted]

187b Date/Time of Medication Admin. (continued)**Plan of Correction****Accept ([REDACTED] - 01/06/2025)**

Immediate: The administrator confirmed the medication (individually packaged with date and time) were not in the med cart. The medication tech on duty for the days documentation was missing states the medication was administered but was not documented. The med techs involved were given a written warning. The warning will be attached to the POC

Continued Compliance:

1.Beginning Jan 1 2025 the Administrator or designee will check the MAR daily for the next 60 days to confirm there are no missed signatures or other documentation errors. Documentation of the daily checks will be kept and attached to this report

2. Staff Education / remediation of the documentation requirements when administering medications will take place on Jan 7. 2025. Education will be done by a Certified Medication Trainer. Module 8 will be reviewed with all medication techs. Education documents will be attached to this report.

Licensee's Proposed Overall Completion Date: 01/07/2025**Implemented ([REDACTED] 01/17/2025)**