

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

March 27, 2025

[REDACTED]  
ROSALIE J DAPICE  
[REDACTED]

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

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/16/2025 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: 03/10/2025  
 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**

Name: ROSALIE J DAPICE  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 01/16/2025

**Inspection Dates and Department Representative**

01/16/2025 - 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: 14 Are 60 Years of Age or Older: 16  
 Diagnosed with Mental Illness: 22 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

01/16/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/06/2025

02/06/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/20/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/12/2025

Inspections / Reviews *(continued)*

02/19/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/20/2025

03/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/20/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b - Abuse

**1. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

According to direct care staff person A, prior to lunch on [REDACTED], resident [REDACTED] grabbed resident [REDACTED] from behind as resident [REDACTED] was entering the common dining room at the top of the stairs. As resident [REDACTED] was attempting to free [REDACTED] from resident [REDACTED] grasp, resident [REDACTED] fell backwards and fell down a few of the stairs. Resident [REDACTED] sustained a small cut to [REDACTED] face during the altercation.

**Plan of Correction****Directed [REDACTED] - 02/19/2025)***Immediate Action:*

Administrator retrained staff to report Abuse or suspected abuse to [REDACTED] immediately. Administrator will follow OAPSA requirements and DHS regulation to report incidents. Training completed 1/22 /2025  
Documentation will be attached to this report and kept in the homes records

*Continued Compliance:* \* Protective Services has not committed to a training date.

Staff will be re-educated on OAPSA and the complete process of reporting any type of abuse or suspected abuse. In the reported incident it was resident to resident physical abuse.

Administrator will request the training be provided by Protective Services. If Protective Services is unavailable, the administrator will provide the training to staff. Date of training TBD : AS of 2/10/25 Protective Services has not responded/confirmed at date for the training.If there is no response or the training cannot be provided by 2/28/25, the administor will provide the training.by 2/28/25

2. A flow chart of of required actions, phone numbers, required forms ( Act 13 and Reportable Incident will be made available to staff for quick reference.

Documentation of the training will be kept in the homes training records and will be attached to this Plan of Correction

3. Resident [REDACTED] Crisis Intervention was called the day of the resident/resident abuse 4/21/24.. Staff called Crisis. Resident was admitted to Western Psyche Hospital under a 302 admission. Due to the lack of correct documentation in the resident record and the 9 months from the time of the incident and the departments investigation, details of the incident were not clear nor were they shared with the inspectors on 1/16/25. Details have since been clarified by the Administrator.

4. Resident [REDACTED] remained at Western Psych until approx 4/29/24 when a social worker called the facility to report the resident would not be returning to Henderson House. [REDACTED] had chosen to be admitted to another PCH.

5. The RASP was not updated as the resident did not return to Henderson House.

6. Residents will be educated to report abuse to the Adinistrator and or staff. Resident meeting/education will take place on or before 2/28/25 and will be attached to the POC

**DIRECTED:** Beginning on 2/24/25: The administrator shall interview at least 3 residents per week for 2 months to ensure residents are free from abuse/neglect. The interviews shall be conducted in private. Documentation of the interviews shall be kept. [REDACTED] 2/19/25

**DIRECTED:** By 3/20/25: The home shall conduct a quality management review, which includes a review of all

42b Abuse (continued)

items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 2/19/25

Proposed Overall Completion Date: 02/28/2025

Directed Completion Date: 03/20/2025

Implemented [redacted] - 03/27/2025)

182b - Prescription Medication

2. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- 1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- 2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- 3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Beginning on [redacted] direct care staff person A, medication technician, has been administering [redacted] to resident [redacted] on a weekly basis. [redacted] is a [redacted] medication; however, direct care staff person A is not qualified to administer this medication.

Plan of Correction

Directed [redacted] - 02/19/2025)

Immediate: Administrator contacted the most recent Diabetic educator to confirm the training in [redacted] medications was included in the yearly training in 2024.

The Diabetic Educator confirms [redacted] training included the [redacted] medications. this training was completed 9/12/24

Staff person #A attended that class. Staff person #A certificate will be attached to this report. All other staff administering medications certificates are included in this POC

On 1/17/25 Administrator requested a waiver for the administration of [redacted] medications but has not had a response. A second waiver will be sent to DHS on 2/12/25 and will be submitted with the correct documents ( policy, staff education. Policy will be attached to the POC and on the agenda for the next QA meeting scheduled for 4/2/25

The administrator confirms the building did not have a written Policy and Procedure for the administration of [redacted] medications and did not submit it with the original waiver. The policy will be submitted with the 2nd request of 2/12/25

Continued compliance:

- 1. The administrator will develop a Policy and Procedure for the use of the [redacted] medications. The written policy will be in place by 2/12/25. The revised waiver will be submitted by the Administrator on 2/12/25.
- 2. The administrator will review the Homes policy/procedure for the administration of [redacted] medications with all current Med Techs. Review of the policy will take place by 2/28/25. The policy will be available in the facility for the

182b Prescription Medication (continued)

departments review. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 2/19/25).

