

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE CORRIGAN HOUSE, INC.

LEGAL ENTITY

To operate THE CORRIGAN HOUSE

NAME OF FACILITY OR AGENCY

Located at 350 HAZLE TOWNSHIP BOULEVARD, HAZLE TOWNSHIP, PA 18202

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 38

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 22, 2010 until June 22, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 201380

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670  
FAX: (717) 783-5662

JUL 07 2010

Ms. Kimberly Sidar, Administrator  
The Corrigan House, Inc.  
PO Box 158  
Harleigh, Pennsylvania 18225

RE: The Corrigan House  
350 Hazle Township Boulevard  
Hazle Township, Pennsylvania 18202

Dear Ms. Sidar:

As a result of the Department of Public Welfare's licensing inspection on April 12, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Corrigan House, 350 Hazle Township Boulevard, Hazle Township, Pennsylvania 18202		<b>CURRENT LICENSE NUMBER</b> 201381	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> April 12, 2010		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano and Mary Ann Domanski	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kimberly Didari</i>	<b>DATE</b> 5/6/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 6-7-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.	The preadmission screening forms for resident #1 (admitted 9-18-09) and resident #3 (admitted 2-9-10) were not dated; therefore, it could not be determined if the forms were completed prior to admission to the home.	4/13/10	All charts were reviewed by Nursing Staff to assure all Pre admission screenings are dated correctly. See attached Preadmission forms for resident #1 & #3. Pre screening forms with highlighted areas will be used to insure proper dates are always completed prior to admission. Nursing Staff/Administrator will audit charts monthly to assure compliance with this regulation.	6-7-10 <i>JDH</i>
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The prescreening forms for the following residents did not have documentation of the residents' Special Care Needs and Behavioral Needs: resident #1 (form not dated), resident #2 (1-14-10), resident #3 (form not dated), resident #4 (9-22-09) and resident #5 (11-12-09).	4/13/10	all charts were reviewed by Nursing staff to assure all Pre admission screening forms are filled out completely. See attached Pre screening forms on resident #1, #2, #3, #4 & #5.	

**RECEIVED**

*Original*

MAY 12 2010

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kimberly Sidari</i>	<b>DATE</b> 5/6/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Joan Hawey</i>	<b>DATE</b> 6-7-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).	Ancillary employee A (date of hire 1/26/10) has not had a criminal background check completed by the home. Direct care employee B (date of hire 1/12/10) had a criminal background check completed through the Sentry Link national criminal records report and not through the PA State Police or E Patch system, as required.	4/12/10	Criminal background checks were completed on 4-12-10 for employee A & employee B through the PA State Police System. Administrator/Nursing Staff will monitor all new employees that criminal background checks are done timely & through the PA State Police System. Administrator & Nursing Staff have been re-interviewed in the requirements of this regulation. See attached criminal checks on employee A & B.	<del>Steps have been taken to correct violation; full compliance is not verifiable</del> 6-7-10 Date Initials (DPW)
52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Employees A and B were retained beyond the 30 day provisional hiring period.  <b>Repeated violation – 9-21-09</b>	4/12/10	all new employees will have a criminal check done by the PA State Police in the time frame in accordance of regulation # 52. Administrator/Nursing Staff have been re-interviewed in the requirements of this regulation. Administrator/Nursing Staff will monitor all new employees that criminal checks are done timely.	<i>ASL</i> 06-07-10

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention.	Employee C did not receive training in the Older Adult Protective Services Act and falls and accident prevention during the 2009 training year.	4-16-10 5-4-10	Employee C received training in Older Adult Protective Services Act on 04-16-10, Falls & accident prevention on 05-04-10. All employee training records will be monitored every month for required training by administrator/nursing staff. Yearly staff training log is posted in Bureau Office. Staff will be held accountable to attend mandatory required trainings. Check list will be utilized for all new employees to identify required training.  see attached	6-7-10 JH

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1 <b>REGULATION</b> 55 Pa.Code § 2600.	2 <b>VIOLATION</b>	3 <b>DATE BY WHICH CORRECTION WILL BE COMPLETED</b>	4 <b>PLAN OF CORRECTION</b> (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 <b>DATE COMPLIANCE VERIFIED BY DPW</b>
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone in the hall located near the fire door that separates the dining area from the resident bedroom area was not posted with the required telephone numbers.	4/12/10	<p>Personal Care Staff have been re-instructed in the requirement of this regulation. Required telephone numbers have been posted by all phones in the facility.</p> <p>Residents have been informed of this regulation &amp; reminded again not to remove the required phone numbers that have been posted.</p> <p>Administrator &amp; all Personal Care Staff will monitor to ensure compliance to this regulation.</p>	6-7-10 <i>DH</i>

