



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 07 2016

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

RE: I&A Residential Services Building A
111 East Pike Road
Indiana, Pennsylvania 15701
License #: 427230

Dear Ms. Gelles:

As a result of the Department of Human Services' annual licensing inspection on August 8, 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 "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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SEP 23 2016

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42723 - 08/08/2016 - McConnell, Deb
PCH Name: I & A RESIDENTIAL SERVICES BUILDING A

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The home's licensing inspection summary, dated 12/18/14, was posted in the home's dining area. However, the resident privacy coding document was attached.

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.

Immediately during inspection, on-duty staff removed the resident privacy coding document from the dining area. Management will ensure that all future postings follow confidentiality requirements.

Immediately: A designated staff person shall check the home on each shift to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 9-29-16

Within 30 days of receipt of the plan of correction: All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location, including the home's specific policy and procedures to comply with regulation 2600.17. Documentation of education shall be kept. 9-29-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Jones, Ex. Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *HEATHER JONES, Executive Director* Date *9/23/2016*

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

The above plan of correction is approved as of 9-29-16 (Date)

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

Plan of correction Implementation status as of 9-29-16 (Date)

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

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SEP 23 2016

Page 3 of 5

Violation Report: 42723 - 08/08/2016 - McConnell, Deb
PCH Name: I & A RESIDENTIAL SERVICES BUILDING A

WEST REGION FIELD OFFICE
Human Services Licensing

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

Direct care staff persons A and B did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and personal care service needs of the resident during the 2015 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.

On August 16, 17, and 18, 2016, all direct-line staff received an in-person training by Administrator [REDACTED]. This training was announced to our staff on July 18, 2016 and documentation of the upcoming training was provided to the inspector on 8/9/16. All topics included in this violation were covered. Please see the attached attendance record. This training is now a mandatory annual training every August. Administrator [REDACTED] will ensure that all staff attend and are trained in every subsection of regulation 2600.65(f) annually. The August mandatory training has been added to the agency's Yearly Staff Training Schedule.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Heather Gelles, Ex-Director</i>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>HEATHER GELLES, EX. DIRECTOR</i>	Date <i>9/23/2016</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>9-29-16</u> (Date)	Plan of correction implementation status as of <u>9-29-16</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
The above plan of correction was approved by <u>[Signature]</u> (Initials)	

Violation Report: 42723 - 08/08/2016 - McConnell, Deb
PCH Name: I & A RESIDENTIAL SERVICES BUILDING A

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 a 1/8" layer of lint in the lint trap of the clothes dryer.

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 a regularly scheduled staff meeting on August 11, 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 Thursday by [redacted]

The chore checklist for the home was updated by [redacted] Administrator, on August 24, 2016. First shift are now responsible to check the dryer lint trap daily to ensure the 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):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Heather Gelles, Ex. Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *HEATHER GELLES, EXEC. DIRECTOR* Date *9/23/2016*

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The above plan of correction is approved as of <u>9-27-16</u> (Date)	Plan of correction implementation status as of <u>9-29-16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

Violation Report: 42723 - 08/08/2016 - McConnell, Deb
PCH Name: I & A RESIDENTIAL SERVICES BUILDING A

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

Resident #1 measures his/her own blood glucose levels and self-administers insulin. However resident #1 has not been assessed as being capable to self-administer medications by a physician, physician's assistant or a certified registered nurse practitioner.

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.

Immediately during inspection [redacted] Administrator, called the resident's Physician and obtained written orders stating that the resident is capable of administering [redacted] own insulin and checking [redacted] blood sugar. This order arrived prior to the Licensing Representative's departure and was visually inspected at that time. This order will remain in the resident's chart permanently.

[redacted] RPD, will ensure that all current and future residents who administer their own insulin or test their own blood sugar will be assessed as capable to self-administer medications by a physician.

All staff persons involved in medication administration shall be educated that all residents shall be assessed of their ability to self-administering medications through the medical evaluation process at least annually. Documentation of education shall be kept. 9-29-16

The administrator or designated staff person shall review all resident records to ensure all residents have been assessed of their ability of self-administering medications, the required documentation is in the resident's record, and that the home is administering medications to all residents that have not been assessed to self-administer medications within the past year. 9-29-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Gelles, Ex. Director*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *HEATHER GELLES, EXECUTIVE DIRECTOR* Date *9/23/2016*

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