

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

July 3, 2025

[REDACTED] ADMINISTRATOR
PERRY SOUTH PERSONAL CARE HOME LTD
1129 TWEED STREET
PITTSBURGH, PA, 15204

RE: PERRY SOUTH PERSONAL CARE
HOME
1129 TWEED STREET
PITTSBURGH, PA, 15204
LICENSE/COC#: 43373

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2025 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: *PERRY SOUTH PERSONAL CARE HOME* License #: *43373* License Expiration: *05/04/2026*
 Address: *1129 TWEED STREET, PITTSBURGH, PA 15204*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PERRY SOUTH PERSONAL CARE HOME LTD*
 Address: *1129 TWEED STREET, PITTSBURGH, PA, 15204*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *10/08/2008* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/30/2025*

Inspection Dates and Department Representative

06/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *8*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/30/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/11/2025*

07/02/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/02/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/08/2025*

Inspections / Reviews *(continued)*

07/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2025

Reviewer: [REDACTED]

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

07/03/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/02/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. 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

In accordance with the Care Facility Carbon Monoxide Alarm Standards Act, enacted June 2016, if a carbon monoxide detector is battery operated, the batteries must be replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. At approximately 10:06 a.m., the carbon monoxide detector mounted to the ceiling above the steps to the basement contained a nine-volt battery that was undated.

Plan of Correction

Accept () - 07/02/2025

As of 6/30/2025 [redacted] the Administrator has dated all carbon monoxide detector batteries to show the date when batteries were changed, batteries will be changed every 12 months or unless carbon monoxide detectors indicates that batteries need changed. [redacted] the Administrator has educated all staff that batteries are to be changed every 12 months and they must be dated, all employees must sign initials and mark the date on sign-off sheet that batteries have been changed and dated all employees must also put location of carbon monoxide detectors where batteries were changed. This has been implemented on

As of 6/30/2025, The Administrator will do an audit of the carbon monoxide detectors every 6 months. The administrator has completed the 1st audit on 6/30/2025. Documentation of audits will be kept in the home.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented () - 07/03/2025

54a - Direct Care Staff

2. Requirements

2600.

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

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, whose first day of work was [redacted] began providing unsupervised direct care services on [redacted]. However, direct care staff person A did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept () - 07/02/2025

As of 6/30/2025 direct care staff [redacted] has been put on suspension until [redacted] the administrator has received [redacted] High School diploma or GED.

As of 6/30/2025 Perry South Personal Care Home Administrator has updated the hiring policy that indicates that no person shall be hired without providing their High School Diploma or GED, along with a most recent criminal background check once received it will be placed in employee hired binder. This updated policy has been implemented on 6/30/2025.

The Administrator will do an audit of all employees' records every 6 months to ensure that all employees' training and certificates are up to date. Documentation will be kept in the home. This has been implemented on 7/1/2025. The administrator has started the 1st audit on 7/2/2025.

54a - Direct Care Staff (continued)

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented (█ - 07/03/2025)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 10:30 a.m., the windowsill in the basement bathroom had dirt and debris as well as a thin layer of gray dust coating the miniblinds of the window. Additionally, the ceiling exhaust fan had a web-like layer of grey lint and dust coating the vents of the exhaust fan.

At approximately 10:38 a.m. in the second floor shared main bathroom there was a medicine cabinet with a mirror and three shelves within mounted to the wall above the hand sink that contained multiple resident toiletry items that were not labeled with the name of any resident to include: two used black disposable razors, a green comb, an almost emptied tube of toothpaste, saline solution approximately one-third full, two open canisters of Gillette shaving cream, and an un-opened box of Williams brand lathering shaving soap.

Plan of Correction

Accept (█ - 07/02/2025)

As of 7/1/2025 █ administrator has cleaned the whole basement bathroom and installed new blinds to bathroom window. As of 7/1/25 █ the administrator has educated all staff that all bathrooms must be cleaned daily on each shift , once bathrooms are cleaned each employee must sign and date that bathrooms were cleaned this has been implemented on 7/1/2025.

As of 6/30/2025 █ the administrator has thrown away all toiletry items that was not labeled with resident name. As of 6/30/2025 all employees have been educated by the administrator that all bathrooms must be cleaned daily on each shift and to make sure that there are no unlabeled unnamed toiletry in the bathrooms. Each staff member must sign off that they cleaned and checked all medicine bathroom cabinets. This has been implemented on 6/30/2025.

As of 7/2/2025 the Administrator will do a weekly walk-through to ensure that sanitary conditions are being kept throughout the home. Documentation of weekly monitoring of sanitary conditions will be kept.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented (█ - 07/03/2025)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

The most recent medical evaluation for resident #1, admitted █, was dated █. However, the previous medical evaluation for resident #1 was dated █

141b1 - Annual Medical Evaluation (continued)

Plan of Correction**Accept () - 07/02/2025)**

Resident 1 evaluation was completed [REDACTED] the earliest Administrator [REDACTED] was able to get an appointment was on [REDACTED] to have resident 1 medical evaluation to be completed, there was no change in Resident 1 condition. As of 7/1/2025 [REDACTED] Administrator will schedule all residents medical evaluation appointments 3-6 months before next medical evaluation appointment is due.

As of 7/1/25 [REDACTED] Administrator has checked all residents medical evaluation to ensure that each resident has a current and on time medical evaluation completed, [REDACTED] the Administrator will schedule all appointments for all residents medical evaluation 3-6 months prior to annual medical evaluation due date.

Licensee's Proposed Overall Completion Date: 07/02/2025

Implemented () - 07/03/2025)