



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

JUN 18 2012

Ms. Kimberly Sidari, President
The Corrigan House, Inc.
PO Box 158
Harleigh, Pennsylvania 18225

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

Dear Ms. Sidari:

As a result of the Department of Public Welfare's licensing inspection on May 1, 2012 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 black ink, appearing to be 'R. Melusky'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION

A copy of the 55 Pa. Code Chapter 2600, was not posted in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5/2/2012 A copy of the 55 Pa.code chapter 2600 was posted on the bulletin board in the Dining room area. To ensure the book remains posted Adm./Nurse will check daily to be in compliance with this regulation.

Administrator will remind residents and staff the book needs to remain posted at all times also the book will be marked "Return To Bulletin Board" after use.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

kimberly sidari



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kimberly Sidari - administrator

Date 5/18/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!


The above plan of correction is approved as of

6/7/12
(Date)

Verification of Legal Entity Representative Signature

6/7/12
(Date)

The above plan of correction was approved by


(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.51 - 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 (relating to protective services for older adults).

2. DESCRIPTION OF VIOLATION

Direct care staff person, A (Date of Hire 9/12/2011, resigned 1/21/2012), did not have a F.B. I. background check. This staff person's employment application indicated that this employee resided outside of the state of Pennsylvania within 2 years of employment, in addition to possessing an out of state drivers license.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5/2/2012 To ensure this will not happen again in the future Adm./Designee will review all new hire paper documentation on the first day of employment.

The Administrator will monitor staff personnel files on a regular basis and update each file to be in accordance with the regulation.

* The administrator will audit all staff records for current criminal history checks in accordance with the (OAPSA).

Documentation of this audit will be maintained by the administrator and made available for review by the Department.

The audit will be completed by 7/1/2012.

MS 6/7/12

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	<i>kimberly sidari</i> <i>Kimberly Sidari</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date 5/18/2012
Kimberly Sidari	

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The above plan of correction is approved as of <u>6/7/12</u> (Date)	Verification of Legal Entity Representative Signature <u>6/7/12</u> (Date)
The above plan of correction was approved by <u><i>MS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> *Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2. DESCRIPTION OF VIOLATION

The outside trash receptacle, located in the home's parking lot, was found with the lid in an partially opened position. The trash receptacle was overloaded with trash bags and was not completely closed, allowing for the insect and rodent penetration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All staff was inserviced on the importance of keeping outside trash receptacle covered. Staff was directed to call Adm./Designee if dumpster is 3/4 full and arrangements will be made to have trash removed.

Arrangements were made to have trash removed every 5 days instead of every 7 days. Administrator will monitor on a daily basis.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

kimberly sidari

Kim Sidari 5/18/2012

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Kimberly Sidari- Administrator

Date

5/18/2012

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The above plan of correction is approved as of

6/2/12
(Date)

Verification of Legal Entity Representative Signature

6/7/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
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- Not Implemented

Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600
 2600.132(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.

2. DESCRIPTION OF VIOLATION
 The home did not conduct an annual fire drill with a fire safety expert within the last 12 months.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire Chief Brian Mandak was contacted and agreed to conduct our annual Fire Drill the week of 5/20/2012. (proper documentation will follow.)
 Administrator in the future will ensure that Fire Inspector is informed that a annual fire drill is required by them as part of their yearly inspection and that proper documentation is received.
 Nursing Staff will also make in part of their yearly calendar and remind Administrator 8 weeks prior to our annual inspection.

