

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

December 22, 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 11/17/2025 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: 03/10/2026
 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

Type: Other Date: 12/29/1992 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 11/17/2025

Inspection Dates and Department Representative

11/17/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 Residents Served: 19
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 15
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/17/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/29/2025

12/01/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 12/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/05/2025

Inspections / Reviews *(continued)*

12/05/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/19/2025

12/22/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Throughout the morning, there were no paper towels, hand dryer or sanitary means to dry hands in numerous common bathrooms, to include the following:

- *The 1st floor common bathroom near living/dining room area on the [REDACTED] side*
- *The 2nd floor common bathroom near bedroom [REDACTED] on the [REDACTED] side*
- *The 3rd floor common bathroom near the dining room*

At 9:54am, there was dirt and black debris covering the drain area and entire center bottom of the bathtub in the 3rd floor common bathroom near the dining room.

Plan of Correction

Directed [REDACTED] - 12/05/2025)

Immediate action: Paper Towel was replenished by the staff. Paper towel was replenished in 1st floor common bathroom, 2nd floor common bathroom and 3rd floor bathroom.

After speaking with staff and maintenance person, it was determined that someone had emptied a bucket of dirty water down the bath-tub. Staff cleaned the tub 11/17/25.

This is contrary to the accepted practice of emptying the bucket down the toilet.

The staff was verbally counseled and educated by the administrator. Staff will attend a formal education on 12/12/25

Continued compliance:

1. Re-education of all staff on 2600.85A and importance of hand hygiene and supplies ie; paper towel and hand soap is in the health of residents and staff. Education will include use of the new check list. Education will be completed by Dec 12, 2025. Education will be attached to this POC

** Education on the acceptable place to empty mop water or any water used for cleaning will be included. All will be educated including the handyman.*

2. The Administrator will post a check list on the inside of every bathroom door. Staff will be required to check the BR's and sign the check list two times per shift or every 4 hours. Check list will be attached to this POC Staff will begin to use the check list on 12/15/25 after taking part in the education

DIRECTED: Beginning on 12/8/25: The administrator/designee shall inspect the home at least weekly to ensure sanitary conditions are maintained and that soap and paper towels are present within reach of each sink. LM 12/5/25).

Proposed Overall Completion Date: 12/15/2025

Directed Completion Date: 12/15/2025

85a - Sanitary Conditions (continued)

Implemented (████ - 12/22/2025)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:54am, there was no lid on the garbage can, which was approximately 1/3 full of trash, in the 3rd floor bathroom near the dining room on the █████ side.

REPEAT VIOLATION: █████

Plan of Correction

Directed █████ - 12/05/2025)

immediate: The lid was located by the staff and placed on the garbage can in the bathroom on the 3rd floor near the dining room of the 528 side.

Continued Compliance:

- 1.Re-education on the requirements of 2600.85d. will take place for ALL staff by 12/12/25. Education will include both the regulation and infection control implication of open trash cans for both residents and staff. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █████ 12/5/25).
- 2. The administrator will develop and post the check list in all bathrooms. The chcek list will include the placement of the lid on the trash can. Checks will be required 2 x per shift or every four hours. Checks will begin 12/15/25

Proposed Overall Completion Date: 12/15/2025

Directed Completion Date: 12/15/2025

Implemented (████ 12/22/2025)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 9:40am, there was an approximate 8"x6" hole in the wall behind the bathtub/shower in the 2nd floor bathroom near bedroom █████ on the █████ side.

Plan of Correction

Directed █████ 12/05/2025)

Immediate: The Administrator contacted a maintenance person to do the repair. The repair was made by the

88a - Surfaces (continued)

homes handyman who wd 11/21.2025orks on an as needed basis.

Repairs to the wall and to the bathrooms fixtures were completed by the handyman on 11.18. and 11.21.2025 Invoice will be attached to the POC

1. All staff will be educated on 2600.88a and the importance of reporting needed repairs or hazards. Notification of the administrator will be documented in the homes communication log. Education will be complete by 12/12/25 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. 12/5/25).

2. The administrator or designee will do a weekly walkthrough of the inside of the bld to identify needed replaced, needed cleaning or hazards that need corrected.

Check list will be attached to this POC Administrator/designee weekly walkthrough and check list for hazards and broken items will begin on Monday Dec 15, 2025. Check list will be attached to the POC

Proposed Overall Completion Date: 12/15/2025

Directed Completion Date: 12/15/2025

Implemented - 12/22/2025)

95 - Furniture and Equipment

4. Requirements

2600.

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

Description of Violation

At 9:40am, the bathtub/shower in the 2nd floor common bathroom near bedroom on the side was inoperable.

At 9:49am, the toilet 2nd floor bathroom near bedroom on the side was inoperable.

Plan of Correction

Directed (12/05/2025)

Immediate: The administrator notified the on call maintenance/handyman person who made both the repairs to the referenced hole in the wall and toilet and bathtub/shower. The toilet in the 2nd floor bathroom near bedroom #207 on the 528 side has been repaired. Documentation of the repairs will be attached to this report. The repairs were completed by the handyman on Nov 19, 2025 and 11/21.2025. Invoice will be attached to the POC. Repairs made by the homes casial, as needed handyman

Continued compliance.

95 - Furniture and Equipment (continued)

1, All staff will be re-educated on 2600 95 and the reporting of malfunctioning equipment, broken furniture. Education will take place 12/12/25 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 12/5/25).

