



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 12, 2014

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

RE: I&A Residential Services Building C
286 Hood School Road
Indiana, Pennsylvania 15701
#427270

Dear Ms. Gelles:

As a result of the Department of Public Welfare's licensing inspection on June 16, 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,

A handwritten signature in black ink that reads "Larry Mazza" with a stylized flourish at the end.

Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: I & A RESIDENTIAL SERVICES BUILDING C		License Number: 42727
Address: 286 HOOD SCHOOL ROAD, INDIANA, PA 15701		County: Indiana
Administrator: Heather Gelles		Region: WEST
Legal Entity Name: I & A RESIDENTIAL SERVICES INC		
Legal Entity Address: 1019 PHILADELPHIA STREET STE.2, INDIANA, PA 15701		RECEIVED
Certificate(s) of Occupancy C-3 SP 06/18/1997 Labor and Industry		SEP 03 2014 WEST REGION FIELD Human Services Li...
Staffing Hours		
Resident Support: 0	Total Daily Staff: 4	Waking Staff: 3
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/16/2014: Garrigan, Laurie		
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: 5 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: 0 Have Mental Illness: 4 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42727 - 06/16/2014 - Garrigan, Laurie
PCH Name: I & A RESIDENTIAL SERVICES BUILDING C

SEP 03 2014
WEST REGION FIELD
Human Services Lic.

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

On 6/3/14 at approximately 6:00 am, staff person A observed resident #1 outside the home. Resident #1 walked off the property between 6:00 am and 6:50 am without signing out or notifying staff. At 6:50 am, staff person A was unable to locate resident #1. On 6/5/14 at 8:00 am, resident #1 returned to the home. Resident #1 was dehydrated, hungry, covered in mud, and had blisters on both feet. At approximately 9:00 am, resident #1 was transported and admitted to Indiana Regional Medical Center. Resident #1's assessment, dated 1/24/14, indicates no supervision is needed in or out of the home.

Resident #1's record also indicates a history of disorderly conduct and fighting, alcohol and drug use, suicide attempts and non-compliance with medications; however, the resident's assessment, dated 1/24/14, indicates no problem with irritability, agitation and aggression and minimal problem with judgment.

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.

On 6/17/14, Resident 1's Resident Assessment and Support Plan was updated in response to the Department's visit on 6/16/14. [Redacted] Administrator, made the requested changes and a copy is attached. In the future, [Redacted] will update all Resident Assessment and Support Plans within the timeframes set forth by the Department of Public Welfare.

*Within 30 days of receipt of the plan of correction, the administrator or designated person will review all resident assessments for accuracy and completion, to include an accurate assessment of supervision, irritability, agitation and aggression. fr
9/11/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heathar Gelles*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heathar Gelles, Executive Director Date 9/4/14

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

The above plan of correction is approved as of 9/11/14 (Date)

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

Plan of correction implementation status as of 9/11/14 (Date)

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

Violation Report: 42727 - 06/16/2014 - Garrigan, Laurie
PCH Name: I & A RESIDENTIAL SERVICES BUILDING C

SEP 04 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

On 6/3/14 at approximately 6:00 am, staff person A observed resident #1 outside the home. Resident #1 walked off the property between 6:00 am and 6:50 am without signing out or notifying staff. At 6:50 am, staff person A was unable to locate resident #1. On 6/5/14 at 8:00 am, resident #1 returned to the home. Resident #1 was dehydrated, hungry, covered in mud, and had blisters on both feet. At approximately 9:00 am, resident #1 was transported and admitted to Indiana Regional Medical Center. Resident #1's support plan, dated 1/24/14, indicates no supervision is needed in or out of the home.

Resident #1's record also indicates a history of disorderly conduct and fighting, alcohol and drug use, suicide attempts and non-compliance with medications; however, the resident's support plan, dated 1/24/14, indicates no problem with irritability, agitation and aggression and minimal problem with judgment.

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On 6/17/14, Resident 1's Resident Assessment and Support Plan was updated in response to the Department's visit on 6/16/14. [Redacted] Administrator, made the requested changes and a copy is attached. In the future, [Redacted] will update all Resident Assessment and Support Plans within the timeframes set forth by the Department of Public Welfare.

*Within 30 days of receipt of the plan of correction, the administrator or designated person will review all resident support plans for accuracy and completion, to include all care needs, behavioral needs and supervision needs. RM
9/11/14*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Gelles*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Heather Gelles, Executive Director Date 9/4/14

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