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

July 14, 2026

[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 06/16/2026 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**: *05/04/2027*

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**: *10/30/2008* **Issued By**: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *7* **Waking Staff**: *5*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Settlement* **Exit Conference Date**: *06/16/2026*

Inspection Dates and Department Representative

06/16/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* **Residents Served**: *7*

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**: *1*

Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/16/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/19/2026*

07/10/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/11/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/16/2026*

Inspections / Reviews *(continued)*

07/10/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/11/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/13/2026*

07/14/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/11/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

86b - Bathroom

1. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

At 9:37am, the basement bathroom exhaust fan was inoperative. A window is present in the bathroom; however, was covered with plastic and was unable to be opened at the time of inspection.

Plan of Correction ***Directed (- 07/10/2026)***

As of 6/16/2026, the window in the basement bathroom has been opened, and all plastic has been removed. The administrator is also having an electrician service the exhaust fan in the basement bathroom. The exhaust fan will be repaired by 7/15/2026. Starting on 6/16/2026, the direct care staff will check all bathroom exhaust fans and/or windows daily to make sure that they are operable. The administrator will conduct a quality management meeting review with all direct care staff members on 7/13/2026 in review of all items specified in regualtion 2600.26b. The administrator will document the meeting and its content, and documentation of the review will be kept in the home.

Proposed Overall Completion Date: 07/10/2026

Directed Completion Date: *07/13/2026*

Implemented (- 07/14/2026)

95 - Furniture and Equipment

2. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 10:05am, the 2nd floor bathtub was clogged and not draining properly. Also, the caulking on the bathtub walls had numerous dark spots, which appear to be mold, and the bottom of the bathtub near the drain was covered in dirt.

Plan of Correction ***Accept (- 07/10/2026)***

As of 6/16/2026, the drain in the 2nd-floor bathroom has been cleared. On 6/19/2026, the administrator educated all staff members to check the drain daily for clogs. Education has been documented on 6/19/2026 and will be kept in the home. The administrator will check to ensure that all furniture and equipment are clean, in good repair, and free of hazards daily, starting on 6/19/2026. The home has also provided hair traps for all drains in the home to help prevent clogs. The bathroom has been re-caulked and cleaned. All staff will clean all bathrooms daily or as needed.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented (- 07/14/2026)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132b Safety Inspection/Fire Drill *(continued)*

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and supervised fire drill was completed by a fire safety expert on 6/2/26; however, the previous fire safety inspection and supervised fire drill conducted by a fire safety expert was completed on 4/28/25.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

As of 7/1/2026, the administrator has scheduled the annual fire safety inspection for next year, which will be conducted by a fire safety expert. The administrator has placed the fire safety inspection on the 2027 calendar for 5/31/2027, and the administrator will also contact the fire safety inspector to confirm the time and date 3 months in advance.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/14/2026)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The most recent fire drill held during sleeping hours was conducted on 3/13/26 at 12:46am; however, the previous fire drill held sleeping hours was conducted on 9/1/25 at 2:49am.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

As of 7/1/2026, the administrator has educated all direct care staff members that a fire drill during sleeping hours must be conducted every 6 months. The administrator has implemented a fire drill during sleeping hours on 7/3/2026 at 4:36 am and documented the drill in the fire safety drill record. The administrator has added on 7/10/2026 sleeping fire drills to a digital calendar for every 6 months to maintain complaince of regualtion 2600.132.e starting January 3rd, 2027. The documentation will be kept in the home.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/14/2026)

141b1 - Annual Medical Evaluation

5. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation indicates the date of the in person evaluation as [redacted] Also, resident #1's medical evaluation does not indicate resident #1's needs can be met safely at the personal care home.

Resident #2's most recent medical evaluation was completed on [redacted] however, resident #'2s previous medical evaluation was completed on [redacted]

141b1 Annual Medical Evaluation (continued)

Repeated Violation 6/30/2025

Plan of Correction ***Accept (- 07/10/2026)***

As of 6/20/2026, the administrator has checked all residents' medical evaluations to ensure that all information has been documented correctly as listed on the state medical evaluation record. Resident # 1 physician has deemed that needs can be met in the personal care home setting on 6/30/2026. The administrator will set up all residents' annual appointments after being seen at their prior annual appointment to ensure that an appointment can be obtained within the yearly evaluation. The administrator has reviewed all current DME for all residents on 6/20/2026. The administrator will review all residents' DME monthly and document that all residents' DME is completed and/or corrected if needed monthly. The administrator implemented this on 7/10/2026.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented (- 07/14/2026)

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is not currently prescribed however, this medication was still present on resident #1's June 2026 medication administration record (MAR).