* The administrator will monitor and assure ongoing compliance.
 M. Sidari
 6/7/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *kimberly sidari* *Kimberly Sidari*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kimberly Sidari-Administrator Date 5/18/2012

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 (Date)

Verification of Legal Entity Representative Signature *6/7/12*
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

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Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2. DESCRIPTION OF VIOLATION

The following Over The Counter products were found on an open shelf in resident # 1's unlocked bedroom in the bathroom area. These items were accessible to other residents:

One (1.0 liter bottle) of Listerine mouth wash, One (1.78 oz. jar) Vicks Vapo Rub; one (0.5 oz. bottle) Visine Eye Drops, Two-2 Oz. sized tubes of Preparation - H.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

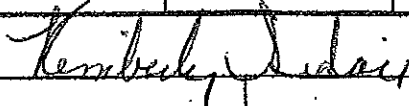
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Corrected day of inspection, medications were removed and resident was informed of regulation. Adm./Nurse informed all the residents that any medications need to be locked in the medicine cart and not stored in their rooms without a Doctors order. In the future housekeeping and Direct care staff will perform spot checks in residents rooms for over the counter medications that residents may have bought without violating residents privacy rights. The administrator will also preform random room checks to remain in compliance with the regulations

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

kimberly sidari 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kimberly Sidari-Administrator

Date 5/18/2012

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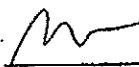
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Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

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).
- (13) Date and time of medication administration.
- (14) Name and Initials of the staff person administering the medication.

2. DESCRIPTION OF VIOLATION

The medication administration record for Resident # 2 has an order for Risperidone 0.5 take one tablet two times daily . The medication administration record was not initialed on 4/26/12 and on 4/27/12. It could not be determined if the resident received their prescribed medications as ordered.

The medication administration record for Resident # 3 has an order for Citalopram 20 mg., take one tablet daily at 8 a.m. The medication administration record was not initialed on 4/15/12. It could not be determined if the resident received their prescribed medication as prescribed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- Contracted Med Trainer will review proper documentation of Mars with all staff passing medications.
- Nurse will do inservice with all staff passing medication and reinforce teaching of proper documentation.
- Nursing staff will review MARS twice a month to ensure proper documentation is being adhered to.
- Administrator will monitor MARS for current, accurate information on a monthly basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>kimberly sidari</i> <i>Kim Sidari</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Kimberly Sidari-Administrator		5/18/2012	

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The above plan of correction was approved by	<i>[Initials]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

The following staff did not complete their annual practicum for Medication Administration in the year 2011:

Staff Person B initially received medication administration training on 4/16/2007 . The Annual Practicum for 2011, is incomplete as the 4th M.A.R. Review was not completed, as well as the 2nd medication observation. In addition, the trainer did not summarize the results of the training to include the student pass date.

Staff Person C initially received Medication Administration Training on 11/19/2009. The Annual Practicum for 2011, is incomplete as the 2nd, 3rd and 4th reviews were not completed, as well as the two Medication Administration Observations.

Staff Person D initially received Medication Administration Training on 10/18/09. The Annual Practicum for 2011, is incomplete as the 2, 3, and 4th Medication Administration Record Reviews were not completed, as well as the 2nd Medication Administration Observations.

According to the Medication Administration Records, these staff persons were administering medications to the residents of the home at the time of the inspection..

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

5/19/2012-5/21/2012 Contracted Med. Trainer was in and completed Staff persons B,C,D Annual Practicum and completed proper documentation to support this (see attached) . Moving forward Administrator will review Employees Records monthly to ensure all Direct care staff that are med. trained are in compliance with regulations. Contracted Med. Trainer will also keep a log of when Direct care staff is up for annual training.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

kimberly sidari

Kimberly Sidari

Printed Name and Title of Legal Entity Representative
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Kimberly Sidari

Date 5/18/2012

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Violation Report: 20138 - 05/01/2012 - Dumas, Gerald

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (28)

2. DESCRIPTION OF VIOLATION

The resident records of residents #4 and #5, did not contain information indicating identifying marks. This area was left blank in both records.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident Records #4 and #5 were corrected @ time of inspection (see attached)
 Administrator inserviced Nursing staff to properly and completely fill out all of resident records upon admission.

In future Nursing Staff / Administrator will review all documentation upon admission of all new residents to ensure all paper work is complete.

* The administrator will audit all residents records for content as identified in this regulation. The audit will be completed by July 20, 2012. The Administrator will monitor for ongoing compliance.
 (M 6/17/12)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

kimberly sidari Kim Sidari

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Kimberly Sidari-Administrator

Date 5/18/2012

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