



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 18 2014

Ms. Kimberly Sidari, Administrator
The Corrigan House Inc.
P.O. 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 April 28, 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.

Your regular license for the period June 24, 2014 to June 24, 2015 was issued on April 8, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(5)(ii) - If the provisions of §.2600.29a(b)(4) are initiated, the informed staff person is to immediately practice a fire drill evacuation in accordance with the following: Reasonably simulate the level of effort required to move the resident and proceed to practice evacuation to the nearest unblocked exit or fire safe area. The simulation will include the number of staff persons that is required during an evacuation to safely move the resident.

2a. DESCRIPTION OF VIOLATION

Resident #1 is not evacuating during fire drills. The resident has been actively dying since September 2013. The administrator and the staff are not simulating an evacuation with the resident as required.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Suckai*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Administrator of Cassandra Suckai* Date *4/17/14*

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

The above plan of correction is approved as of 6-27-14
 (Date)

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

Plan of correction implementation status as of 6-27-14
 (Date)

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

Regulation 55 PA Code 2600

2600.29a (b) (5) (ii)

Plan of correction:

Resident # 1 was discharged from the facility. Moving forward, The Corrigan House will no longer be excepting immobile residents. In the event that a current resident of the home becomes immobile, the resident will be discharged from the facility to an appropriate facility to meet all needs.

The adm/designee will review all current residents' mobility needs to insure compliance. Documentation of this review will be retained by the home. C.F. 6/27/14

C.S

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(7) - The home is to maintain sufficient staffing at all times to provide for the safe evacuation of all residents, including the resident who is actively dying while receiving hospice care and services, in accordance with the fire drill practice requirements specified in § 2600.29a(b)(5) and § 2600.132(a)-(j). A resident who meets the conditions of § 2600.29a(b)(1)-(3) is a resident with mobility needs in accordance with § 2600.4 (relating to definitions).

2a. DESCRIPTION OF VIOLATION

Resident #1 is not evacuating during fire drills. The resident has been actively dying since September 2013. The home only staffs one person for the 11pm-7am shift and is not maintaining sufficient staffing during the night to evacuate everyone in case a real fire occurs.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Sidani*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Administrator Sidani* Date *6/27/14*

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

The above plan of correction is approved as of *6/27/14*
 (Date)

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

Plan of correction implementation status as of *6/27/14*
 (Date)

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

Regulation 55 PA Code 2600

2600.29a (b) (7)

Plan of correction:

Resident # 1 was discharged from the facility. Moving forward, The Corrigan House will no longer be excepting immobile residents. In the event that a current resident of the home becomes immobile, the resident will be discharged from the facility to an appropriate facility to meet all needs.

The adm/ designee will review the fire drill logs monthly to insure adequate staffing on all shifts. CP.
6/27/14

CS

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Resident Assessment Support Plan dated 9/11/2013 does not include the resident's special evacuation needs while actively dying on hospice.

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.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) Cassandra Sudbu

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cassandra Administrator Sidari Date 6/17/14

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

The above plan of correction is approved as of <u>6/27/14</u> (Date) The above plan of correction was approved by <u>OS</u> (Initials)	Plan of correction implementation status as of <u>6/27/14</u> (Date) <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
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Regulation 55 PA Code 2600

2600.29a (b) (10)

Plan of correction:

Resident # 1 was discharged from the facility. Moving forward, The Corrigan House will no longer be excepting immobile residents. In the event that a current resident of the home becomes immobile, the resident will be discharged from the facility to an appropriate facility to meet all needs.

The Adm/Designer will audit all current residents' assessments and support plans to insure accuracy in the records and any special evacuation needs are noted.
CS. 6/27/14

CS

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff member A (DOH 2/15/08) did not receive training in Emergency Preparedness for the 2013 training year.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Cassandra Sukai

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Administrator Cassandra Sukai Date 6/17/14

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

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(Date)

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

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(Date)

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

Regulation 55 PA Code 2600

2600.65 (g)

Plan of correction: Staff member was privately trained on emergency and preparedness on 4/30/2014. A video on fire drills and emergency preparedness was viewed. Moving forward, there will be mandatory attendance for the 6 areas of annual training requirements. Administrator will reeducate all staff on the importance of attendance. If staff member is absent for just cause, staff member with the assistance of the administrator will seek other options to meet this requirement. (example: video or in service at other facility). Administrator will monitor monthly and quarterly for ongoing compliance.

Be sure to audit all existing employee files for compliance.

CJ. 6/27/14

CS

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The home's poisonous material cabinet located in the hall across from the home's laundry room was found unlocked at approximately 2:00pm on 4/28/2014. Not all of the home's residents were accessed to safely handle poisonous materials. The following items were found with the direction to seek immediate medical treatment if ingested.
 (4)-90 ounce containers of "Great Value" brand concentrated all-purpose cleaner
 (2)-64 ounce containers of "Great Value" brand floor cleaner
 (3)-10ounce spray bottles of "Great Value" glass cleaner

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.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siodani*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siodani* Date *6/17/14*

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

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 (Date)

Plan of correction implementation status as of 6/27/14
 (Date)

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

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

Regulation 55 PA Code 2600

2600.82(c)

Plan of correction:

An in service was done with staff on 6/5/2014 regarding house policies and deficiencies. Please see attached. All staff was reeducated on the proper procedures and purpose of locking poisonous materials. Moving forward, med techs, LPNS and administrator on all shifts will monitor that all poisonous material are kept safely locked to ensure ongoing compliance.

Adm Designee will perform daily walk throughs on various shifts to insure ongoing compliance. El,

C.S

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The "GE" brand refrigerator located in the main kitchen has a temperature reading of 54°F at approximately 2:30 PM on 4/28/2014. The "GE" brand freezer located in the storage room had a temperature reading of 10°F at approximately 2:30 PM on 4/28/2014.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Cassandra Suobari

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cassandra Suobari Administrator/Secretary Date 6/17/14

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

The above plan of correction is approved as of 6/27/14
 (Date)

Plan of correction implementation status as of 6/27/14
 (Date)

The above plan of correction was approved by ee
 (Initials)

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

Regulation 55 PA Code

2600.103 (f)

Plan of correction:

All refrigerators and freezers have been replaced with new thermometers and are working properly. Temperature of GE brand refrigerator located in the kitchen and GE brand freezer located in the storage area are now reading within correct range. Direct care staff will monitor thermometers on all appliances on a daily basis for compliance and report any deficiency when refrigerators or freezer thermometers read out of range. Administrator will also monitor weekly that all temperatures in refrigerators and freezers are within compliance range.

ES 6/27/14

CS

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The written fire drill record for the fire drill held on 9/13/2013 at 9:36 did not include am or pm.

 The written fire drill record for the fire drill held on 10/2/2013 did not specify the amount of time it took the residents to evacuate the home, the fire drill log indicated "under 8".

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siebui*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Administrator* Date *6/17/14*

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

The above plan of correction is approved as of <u>6-27-14</u> (Date) The above plan of correction was approved by <i>[Signature]</i> (Initials)	Plan of correction implementation status as of <u>6/27/14</u> (Date) <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
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Regulation 55 PA Code 2600

2600.132(c)

Plan of correction:

Moving forward, the administrator will audit the written fire drill records for completeness and to ensure we are in compliance with regulations. Administrator will make sure drill log includes date, time, evacuation time, the exit, route used, number of residents in home at time of drill, number of residents evacuated, reasoning if any on to why any residents didn't participate, the number of staff members participating and any problems encountered during the drill itself.

Adm/Designee will perform above checks on a monthly basis in conjunction w/ home's fire drills. OS. 6-27-14

C.S.
6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The fire safety letter from the Hazelton fire department does not indicate an evacuation time, the letter states "The staff performed a fire drill and all residents were evacuated within 8 minutes to the outside."

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/22/2013
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Signature of Legal Entity Representative
 (Required on EVERY Page) Cassandra Supbui

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cassandra Administrator Siebani Date 6/17/14

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

The above plan of correction is approved as of 7-10-14
 (Date)

The above plan of correction was approved by OP
 (Initials)

Plan of correction implementation status as of 7-10-14
 (Date)


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

Regulation 55 PA Code 2600

2600.132(d)

Plan of correction:

A more detailed letter from the deputy fire chief has been issued. Please see attached. Moving forward, prior to annual fire drill and safety inspection by fire safety expert, the administrator will review all DPW's regulations with the fire safety expert to ensure compliance. The administrator will review the letter that is issued by the fire safety expert or deputy fire chief upon completion to ensure it meets compliance.

Updated letter received 7-10-14. 
7-10-14

CS
6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 On 4/11/2013 the home's fire drill log indicated 35 residents in home at the alarm sound and only 32 residents evacuated.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):	04/22/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siodak*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siodak* Date *6/17/14*

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

The above plan of correction is approved as of 7-3-14
 (Date)

Plan of correction implementation status as of 7-3-14
 (Date)

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

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

Regulation 55 PA Code 2600

2600.132 (h)

Plan of correction:

During the time of the fire drill held on 4/11/2013 the fire drill log indicated that 35 residents in home at the time of alarm sounding with only 32 residents evacuating. During the time of the drill there were in fact 32 residents in home while 3 residents were out at a day program held by North East Counseling. Moving forward the person conducting the fire drill will document on the fire drill record how many residents did not participate in the fire drill and why they did not participate. (out at doctor's appointment, out at a day program, with family, shopping, etc.) Person conducting the fire drill will make sure to get an accurate count of all residents in home and all residents participating in fire drills and document in correctly on fire drill records. The administrator will review the fire drill records after each drill and quarterly to make sure information is completed and to ensure compliance. Also residents will be counseled on the importance of participating in all fire drills and fire safety within the facility.

In addition, Adm will monitor the home's responses monthly with regard to proper evacuation to the home's designated meeting place.

B

7-10-14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #2 and #3 are prescribed Advair Diskus 250/50; the medication was not dated when opened by the home. The manufacturer directions indicate the inhaler is to be used within 30 days of being opened.

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.~~

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Sidani*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Sidani Administrator</i>	Date <i>6/17/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/27/14
 (Date)

Plan of correction implementation status as of 6/27/14
 (Date)

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

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

Regulation 55 PA Code 2600

2600.183 (d)

Plan of correction:

Medication for resident's # 2 and # 3 were reordered to ensure current medication was not expired. Moving forward LPN will audit all new medications being delivered to assure that we are compliant in expiration dates whether it is directed from pharmacy or manufacture directions.

Adm or designee will review med cart on a monthly basis to insure on going compliance. CJ. 6/27/14

CS

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #4's PRN medication of Acetaminophen 325mg was not on hand.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siodani*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siodani*
 Administrator Date *6/17/14*

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The above plan of correction is approved as of 6-27-14
 (Date)

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

Plan of correction implementation status as of 6-27-14
 (Date)

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

Regulation 55 PA Code 2600

2600.187 (d)

Medication for resident # 4 was reordered. Moving forward, LPN will audit all PRN's and MD will be contacted regarding continuation or discontinuing of PRN meds. Med Techs have been reeducated regarding monitoring for the presence of all PRN medications ordered by MD. See attached. LPN will monitor monthly for compliance of this regulation.

~~Adm/Designer should complete audit by~~
July 15, 2014 - Q - 6/27/14

CS

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 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's preadmission screening form dated 07/23/13 did not indicate if the home was able to meet the resident's needs in a personal care 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.

Repeat Violation: No

Date(s) of Previous Violation(s):

04/22/2013

Signature of Legal Entity Representative
 (Required on EVERY Page)

Cassandra Siodani

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

*Cassandra Siodani
 Administrator*

Date

6/17/14

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

The above plan of correction is approved as of

6-27-14
 (Date)

Plan of correction implementation status as of

6/27/14
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Regulation 55 PA Code 2600

2600.224 (a)

Plan of Correction:

Resident # 1's prescreening form has been corrected and attached. Moving forward, the pre admission screening will be monitored by administrator and nursing staff to ensure that all fields on pre admission screening have been fully completed. The administrator will audit all residents records for content identified in this regulation for ongoing compliance.

CP 6/27/14

C.S

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The initial assessment section of the Resident Assessment Support Plan in the record of resident #5 was completed 3/6/2013. An annual assessment had not been completed for 2014.

The initial assessment section of the Resident Assessment Support Plan in the record of resident #6 was completed 3/4/2013. An annual assessment had not been completed for 2014.

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.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Cassandra Sidari

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

*Cassandra Sidari
Administrator*

Date *6/17/14*

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 PA Code 2600

2600.225(c)

An annual assessment plan was completed for both resident's # 5 and #6 at time of inspection but there was an error when completing the forms. The year was written 2013 rather than 2014. Corrections were made and attached as well as the support plan for 2013. Moving forward, administrator will be more cautious when completing forms and review forms after completion to make sure all information is filled out completely and in compliance.

Administrator will also audit residents charts quarterly to make sure all charts are within compliance.

CS. 6-07-14

CS

6/17/14

Violation Report: 20138 - 04/28/2014 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 The initial support plan section of the Resident Assessment Support Plan in the record of resident #5 was completed 3/6/2013. An annual support plan had not been completed for 2014.

 The initial support plan section of the Resident Assessment Support Plan in the record of resident #6 was completed 3/4/2013. An annual support plan had not been completed for 2014.

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.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Suda*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Suda, Administrator* Date *6/17/14*

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

The above plan of correction is approved as of 6-27-14
 (Date)

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


Plan of correction implementation status as of 6-27-14
 (Date)

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

Regulation 55 PA Code 2600

2600.227(c)

An annual support plan was completed for both resident's # 5 and #6 at time of inspection but there was an error when completing the forms. The year was written 2013 rather than 2014. Corrections were made and attached as well as the support plan for 2013. Moving forward, administrator will be more cautious when completing forms and review forms after completion to make sure all information is filled out completely and in compliance. Administrator will also audit residents charts quarterly to make sure all charts are within compliance.

 06-27-14

C.S

6/17/14