



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 24 2015

Ms. Cassandra 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 Human Services' licensing inspection on April 14, 2015 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, 2015 to June 24, 2016 was issued on March 31, 2015. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director *(SJH)*

Enclosure
License Inspection Summary

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home is video recording various hallways, common areas, the dining room, the kitchen and the administrator's office, all of which are accessible to residents and violate their right to privacy.

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.

See Attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Sidici Administrator</i>	Date <i>04-28-2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *5/14/15*
 (Date)

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

Plan of correction implementation status as of *5/14/15*
 (Date)

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

Pg 2 of 13

Regulation 55 Pa. Code 2600

2600.42(s)

All video recording was removed from the facility cameras except the outside camera covering the exterior of The Corrigan House. Basala Enterprise was in April, 15, 2015 to remove video recording on any camera which are accessible to residents in the home. Moving forward video recording will no longer be used in the facility to ensure compliance with DHS regulations. Administrator will only review outside cameras in the event of an emergency or as needed. Please see attached letter from Basala Enterprise.

[Signature]
5/14/15

Cassandra Sudari 4/28/15

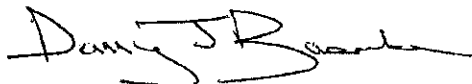
April, 15, 2015

Pg 2 of 13

To whom it may concern,

On April 15, 2015 Basala Enterprise was in to The Corrigan House to remove all video recording in the common areas of the home and anywhere the residents at Corrigan House have access to. The only camera that is still using any type of recording is the outside cameras of the home which show the parking lot and property. If you have any questions or concerns please call (570)455-2900.

Thank you,



Dan Basala (Owner)

M
5/19/15

Cassandra Sieben 4/28/15

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 PCH Name: THE CORRIGAN HOUSE

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).

2a. DESCRIPTION OF VIOLATION
 The PA criminal background check completed for staff person A (hired 4/28/14) was obtained 10/29/14. Staff person A continued to work after the 30-day provisional hiring period in which a finalized PA criminal background check must be obtained.

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.

See Attached

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 *04-28-2015*

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Regulation 55 Pa. Code 2600

2600.51

All staff members' charts were reviewed by administrator to make sure all paperwork and forms were filled out completely and timely. Moving forward, administrator will review charts quarterly to ensure compliance with DHS regulations and make sure background checks are done with in the allotted time of hiring each new staff member.

Pg 3 of 13
cont

M
5/14/15

Cassandra Sudano
4-28-2015

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 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 person B (hired 5/28/12) and staff person C (hired 7/8/11) did not receive training regarding Emergency Preparedness during the 2014 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.

See Attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/28/2014	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Zucchi*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Zucchi Administrator</i>	Date <i>04-28-2015</i>
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pg 4 of 13
cont.

Regulation 55 Pa. Code 2600

2600.65(g)

On 04/15/2015 A Staff training was held for staff member B and staff member C on Emergency Preparedness. Moving forward, administrator will make sure all mandatory training is done annually for each staff member. Please see an attached copy of the record of training.


5/14/15

Cassandra Sibbe 04/28/2015

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 65 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The emergency telephone numbers required by this regulation were not posted on or near the two telephones in bedroom #S4, the telephone located in the administrator's office and the phone located on the medication cart which is stored in the dining room area.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Sider, Administrator</i>	Date <i>04-08-2015</i>
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Regulation 55 Pa. Code 2600

pg 5 of 13
cont.

2600.91

Emergency telephone numbers were posted next to the phone on medication cart in dining area and in administrator's office to ensure compliance with DHS regulations. An emergency number card was already posted in bedroom #54 during inspections but resident was unable to read the card due to poor eye sight, upon inspection card was moved to resident's desk for resident to see more clearly. Moving forward, direct care staff checked resident's rooms and all areas of the facility where phones are accessible to make sure each one had an emergency card next to it. Direct care staff will check weekly to ensure The Corrigan House is in compliance with regulation and report back to administrator with any problems or violations.

M
5/14/15

Cassandra Siskin 04-28-2015

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 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 White and GE White Side-by-Side refrigerators located in the home's pantry had readings of 48 and 50 degrees Fahrenheit. The Beige GE refrigerator in the home's kitchen had a reading of 54 degrees Fahrenheit. These temperatures exceeded the requirement that food be stored at or below 40 degrees Fahrenheit.

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

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/28/2014

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Sieber Administrator* Date *04-28-15*

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Regulation 55 Pa. Code 2600

2600.103(f)

All refrigerators and freezers have been replaced with new thermometers and are working properly. Temperatures are reading with correct range. Direct care staff will monitor temperatures daily for compliance and report to administrators with any deficiencies when out of range. Administrator will also do weekly checks.

pg 6 of B
cont.


5/14/15

Cassandra Rubin
04-28-2015

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 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 home's fire drill records do not indicate the amount of time taken to evacuate during the fire drill conducted on 12/16/14 at 3:30pm.~~

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.

See attached

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/28/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Siskin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Siskin Administrator</i>	Date <i>04-28-2015</i>
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Regulation 55 Pa.Code 2600

2600.132 (c)

Moving forward, owner will conduct fire drills monthly and complete paperwork fully and correctly to be in compliance with regulations. Administrator will do monthly checks of the fire drill logs to ensure everything is correct and within compliance.

pg 7 of 13
cont.


5/14/15

Cassandra Sudaw
04-28-505

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
~~(4) The prescribed dosage and instructions for administration.~~
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 2 Levemir insulin pens and 1 Novolog insulin pen prescribed to resident #1 did not contain a pharmacy label.

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.

See Attached

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 04-28-2015

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa.Code 2600

pg 8 of 13
cont.

2600.184 (a)

Moving forward, all insulin will be kept in proper packaging with labels indicating the resident's name, name of medication, date the prescription was issued, the dosage and instruction on administration and the name and title of prescriber. Med Techs will keep all insulin in original packaging in locked refrigerator for medication in office to ensure compliance. Administrator will check insulin and insulin supplies monthly to also ensure compliance with DHS regulations.

M
5/14/15

Cassandra Sudan
4-28-15

Violation Report: 20138 - 04/14/2016 - Patton, Leslie
 PCH Name: THE CORRIGAN HOUSE

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.

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record (MAR) for the following residents was not properly maintained due to staff incorrectly transcribing the accucheck readings from the individual glucometer machines:

Resident #1- before breakfast on 4/14/15 the reading was 136 but was incorrectly transcribed as 130

Resident #2- Before breakfast on 4/7/15 the reading was 128 but was incorrectly transcribed as 126
 Before breakfast on 4/9/15 the reading was 145 but was incorrectly transcribed as 174
 Before breakfast on 4/10/15 the reading was 122 but was incorrectly transcribed as 112
 Before breakfast on 4/11/15 the reading was 150 but was incorrectly transcribed as 185

Resident #3- Before breakfast on 4/7/15 the reading was 150 but was incorrectly transcribed as 153
 Before breakfast on 4/12/15 the reading was 132 but was incorrectly transcribed as 135

Resident #4- Before breakfast on 4/12/15 the reading was 180 but was incorrectly transcribed as 184
 Before breakfast on 4/13/15 the reading was 208 but was incorrectly transcribed as 203
 Before breakfast on 4/14/15 the reading was 138 but was incorrectly transcribed as 108

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.

Pg 10

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
PCH Name: THE CORRIGAN HOUSE

cont

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Cassandra Siddari</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Cassandra Siddari Administrator</i>	<i>04-28-2015</i>

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(Date)

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(Initials)

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- Not Implemented

pg 9 of 13
cont

Regulation 55 Pa. Code 2600

2600.187(a)

Med Techs and Direct Care Staff with Diabetic training where re inserviced on proper documentation of performed accu checks, staff was instructed on documenting accu check readings on MARs immediately after task is completed.

Moving forward LPNs will audit diabetic MARS and machines weekly to ensure compliance that all accu checks are transcribed onto MARs and in correspondence with memory of accu check machines.

Administrator will do random audits monthly of MARs and machines to ensure compliance with the regulation.

J/4/15

Cassandra Subari
04-28-2015

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 4/8/15 and 4/10/15, resident #1 refused 5 units of Novolog insulin. The prescribing physician was not notified of the medication refusals.

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.

See Attached

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Sidhu, Administrator</i>	Date <i>04-28-2015</i>
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Regulation 55 Pa. Code 2600

Pg 11 of 13
cont

2600.187 (c)

All Staff was retrained in Diabetic Care and Med Techs where in serviced on the regulation. Moving forward, staff will contact the physician within 24 hours of the refusal on any insulin or prescription medication unless otherwise requested by physician. The refusal shall be documented in the resident's records and on the medication record. LPN and Administrator will review MARs and charts weekly to ensure compliance to this regulation.

On April 15, 2015 resident #1's primary physician was contacted in regards to the refusal of Novolog insulin. Physician's orders were faxed to home requesting that physician is only to be notified after 3 days of refusal (please see attached). Moving forward, all staff trained in diabetic care will contact any physician within 24 hours of refusal of insulin unless otherwise requested by physician. Administrator will review charts weekly to ensure compliance.


5/14/15

Cassandra Sider
04-28-2015

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 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 #1 is ordered to have accucheck readings completed before each meal. On 4/10/15, staff did not complete an accucheck reading before dinner 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.

See Attached

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/28/2014

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

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Cassandra Dinku Administrator* *04-28-2015*

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Regulation 55 Pa. Code 2600

Pg 12 of 13

2600.187(d)

Med Tech and Diabetic Trained Staff where re inserviced on following prescribers orders and regulation 2600.187 (d). Staff will follow all orders prescribed; as a task is completed documentation will follow immediately. When Med Tech completes accu checks and medication pass she will review at the end of her shift that all MARs have adequate and proper documentation. LPN and Administrator will review MARs weekly to ensure compliance in this regulation.

M
5/14/15

Cassandra Sisk
04-28-2015

Violation Report: 20138 - 04/14/2015 - Patton, Leslie
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:
 (1) The scope and general description of the services and activities that the home provides.
 (2) The criteria for admission and discharge.
 (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION
 The home does not have a policy regarding the physical, social, or behavioral needs the home can not meet.

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.

See Attached

→ • The administrator is responsible for updating their current written description of services & activities that the home provides or will arrange or coordinate for residents.
 The administrator is responsible for ongoing compliance.

Repeat Violation: No Date(s) of Previous Violation(s): 5/14/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cassandra Sidoti Administrator Date 4-28-2015

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Plan of correction implementation status as of 5/14/15 (Date)

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Regulation 55 Pa. Code 2600

pg 13 of 13
cont.

2600.223a

When the Corrigan House cannot provide the physical, social or behavioral needs of a resident the facility will provide assistance in meeting that need with referrals to the appropriate outside agency.

When physical, social or behavioral need arises with a resident at that time the facility evaluates the need and coordinates with the resident POA / Family and a referral is made to appropriate agency.

The agencies that are available to our facility but not limited too are Home Health and Hospice Agencies, Bureau of Aging, North East Counseling and Senior Centers.

See previous page
M
5/4/15