Plan of Correction ***Directed (- 07/10/2026)***

As of 6/16/2026, the MAR has been corrected by the administrator, and the discontinued medication has been removed from the MAR. The administrator has also contacted the pharmacy to have the discounted medication removed from the MAR. The Administrator and staff have checked all other residents' MARs and medications to ensure that there is no discounted medication in the home or on any resident's MAR. The administrator has also conducted a medication record training on 6/20/26 for all direct care staff members who have been qualified to

187a Medication Record (continued)

administer medications, which has been documented in our annual training record. The administrator will observe all direct care staff persons who have been qualified to administer medications passing medication once monthly, and the administrator will keep a record of the observations in the home. This was implemented on 7/10/2026.

DIRECTED: Beginning on 7/13/26: The administrator shall review at least 4 different resident MAR's monthly to ensure accuracy and completeness in accordance with 2600.187a. [redacted] 7/10/26

Proposed Overall Completion Date: 07/10/2026

Directed Completion Date: *07/13/2026*

Implemented ([redacted] - 07/14/2026)

187b - Date/Time of Medication Admin.

7. 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

Resident #1 is not currently prescribed [redacted] however, direct care staff person A documented the administration of this medication on resident #1's June 2026 MAR daily from 6/1/26 through 6/16/26.

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

As of 6/16/2026, the Administrator and staff have checked all other residents' MARs and medications to ensure that there is no discounted medication in the home or on any resident's MAR. The administrator has also conducted a medication record training on 6/20/26 for all direct care staff members who have been qualified to administer medications, which also included staff person A. This has been documented in our annual training records. Implemented on 7/10/2026. The administrator will observe all direct care staff persons passing medication once monthly for 6 months to review at least 2 MARs, and the administrator will keep a record of the observations in the home. The Administrator will review a sample of MAR's monthly to ensure long term compliance starting on 7/10/2026

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/14/2026)

225a - Assessment 15 Days

8. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3's assessment, dated [redacted] does not include numerous diagnoses indicated on resident #3's medical evaluation, dated [redacted] to include [redacted]

225a - Assessment 15 Days (continued)

[redacted].

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

As of 6/20/2026, the administrator has checked all residents' assessment plans to ensure that all medical evaluations are listed. On 6/20/2026, Resident # 3 RASP was corrected by providing the missing information by the administrator. The administrator has also educated and conducted training on how to document the assessment plan on 6/20/26 for all direct care staff members. The administrator will implement audits on 7/10/2026 of all residents' assessment plans every 6 months to ensure that all information that is listed on medical evaualtions are documeted on all assessment plans. Documentation will be kept in the home.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/14/2026)

225c - Additional Assessment

9. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #1's most recent assessment, dated [redacted], does not include the diagnoses of [redacted], as indicated on resident #1's most recent medical evaluation, dated [redacted].

Resident #2's most recent assessment, dated [redacted] does not include numerous diagnoses indicated on resident #2's most recent medical evaluation, dated [redacted] to include [redacted]

Resident #4's most recent assessment, dated [redacted] does not include the diagnoses of [redacted] as indicated on resident #4's most recent medical evaluation, dated [redacted]

Plan of Correction ***Accept ([redacted] - 07/10/2026)***

As of 6/20/2026, the administrator has corrected and updated any missing information that was missing on the RASP of Residents #1, #2, and #4. On 6/20/2026, the administrator checked all residents' assessment plans to ensure that all medical evaluations are listed. On 6/20/2026, the administrator also educated and conducted training for all direct care staff members on how to document the assessment plan. A record of the training will be kept in the home. Implemented on 7/10/2026, the administrator will do an audit of all residents' assessment plans every 6 months to ensure that all information that is listed on medical evaualtions are documeted on all assessment plans.

Licensee's Proposed Overall Completion Date: *07/10/2026*

Implemented ([redacted] - 07/14/2026)