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132e A fire drill shall be held during sleeping hours once every 6 months.	The home conducted a sleeping hour fire drill on 09/16/09 at 6:15 a.m. The home has not conducted a sleeping hour drill within the required six month time period since that date.	4/23/10	<p>Administrator will review fire log monthly to ensure fire drills are conducted in accordance with regulation 132E.</p> <p>A reminder will be posted on our yearly calendar for sleeping hour drills so that the required six month time period will be addressed to.</p> <p>Administrator/Nursing staff will address regulation 132e - fire drill will be held for the sleeping hour 30 min after residents are asleep or within 30 minutes before they normally wake.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-7-10 <i>JK</i></p> <p>Date Initials (DPW)</p>

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home routinely schedules only one (1) employee on duty for the oversight shift. The fire drill conducted for their sleeping hour drill on 09/16/09 was staffed with three (3) staff members. This is not representative of the number of employees in the home to evacuate residents in the event of an emergency hour during the overnight hours.	4/23/10	Future drills conducted during night shift will only include one employee. Additional staff will be added to night shift if mobility needs change of residents. Administrators/Nursing staff will review fire log monthly to ensure fire drills are conducted in accordance with 132g. Additional training will be added to our yearly plan on fire safety & evacuation for staff & residents.	Steps have been taken to correct violation; full compliance is not verified. <del>6-7-10</del> Initials (DPW)

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<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(12) Diagnosis or purpose for the medication, including pro re nata (PRN).</p>	<p>The April 2010 medication administration records for the residents #6, #7, #8 and #9 did not list a diagnosis or purpose for the following medications:</p> <p>For resident #6: Ibuprofen 400mg Tablet.</p> <p>For resident #7: Metoprolol Succ ER 50mg and Lisinopril 40 mg.</p> <p>For resident #8: Aricept 10 mg; Nasonex 50mcg Nasal Spray; Seroquel 25 mg; Carbidopa/Levodopa 25/100; Fludrocortisone 0.1mg; and Lexapro 20 mg.</p> <p>For resident #9: Nitrofurantoin Mono/Macro 100mg; Omeprazole 20 mg; Thiamine HCL 100mg; Acidophilus; Trazadone 25mg; Temazepam 15 mg; Magnesium</p>	<p>4/12/10</p>	<p>Med trainer &amp; Med trained staff have been re-instructed in the requirements of this regulation.</p> <p>MAR's for resident #6, 7, 8 &amp; 9 were updated with diagnosis &amp; purpose and completed for all medications noted in this violation.</p> <p>Med trainer &amp; Med trained staff will monitor to assure that all medications indicate a diagnosis or purpose for all medications on the first day of each month.</p> <p>Med trainer will monitor MAR's at the start of every month to assure compliance of this regulation.</p>	<p>Steps have been taken to correct violation. Full compliance is not verifiable.</p> <p>5-7-10 <i>JH</i></p> <p>Date: _____ Initials (DPW): _____</p>

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	Oxide 140 ,g; Furosemide 40 mg; Eucerin Cream; Ecotrin 81 mg; Finasteride 5 mg; Tamsulosin HCL 0.4 mg and Clotrimazole/Betamethasone CM.  <b>Repeated Violation – 9-21-09</b>			Steps have been taken to correct violation; full compliance is not verifiable <u>6-7-10</u> <i>[Signature]</i> Date Initials (DPW)

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	In April 2010, resident #2 refused Albuterol 0.83% INHAL SOLN on the following dates and times: April 1, 2010 – 4:00pm and 8:00 pm; April 3, 2010 – 8:00 pm; April 4, 2010 – 4:00 pm and 8:00 pm; April 6, 2010 – 4:00 pm and 8:00 pm; April 7, 2010 – 4:00 pm and 8:00 pm; April 8, 2010 – 8:00 pm; April 9, 2010 – 8:00 pm and April 10, 2010 – 8:00 pm. The home did not report the refusals to the prescriber within 24 hours.	4/12/10	<i>Med Trainers &amp; Med Aided staff have been re-instructed in the requirement of this regulation - if a resident refuses to take prescribed medication the refusal shall be documented in the residents record &amp; the medication record by the individual doing the medication pass. The refusal shall also be reported to the prescriber within 24 hours. Subsequent refusals shall be reported as required by the prescriber. Any new orders from the MD will be documented in the residents record &amp; on the MAP. Nursing Staff / Med Trainers and Med Aids will monitor daily to assure compliance of this regulation.</i>	Steps have been taken to correct violation; full compliance is not verifiable 6-7-10 <i>JH</i> Date Initials (DPW)

**RECEIVED**

MAY 12 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing