



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

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

RE: I&A Residential Services – Bldg. D
13462 State Route 422
Kittanning, Pennsylvania 16201
License #: 426540

Dear Ms. Gelles:

As a result of the Department of Human Services' annual licensing inspection on July 11, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: I & A RESIDENTIAL SERVICES BLDG D		License Number: 42654
Address: 13462 STATE ROUTE 422, KITTANNING, PA 16201		County: Armstrong
Administrator: Laura Marusa		Region: WEST
Legal Entity Name: I & A RESIDENTIAL SERVICES INC		
Legal Entity Address: 1019 PHILADELPHIA ST. STE. 2, INDIANA, PA 15701		
Certificate(s) of Occupancy C-3 SP 06/07/2002 PAL&I		
Staffing Hours		
Resident Support: 3	Total Daily Staff: 6	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/11/2016: Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		<p>RECEIVED</p> <p>AUG 31 2016</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 4	Number of Residents who:	
Number of Residents Served: 3	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 1	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

AUG 31 2016

Violation Report: 42854 - 07/11/2016 - Georgoulis, Karen
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
There was approximately a 1/2" coating of lint in the clothes dryer lint trap.

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.

Our entire staff was re-educated by [redacted] Administrator, during our regularly scheduled staff meeting on July 13, 2016 regarding removing lint after every load in the dryer. Staff will continue to be reminded to remove lint after each use during regularly scheduled staff meetings every Wednesday by [redacted] Administrator.

The chore checklist for the home was updated by [redacted] Administrator, on August 24, 2016. First shift are now responsible to check the lint trap daily to ensure this task is double-checked daily.

Signs were already in place as reminders to staff to remove the lint after each use.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEATHER GEULES Date 8/30/2016

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 8-31-16 (Date)

Plan of correction implementation status as of 8-31-16 (Date)

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

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

AUG 31 2016

Violation Report: 42654 - 07/11/2016 - Georgoulis, Karen
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
The first aid kit in the van used to transport residents did not include gloves, eye covering, scissors, a breathing shield or a thermometer.

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.

As explained at inspection, the 2004 van present at the time of inspection was on loan from another program in the agency so routine maintenance could be performed on the 2015 van belonging at 13462 State Route 422, Kittanning. We neglected to take the first aid kit out of the 2015 van before it went for service. [Redacted] Administrator, updated the 2004 first aid kit to meet 2600 regulations. Each time the van is scheduled for routine maintenance, staff will ensure the first aid kit in the loaner vehicle is in compliance.

During regularly scheduled facility inspections that occur every 3 months, the first aid kit will be checked for compliance with the 2600 regulations. These inspections are conducted by [Redacted] Maintenance, and [Redacted] Program Director.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) HEATHER COELLES Date 8/30/2016

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