



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 18 2013

Ms. Heather Gelles, Executive Director
I & A Residential Services, Inc.
1019 Philadelphia Street, Suite 2
Indiana, Pennsylvania 15701

RE: I & A Residential Services – Building D
13462 State Route 422
Kittanning, Pennsylvania 16201
License #: 426540

Dear Ms. Gelles:

As a result of the Department of Public Welfare's licensing inspection on August 27, 2013, and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes).

Your regular license for the period October 29, 2013 to October 29, 2014 was issued on July 18, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Acting Director ₅₄

Enclosure
Licensing Inspection Summary

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

PCH Name: I & A RESIDENTIAL SERVICES BLDG D		RECEIVED	License Number: 426540
Address: 13462 STATE ROUTE 422, KITTANNING, PA 16201			County: Armstrong
Administrator: Laura Marusa		OCT 11 2013	Region: WEST
Legal Entity Name: I & A RESIDENTIAL SERVICES INC		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 1019 PHILADELPHIA ST. STE. 2, INDIANA, PA 15701			
Certificate(s) of Occupancy C3SP 06/07/2002 L&I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 4	Waking Staff: 3	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s)			
Renewal			
On-Site Inspections Dates and Department Representatives On-Site			
08/27/2013: Marini, Michael			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers:		Random Indicators:	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 4 Number of Residents Served: 4 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 1 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

RECEIVED

Violation Report: 42654 - 08/27/2013 - Marini, Michael
 PCH Name: I & A RESIDENTIAL SERVICES BLDG D

OCT 11 2013

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident 1's last medical evaluation was completed on 7-1-13. The prior medical evaluation was completed on 5-3-12.

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.

This home had a new Administrator, [redacted] begin on June 16, 2013. [redacted] has developed a schedule to be followed for Medical Evaluation due dates that is posted. [redacted] Administrator, will monitor this schedule monthly and follow up with direct care staff to ensure Medical Evaluations are scheduled and completed on time annually. [redacted] will add any new admissions to this Medical Evaluation due date schedule upon admission.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Heather Gelles, Ex. Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>HEATHER GELLES</i>	Date <i>10/8/2013</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10-15-13</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>10-15-13</u> (Date) <input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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