2. The administrator or designee will complete a walkthrough of the inside of the bld weekly. The walkthrough will include checking of showers, sinks, vents ad toilets in each bathroom. The walkthrough will also identify miscellaneous repairs of furniture or surfaces. Example, knobs on dressers. The check list will be included in this POC and will e accessible in the bld. Adm or designee walkthroughs will begin 12/15/25

Proposed Overall Completion Date: 12/15/2025

Directed Completion Date: 12/15/2025

Implemented [redacted] - 12/22/2025)

102i - Soap Dispenser

5. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 9:38am, there was no soap dispenser in the 2nd floor common bathroom near bedroom [redacted] on the [redacted] side.

Plan of Correction

Accept [redacted] - 12/05/2025)

Immediate: A new soap dispenser was placed in the 2nd floor common bathroom near bedroom #208 on the 530 side.

Continued compliance:

1.Re-education of the staff on the requirements of 102i will take place on 12/12/25.

The education will also include 85 a and 85d as they are all related to infection control and the general health and well being of all residents and staff.Documentation will be kept in the homes education records

2. The administrator is developing a check list that will be placed in all bathrooms.nThe check list will include the requirement of a soap dispenser. Bathroom checks by the staff will be required 2x per shift.. Shift checks will begin Monday 12/15/25. Random weekly checks will be done by the administrator or designee when completing the weekly indoor walkthrough. Weekly walkthrough checks by the administrator or designee will begin 12/15/2025 lCheck list will be attached to this POC. Documentation of education will be kept in the homes education records.

3. As part of long term compliance the administrator is investigating the purchase of wall mounted soap dispensers as it has been determined the soap dispensers are being removed from the area. Decision will be made by 12/12/25. If purchased, education of staff and residents will take place and documentation of the installation and education will be included in this POC. If purchased, handyman will install and staff will be educated on use. Upgrade if implemented will be included in the next QA report in Marach of 2026

Proposed Overall Completion Date: 12/15/2025

102i - Soap Dispenser (continued)

Licensee's Proposed Overall Completion Date: 12/15/2025

Implemented [redacted] 12/22/2025)

141b1 - Annual Medical Evaluation

6. Requirements

2600.

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

Description of Violation

Resident [redacted] most recent medical evaluation, dated [redacted], does not include an assessment of resident [redacted] body positioning. This section of resident [redacted] medical evaluation is blank.

Plan of Correction

Directed [redacted] - 12/05/2025)

Immediate: The Administrator reviewed resident # [redacted] medication evaluation dated 2/3/25. The medical evaluation of res [redacted] was returned to the physician via fax for completion. The administrator is awaiting the return of medical evaluation. OF note is that the resident has no need for body positioning and is independently mobile, thus has no need in this area.. As of 12/5/25 the DME has not been returned. The administrator will contact the MD again to complete and return the DME (DIRECTED: By 12/15/25: Resident [redacted]s medical evaluation shall be updated by resident [redacted] physician to indicate resident [redacted] body positioning/movement needs. The updated medical evaluation shall be placed in resident [redacted]'s record. [redacted] 12/5/25).

Continued compliance:

1. The Administrator and a designee who will assist with audits reviewed 2600.141b1

The administrator and or designee will complete an audit of 10 current residents to ensure the medical evaluations are complete. The audit will be attached to this POC. The audit of 10 random residents will be completed by 12/19/25

Beginning the first quarter of 2026, The adiit will take place in March of 2026 prior to the QA report due in March 2026. The administrator or designee will audit 4 random medical evaluations for completeness. (DIRECTED: Beginning on 1/2/26: The administrator shall audit at least 4 different resident annual medical evaluations per month to ensure accuracy and completeness. [redacted] 12/5/25). Audits will be kept in the building and be part of the the facilities Quality management plan/report. Any trends or continued errors will be evaluated for root cause and appropriate action taken at that time.

DIRECTED: By 12/19/25: The administrator 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] 12/5/25

Proposed Overall Completion Date: 12/19/2025

Directed Completion Date: 12/19/2025

Implemented [redacted] - 12/22/2025)

225c - Additional Assessment

7. Requirements

2600.

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

Description of Violation

Resident [redacted] most recent medical evaluation, dated [redacted] includes diagnoses of [redacted], [redacted] and [redacted]; however, these diagnoses are not indicated in resident [redacted] most recent assessment, dated [redacted].

REPEAT VIOLATION: [redacted]

Plan of Correction

Directed [redacted] - 12/05/2025)

Immediate: The administrator reviewed resident [redacted]'s most recent medical evaluation dated 2/3/25 and the most recent assessment dated 2/6/25.

The assessment was updated on 11/24/24 to include the diagnosis of [redacted] and [redacted]

The update was signed by both the administrator and the resident
Documentation is in the resident file and will be included in this POC.

Continued Compliance

- 1. The Administrator and a designee that may be included in the audit of files reviewed the requirements of 2600.225c. Education/review is attached to this POC and will be kept in the homes education records
- 2. The Administrator and or designee will audit 10 random resident records to ensure the diagnosis on the medical evaluation are transcribed accurately to the reeeeeessident assessment. The audit will be complete by 12/16/25 and will be attached to this POC and kept in the homes records
- 3. Beginning the first quarter of 2026,(March 2026) 4 random resident records will be audited by the administrator or designee for the accuracy-medical evaluation to assessment. (DIRECTED: Beginning on 1/2/26: The administrator shall audit at least 4 different resident annual assessments per month to ensure accuracy and completeness. [redacted] 12/5/25). The audit will be included in the homes QM report due in March 2026 Any trends or continued errors will be reviewed for the root cause and corrected as appropriate .Documentation will be kept in the facility for review

DIRECTED: By 12/19/25: The administrator 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] 12/5/25

Proposed Overall Completion Date: 12/15/2025

Directed Completion Date: 12/19/2025

Implemented [redacted] - 12/22/2025)