



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 25 2016

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' annual licensing inspection on April 13, 2016 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, appearing to read "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary



Violation Report: 20138 - 04/13/2016 - Yellenic, Cindy  
 PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**  
 The 2015 annual training for Direct Care Staff Person A was missing the following topics: Personal Care Service Needs; Safe Management Techniques; and, Care of residents with a diagnosis of mental illness and/or an intellectual disability.  
 The 2015 annual training for Direct Care Staff Person B was missing the following topics: Personal Care Service Needs; Safe Management Techniques; and, Care of residents with a diagnosis of mental illness and/or an intellectual disability.  
 The 2015 annual training for Direct Care Staff Person C was missing the following topics: Personal Care Service Needs; Safe Management Techniques; and, Care of residents with a diagnosis of mental illness and/or an intellectual disability.

**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.

*Cont. →*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Sudby (PCHA)</i>	Date <i>5-1-2016</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><i>5/6/16</i></u> (Date)  The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u><i>5/6/16</i></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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Regulations 55 Pa Code 2600

2600.65(f)

The following trainings have been completed for staff members A, B and C: Personal Care Service Needs, Safe Management Techniques and care of residents with a diagnosis of mental illness and/or intellectual disability. Moving forward all staff will be trained on the required training topics per DHS to comply with all state regulations. Attached is a copy of all completed training.

The administrator shall monitor and assure ongoing compliance.

M  
5/6/16

Cassandra Jordan 5.1.2016  
Cassandra Jordan (PCHA)

Violation Report: 20138 - 04/13/2016 - Yellenic, Cindy  
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600  
 2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION  
 The Staff Training Plan for 2016 was missing the following elements: Pre-Admission, RASP, & DME; Personal Care Service Needs; Safe Management Techniques; and, Care for residents with a diagnosis of Mental Illness and /or an Intellectual Disability.

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.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Sider (PCHA)</i>	Date <i>5-1-2016</i>
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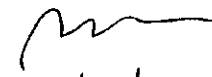
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The above plan of correction was approved by <u><i>MS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa Code 2600

2600.66(a)

The following training topics were added to the 2016 annual training plan roster: Pre-Admission, RASP and DME; Personal Care Service Needs; Safe Management Techniques and Care for residents with a diagnosis of Mental Illness and/or Intellectual Disability. Moving forward, all training topics required by DHS will be included in annual training of each staff member to ensure compliance with all regulations. See attached for 2016 annual training roster.

- The administrator shall monitor and assure ongoing compliance.

  
5/6/16

Cassandra Sedari 5/6/2016  
Cassandra Sedari (PCA)

Violation Report: 20138 - 04/13/2016 - Yellenic, Cindy

PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

**2a. DESCRIPTION OF VIOLATION**

The medical evaluation for Resident #1, dated 9/29/15, did not include pulse rate, blood pressure or temperature.

**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.*

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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Alexandra Steben (PCHA)*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Alexandra Steben (PCHA)* Date *5-6-2016*

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Regulation 55 Pa Code 2600

2600.141(a) (2)

The medical evaluation on Resident #1 was immediately corrected by Administrator to ensure all information was correct and complete to ensure compliance with DHS regulations. Moving forward, upon residents return from physician's office administrator or LPN will double check to ensure everything is completed properly. Quarterly all residents charts will be reviewed by administrator and LPN. See attached DME for resident #1.

  
5/6/16

Cassandra Sdari 5.1.2016  
Cassandra Sdari (PCHA)

Violation Report: 20138 - 04/13/2016 - Yellenic, Cindy  
 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 has a physician's order for Aspirin. The medication in the cart for this resident expired 12/2015 and was still available for administration.

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

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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Cassandra Sideri (PCHA) Date 5-1-2016

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Regulation 55 Pa Code 2600

2600.183(d)

Medication for Resident #2 was immediately removed from the medication cart and new medication was ordered. Moving forward, LPN will check medication for expiration dates routinely to ensure safety of all residents and compliance with DHS regulations.

• The administrator shall monitor and assure ongoing compliance.

M  
5/6/16

Cassandra Sudani 5.1.2016

Cassandra Sudani (PCHA)

Violation Report: 20138 - 04/13/2016 - Yellenic, Cindy  
 PCH Name: THE CORRIGAN HOUSE

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

The home's first aid kit contained Epi-Clenz Antiseptic wipes that expired 11/2014.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Cassandra Jordan (PCHA)* Date *5.1.2016*

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Regulation 55 Pa code 2600

2600.183(f)

The expired Epi-Clenz Antiseptic was removed from first aid kit immediately and replaced with new Antiseptic. Moving forward, LPN will check first aid kit weekly to ensure all required items are stored and that nothing is expired.

6 The administrator shall monitor and assure ongoing compliance - M 5/6/16

Cassandra Sideri 5/1/2016

Cassandra Sideri (PCHA)

Violation Report: 20138 - 04/13/2016 - Yelienic, Cindy  
 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 #3 has a physician's order to have insulin administered to the resident based on a sliding scale. On 4-9-16 at 8:00pm, the resident's blood glucose was 246 and required 3 units of insulin to be administered. The resident received 6 units of insulin.

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.

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/14/2015
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cassandra Sideri (PCHA)	5-1-2016

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Regulation 55 Pa Code 2600

2600.187(d)

All of resident # 3 medications prescribed by physician were reviewed by administrator and LPN. All staff was re-educated on the importance of documenting medication dosage properly. Diabetic training is scheduled for May, 04, 2016 for all staff member administering insulin to diabetic patients. Moving forward, LPN will review all diabetic MARs weekly for any discrepancies and proper documentation of dosage and glucometer readings to ensure MARS and labeling are following direction of the prescriber.

• The administrator shall monitor for ongoing compliance. Ms 5/16/15

Cassandra Sideri 5.1.2016  
Cassandra Sideri (PCHA)