3. The new Policy /Procedure for the administration of GLP 1 medications will be included in the next QA meeting to take place 4/2/25 . (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. DIRECTED: The home shall conduct a quality management review by 3/20/25, which includes a review of all items specified in 2600.26b. [REDACTED] 2/19/25). The QA meeting notes will be available in the home for review.

4. First waiver was submitted on 1/17/25. There was not a response of any type to the waiver. Second waiver will be submitted with the documentation/requirements on 2/12/25. Copy will be attached to the POC

6. The MD was notified of the Departments Requirements and states the resident may Self Administer the Ozempic. MD order is attached and the MAR reflects the notation SELF ADMINISTER. Staff continues to store and remind resident of the scheduled dates for administration. (DIRECTED: By 2/21/25: The administrator shall ensure resident [REDACTED] is kept in an area that is locked in accordance with 2600.183b. If resident [REDACTED] is being stored in resident [REDACTED] bedroom for self administration, resident [REDACTED] shall be educated by the administrator by 2/21/25 on ensuring the medication is kept in an area of resident [REDACTED] bedroom that is locked. [REDACTED] 2/19/25).

7. RASP for resident [REDACTED] has been updated to reflect Self Administration of Ozempic. Staff continues to administer all other oral medications. RASP is accessible in the facility for review.

8. As of 1/17/25 Administrator will not admit any resident who cannot self administer the [REDACTED] medications until a waiver is accepted. Self administered order has been provided by the MD and will be attached to the POC

Proposed Overall Completion Date: 02/28/2025

Directed Completion Date: 03/20/2025

Implemented [REDACTED] 03/27/2025)

187a - Medication Record

3. Requirements

2600.

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

6. Dose.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

On [REDACTED] resident [REDACTED] was to begin receiving [REDACTED] into skin every 7 days; however, resident [REDACTED] December 2024 and January 2025 medication administration records (MAR's) indicate, [REDACTED] into skin every 7 days".

Resident [REDACTED] December 2024 and January 2025 MAR's do not include a diagnosis or purpose for [REDACTED]

REPEAT VIOLATION: [REDACTED]

Plan of Correction

Directed [REDACTED] - 02/19/2025)

Immediate: Diagnosis was added to the MAR to reflect the reason for [REDACTED] Pharmacy was informed MARS must include a diagnosis or reason for each medication entered onto the MAR

187a Medication Record (continued)

Continued Compliance.

1. Audit of ALL RESIDENT MARS's began 1/30/25 for Feb 2025. Audit was completed by the Administrator and designee. The Audit took place 1/30/25. Attached.

2. Audit of ALL RESIDENT MARS for diagnosis will continue for six months. This will be completed PRIOR to initiation of each new months MAR. The audit will be completed by the Administrator or designee. Audits will be kept in the homes records. Results of the audits will be addressed in the homes QA meeting scheduled for 4/2/25. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. DIRECTED: The home shall conduct a quality management review by 3/20/25, which includes a review of all items specified in 2600.26b. 2/19/25).

3. Staff training:

Med techs will be re trained on the necessity of a diagnosis or reason for each medication on the MAR. Training will be completed by a Certified Medication Trainer. Training will be completed by 2.28.25. Documentation of the training will be attached to this report and kept in the building for review.

DIRECTED: By 2/21/25: The administrator/designee shall ensure resident #3's MAR accurately reflects resident current prescription order. 2/19/25

DIRECTED: By 3/1/25: The administrator/designee shall review all current resident MAR's to ensure accuracy in accordance with current prescribers' orders. 2/19/25

DIRECTED: Beginning on 3/1/25: The administrator/designee shall audit at least 8 different resident MAR's monthly to ensure accuracy in accordance with current prescribers' orders. 2/19/25

Proposed Overall Completion Date: 02/28/2025

Directed Completion Date: 03/20/2025

Implemented - 03/27/2025)

187b - Date/Time of Medication Admin.

4. 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 [redacted] was prescribed [redacted] into skin every 7 days for 4 weeks, and on [redacted] resident [redacted] was prescribed [redacted] into skin every 7 days. Due to needing prior authorization to fill the prescription, the 1st [redacted] dose of the medication was not administered to resident [redacted] until [redacted]. Direct care staff person A indicated [redacted] has been administering this medication to resident [redacted] every 7 days since [redacted] however, direct care staff person A only documented the weekly administrations of this medication on resident [redacted] MAR's on the following dates:

- [redacted]
- [redacted]
- [redacted]

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Directed [redacted] - 02/19/2025)

Immediate Action:

The Administrator reviewed the MARS of Nov 2024, Dec 2024 and Jan of 2024. The MAR of Jan 2025 was corrected to reflect the correct orders of [redacted]. The MAR of Feb 2025 was reviewed, compared to the label and confirmed to have the correct dose and time to administer the [redacted].

Pharmacy Labels on the [redacted] and the MAR match and confirm the correct weekly dose of [redacted] to be injected subcutaneously weekly.

The dose of [redacted] injected subcutaneously began on \_\_\_\_\_ and will continue weekly unless MD orders change.

