



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: January 31, 2014

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
License #201380

Dear Ms. Sidari:

As a result of the Department of Public Welfare's licensing inspection on January 15, 2014 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20138 - 01/15/2014 - Hummel, Jesse

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on 10/31/13. The resident home contract was developed on 10/30/13, however it was not signed by the resident as required for the contract to be valid.

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.

██████████-administrator will review all new admissions to ensure Residence signature is on Admission Agreement .Completed by 1/30/14
 I will also Inservice Staff on proper Documentation required for resident charts admission to Corrigan house.Inservice 1/30/14

The administrator shall be responsible for monitoring and ongoing compliance.

*mm
1/30/14*

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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* Date *1/28/14*

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

The above plan of correction is approved as of 1/30/14 (Date)

Plan of correction implementation status as of 1/30/14 (Date)

The above plan of correction was approved by *mm* (Initials)

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

Violation Report: 20138 - 01/15/2014 - Hummel, Jesse

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on 10/31/13. The resident home contract was developed on 10/30/13, however it was not signed by the resident and therefore is not a valid contract. On 11/2/13 resident #1 was discharged from the facility. Prior to admission the resident paid \$1,870.00 for room and board for the month of November. Based on the fact the resident did not sign the contract, the 72 hour right to rescind the contract is being enforced. Resident #1 is only required to pay for the services provided for the days the resident resided in the facility. A refund in the amount of \$1,746.00 is due to the resident. The facility failed to issue this refund to the resident or to the resident's designated person.

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.

██████████ administrator will review all new admissions to make sure resident signature is on admission agreement to ensure contract is valid. Completed by 1/30/14. A refund check will be mailed for \$1746.00 by controller within 30 days of today's date. I will also review all discharges since last inspection to ensure all refunds were made & proper documentation was placed in residents charts. (See attached form)

The administrator shall monitor and assure ongoing compliance.

*m
1/30/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 1/28/14

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The above plan of correction is approved as of <u>1/30/14</u> (Date)	Plan of correction implementation status as of <u>1/30/14</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (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 - 01/15/2014 - Hummel, Jesse

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on 10/31/13. The facility failed to complete a preadmission screening form for resident #1. This screening is required to be completed within 30 days prior to admission to determine if the resident's personal care needs can be met by the services provided by the facility.

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.

██████████-Administrator will audit all charts to ensure Pre-screening 's are being completed by Nursing Staff before admission of any residents. Completed by 1/30/14. I will Inservice all staff on proper paperwork required for residents charts upon admission. Completed 1/30/14

• The administrator shall monitor and assure ongoing compliance.

ms
1/30/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 1/28/14

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