

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

April 10, 2025

[REDACTED]
KEVIN & ROMONA DONAHUE
[REDACTED]

RE: DONAHUE'S PERSONAL CARE I
1610 HYBLA STREET
PITTSBURGH, PA, 15212
LICENSE/COC#: 43034

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/13/2025 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: DONAHUE'S PERSONAL CARE I License #: 43034 License Expiration: 09/27/2025
 Address: 1610 HYBLA STREET, PITTSBURGH, PA 15212
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: KEVIN & ROMONA DONAHUE
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/21/2025 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 02/13/2025

Inspection Dates and Department Representative

02/13/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 17 Residents Served: 15
 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: 9
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/13/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/06/2025

03/07/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/10/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2025

Inspections / Reviews (*continued*)

03/14/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/07/2025

04/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/10/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

At approximately 10:15 AM, the left door handle of the kitchen refrigerator was detached at the top and could not be used to open the left refrigerator door.

At approximately 10:15 AM, the freezer drawer handle was missing from the freezer section of the refrigerator/freezer present in the kitchen, exposing sharp metal and plastic edges.

At approximately 10:15 AM, the silverware drawer in the lower kitchen cabinet was not attached or secured to the cabinet.

Plan of Correction

Directed [REDACTED] - 03/14/2025)

On February 13, 2025, the administrator used the correct size Allen wrench retightened the set screw on the refrigerator handle. The repair eliminated any unfavorable equipment/refrigerator conditions and also allows proper use and functionality. On February 13, 2025, the kitchen cabinet base w/broken silverware drawer was removed and a brand new kitchen cabinet base w/silverware drawer was installed on the same day. The administrator notified the surveyor that same day repairs were completed. The freezer handle was repaired on February 16, 2025 by adding a new handle to the bottom freezer section of the refrigerator.

The administrator added the refrigerator/freezer handles and cabinet base w/silverware drawer to the "bi-weekly building check list" to ensure there's continued compliance going forward. See attachment titled "Donahue PCH Staff Education Bi-Weekly Building Checklist." Both the staff and the administrator designee were trained on the additions made to the regular building inspection sheets

DIRECTED: Beginning on 3/18/25: The administrator/designee shall inspect the entire home at least weekly to ensure all furniture and equipment is in good repair, clean and free of hazards. [REDACTED] 3/14/25

DIRECTED: By 4/1/25: The administrator shall educate all staff persons on the home's procedures for reporting any furniture/equipment issues to the administrator to ensure all furniture and equipment is in good repair, clean and free of hazards. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/14/25

The administrator designee is responsible to audit kitchen equipment bi-weekly on the 5th and 20th of each month for the next 90 days. The kitchen equipment was added to the end of page 3 of the Bi-weekly Building Check Sheet. The administrator designee is responsible to audit and report any problems or disrepair to the administrator. The administrator is responsible for seeing through any possible needed repairs or will replace equipment if deemed in disrepair.

On April 7, 2025, the administrator will provide/upload completed copies of the administrator designee's March 20th and April 5th Inspection (audit) sheets to the BHS via SansWrite. Future inspection sheets (audits) will be posted in hallway for future viewing purposes.

Audits will begin March 20th and then bi-weekly thereafter.

95 - Furniture and Equipment (continued)

Proposed Overall Completion Date: 04/07/2025

Directed Completion Date: 04/07/2025

Implemented [REDACTED] - 04/10/2025)

121a - Unobstructed Egress

2. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 10:10 AM, the locking mechanism in the doorknob lock of the emergency exit door leading to the side porch was inoperable and would not unlock.

Plan of Correction

Directed [REDACTED] - 03/14/2025)

On February 13, 2025, the administrator was unable to prevent the bottom door handle lock from sticking in or out of lock position. On February 13, 2025, the administrator purchased a new lock set from Home Depot and installed the new lock set the same day. The problem with the bottom handle lock sticking was corrected same day. The same day the administrator notified the surveyor the problem was corrected and the door handle is working fine and as intended.

The administrator added the door locks / egress routes to the "bi-weekly building check list" to ensure there's continued compliance going forward. See attachment titled "Donahue PCH Staff Education Bi-Weekly Building Checklist." Both the staff and the administrator designee were trained on the additions made to the regular building inspection sheets

DIRECTED: By 4/1/25: The administrator shall educate all staff persons that all stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. The education shall also include the home's reporting procedures to the administrator of any issues with any exit route or exit door to ensure compliance with 2600.121a. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/14/25

The administrator designee is responsible to audit the door locks / egress routes on the 5th and 20th of each month for the next 90 days. The door locks / egress routes were added to the end of page 3 of the Bi-weekly Building Check Sheet. The administrator designee is responsible to perform the audit and report any problems or concerns to the home's administrator. The administrator is responsible for seeing through any possible needed repairs or will replace handles/locks as needed.

On April 7, 2025, the administrator will provide/upload completed copies of the administrator designee's March 20th and April 5th Inspection (audit) sheets to the BHS via SansWrite. Future inspection sheets (audits) will be posted in hallway for future viewing purposes. Please see attached

Audits will begin March 20th and then bi-weekly thereafter.

121a - Unobstructed Egress (continued)

Proposed Overall Completion Date: 04/07/2025

Directed Completion Date: 04/07/2025

Implemented [REDACTED] - 04/10/2025)

144c2 - Smoking Area Distance

3. 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:

2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

At 10:10 AM, a coffee can, which was approximately ¼ full of cigarette butts, was present on the side porch near the trash can; however, this side porch is not the home's designated smoking area.

Plan of Correction

Directed [REDACTED] - 03/14/2025)

On February 13, 2025, the administrator removed the can of cigarette butts on the side porch (non-designated area). On February 13, 2025, same day, the administrator spoke with two residents who smoke and use the side porch often. The administrator asked the two residents if they would be kind enough to not smoke in non-designated smoking areas.

On March 13, 2025, the administrator held a home's smoking policy/educational discussion with all residents to go over the home's posted smoking rules. The administrator will have a sign in sheet for the residents in attendance and the sign in sheet will be saved future viewing purposes.

The administrator added the designated smoking area and non-designated areas to the "bi-weekly building check list" to ensure there's continued compliance going forward. See attachment titled "Donahue PCH Resident Discussion Smoking Rules" & "Donahue PCH Staff Education Bi-Weekly Building Checklist." Both the staff and the administrator designee were trained on the additions made to the regular building inspection sheets.

DIRECTED: By 4/1/25: The administrator shall reeducate all staff persons on the home's smoking procedures, which includes the locations of the home's designated smoking areas. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/14/25

The administrator designee is responsible to audit designated smoking areas and non-designated areas bi-weekly on the 5th and 20th of each month for the next 90 days. The aforementioned areas of inspection were added to the end of page 3 of the Bi-weekly Building Check Sheet. The administrator designee is responsible to audit and report any problems/non-compliance to the administrator. The administrator is responsible for seeing through any possible action/steps needed to achieve compliance.

144c2 - Smoking Area Distance (continued)

On April 7, 2025, the administrator will provide/upload completed copies of the administrator designee's March 20th and April 5th Inspection (audit) sheets to the BHS via SansWrite. Future inspection sheets (audits) will be posted in hallway for future viewing purposes.

Audits will begin March 20th and then bi-weekly thereafter.

Proposed Overall Completion Date: 04/07/2025

Directed Completion Date: 04/07/2025

Implemented [REDACTED] - 04/10/2025)