Continued Compliance:

1. Med cart Label to MAR audit of ALL RESIDENTS is to be completed by the Administrator or designee by Feb 15, 2025. Audit will be attached to this POC.

2. Med cart audit MAR to Label will begin Feb 2025 and take place monthly for the next 6 months. Audit will be completed by Administrator or designee. Audits will be kept in the building for review

3. Med Tech re-education will be completed by a Certified Medication Trainer.

Retraining will include the matching of the MAR and the LABEL prior to the administration of any medication. the Five Rights of Medication administration, Right person, Right medication, Right dose, Right time and Right route will be included in the training. Training will include initialing the MAR immediately after the medication is administered. Training will be completed by the certified trainer by by 2/28/25

Documentation of the training will be attached to this POC and kept in the bld for review.

4. ALL resident MARS will be audited monthly PRIOR to new month being placed in the binder for Med Tech use. The audit will be completed by the Administrator or designee. Audits began for Feb 2025. Audits will be kept in the bld for review and will be attached to this POC. Audits will include, documentation of diagnosis, MAR to label match and the initialing of all medication administered

DIRECTED: Beginning on 3/1/25: The administrator/designee shall review at least 8 different resident MAR's monthly to ensure accurate and complete medication administration documentation is present on each resident's MAR in accordance with 2600.187b. [redacted] 2/19/25

DIRECTED: By 3/20/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept [redacted] 2/19/25

Proposed Overall Completion Date: 02/28/2025

Directed Completion Date: 03/20/2025

Implemented [redacted] 03/27/2025)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

**Description of Violation**

On [REDACTED], resident [REDACTED] was prescribed [REDACTED] into skin every 7 days for 4 weeks, and on [REDACTED] resident [REDACTED] was prescribed [REDACTED] into skin every 7 days. Due to needing prior authorization to fill the prescription, the 1st [REDACTED] dose of the medication was not administered to resident [REDACTED] until [REDACTED]. Beginning on [REDACTED], resident [REDACTED] should have begun receiving the [REDACTED] dose of the medication every 7 days; however, as of [REDACTED], resident [REDACTED] was still receiving the [REDACTED] dose every 7 days.

**Plan of Correction**

Directed ( [REDACTED] - 02/19/2025)

Action: The physician was notified that Resident [REDACTED] dose continued to be administered after [REDACTED]. The physician confirmed the next weekly dose of [REDACTED] should be [REDACTED] injected subcutaneously. The MAR reads correctly. Documentation will be attached to the POC. The dose of [REDACTED] began \_\_\_\_Jan18, 2025 . A copy of the updated MAR will be attached to the POC

The MAR was corrected by Staff person A and the Administrator. The correction took place 1/18/25\_\_\_\_.

Continued compliance:

1. Beginning Feb 2025 ALL resident MARS will be reviewed/audited monthly for accuracy PRIOR to the new month. Review will be done by the administrator or designee. Accuracy will be determined by comparing the MAR with the label and if necessary confirming the order with the pharmacy and MD. Review of the MARS began jan 30th 2025 for the next month Feb 2025. All resident MARS will continue to be included in the monthly audit/review.
2. Re-training of med techs, will be completed by a Certified Medication Trainer.  
Training will be completed by 2/28/25. Documentation of the training will be attached to this POC and kept in the homes records for review.
- 3.. Re-education will include 2600.187 The home shall follow the directions of the prescriber. MD Order, MAR and Label must match. The Five rights of : Rt person, Rt medication, Rt dose, Rt time will be reviewed with all Med Techs.
4. Re-education will include the procedure for reporting a medication error if the prescribers directions are found to NOT to be followed.
5. Re-education will be completed by 2/28/25 and will be completed by a Certified Medication Trainer
6. Re-education will be kept in the building and will be attached to this POC
7. Since no waiver has been issued, the [REDACTED] is being self administered by Resident [REDACTED] The physician order and MAR reflection of the self administration will be attached to this POC. Pharmacy has been notified by the administrator or designee to include Self Administrates on future MARS unless directed otherwise.
4. [REDACTED] for resident [REDACTED] will be self administered. Copy of the physician order will be attached to the POC (DIRECTED: By 2/21/25: The administrator shall ensure resident [REDACTED] [REDACTED] is kept in an area that is locked in accordance with 2600.183b. If resident [REDACTED] [REDACTED] is being stored in resident #3's bedroom for self-administration, resident [REDACTED] shall be educated by the administrator by 2/21/25 on ensuring the medication is kept in an area of resident [REDACTED] bedroom that is locked. [REDACTED] 2/19/25).
5. Henderson House staff will not administer any [REDACTED] subcutaneously until the waiver is approved. Waiver request sent 2/12/25,
6. Resident #3 is the only resident at the facility that is ordered a [REDACTED] antagonist medication.

DIRECTED: By 3/20/25: The home shall conduct a quality management review, which includes a review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 2/19/25

187d Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 02/28/2025

Directed Completion Date: 03/20/2025

Implemented [REDACTED] - 03/27/2025)