



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 05 2017

Ms. Cassandra Sidari,
Administrator
The Corrigan House Inc.
P.O. Bos 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, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20138 - 04/13/2017 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

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
 On 4/13/2017, at 1:45am, the Licensing Inspection Summary from 4/13/2016 was posted on the home's bulletin board located on the first floor across from the medication cart; the resident privacy coding was attached to the Licensing Inspection Summary.

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/25/2016
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cassandra Smith - Administrator Date 4/15/17

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

The above plan of correction is approved as of <u>5-9-17</u> (Date) please see next page. The above plan of correction was approved by <u>Op</u> (Initials)	Plan of correction implementation status as of <u>5-9-17</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
---	---

Regulation 55 PA Code 2600

2600.17

PQA 87

On 4-13-2017 confidential records were attached to inspection report that is to be accessible to all residents and family. Immediately all confidential information was removed from inspection report. Moving forward, inspection report will be reviewed by administrator upon receiving and all confidential information will be removed before displaying it in homes common areas.

Cassidy

4/5/17

aq

5.9.17


Violation Report: 20138 - 04/13/2017 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION
 The home does not have a carbon monoxide detector located more than 15 feet of the kitchen's gas operated stove and hot water heater.


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.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Cecilia Soderi - Administrator Date 4-5-17

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

The above plan of correction is approved as of 5-9-17
 (Date)
 Please see next page
 The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5-9-17
 (Date)

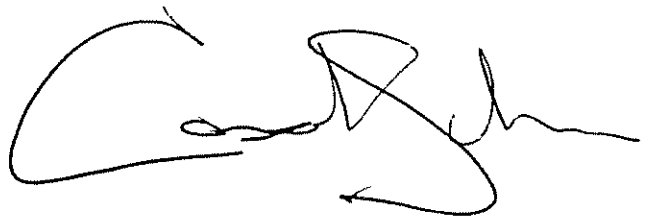
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 PA Code 2600

2600.18

P 3A 87

Upon inspection home did not have carbon monoxide detector placed more than 15 feet from the gas stove and heater located in the kitchen area. On 4/14/17 a carbon monoxide detector was purchased and placed in the kitchen within regulated feet to comply with Department of Human Services regulations. Moving forward, administrator will check the detector monthly to ensure it is working properly.



4/5/17

AS 5-9-17

Violation Report: 20138 - 04/13/2017 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 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 by the phone located in the south wing hallway next to resident room #2.

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.

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


Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Corcoran Sideri - Administrator</u>	Date <u>4/5/17</u>
--	--------------------

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

The above plan of correction is approved as of 5-9-17
 (Date)

please see next page

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5-9-17
 (Date)

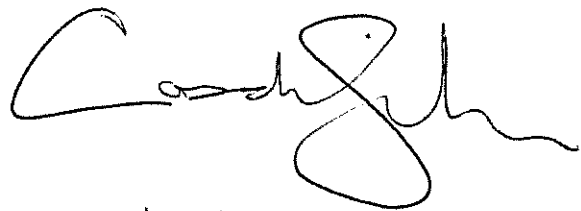
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 PA Code 2600

PA 87

2600.91

Emergency numbers were not posted in the south wing of the facility next to the telephones. Upon finding a list of all emergency numbers required by Department of Human Services was placed next to phones to ensure compliance. Moving forward, staff will do weekly checks throughout the facility to ensure emergency numbers are placed properly throughout facility. Administrator will check monthly.



4/5/17

AS
5-9-17

Violation Report: 20138 - 04/13/2017 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 The emergency exit door with a push-bar, located in the home's south wing foyer, was difficult to open exiting to the patio. Department representative had to use fair amount of force to push the door open as it had scraped the door's bottom and side.

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.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)




Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cassandra Jordan - Administrator	4-5-17

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

The above plan of correction is approved as of 5-9-17
 (Date)

please see the next page

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 5-9-17
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

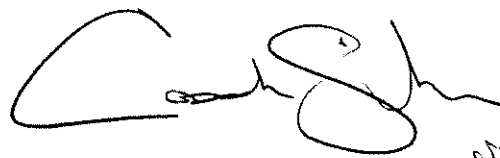
Regulation 55 PA Code 2600

2600.121(a)

PSA 87

Upon inspection inspector had difficult time opening the facilities south wing emergency exits. Immediately WD40 was used on door and inspectors rechecked that door was in compliance with Department of Human Service needs. Moving forward, maintenance will check all doorways regularly to ensure they are working properly and meet Department of Human Services regulations.

Administrator will oversee to ensure ongoing compliance. @ 5-9-17


4-5-17
5-9-17

Violation Report: 20138 - 04/13/2017 - Harvey, Jason
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home's fire drill log indicates that the two most recent sleeping-hour fire drills took place 4/21/16 and 1/17/17. The home did not conduct a sleeping-hour fire drill every 6 months as specified by the regulation.

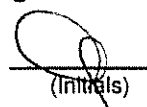
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Cassandra Schick - Administrator</u>	Date <u>4-5-17</u>
---	--------------------


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

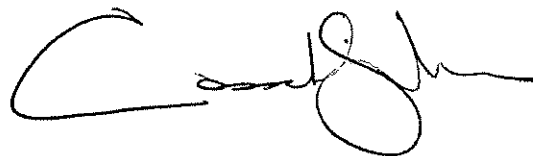
The above plan of correction is approved as of <u>5-9-17</u> (Date) <i>please see the next page</i> The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>5-9-17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
---	---

Regulation 55 PA Code 2600

2600.132(e)

The home did not conduct a sleep time fire drill within a timely matter. Moving forward, Administrator will ensure that a sleep time fire drill is done every 6 months to comply with Department of Human Services regulations.

fire drill logs
submitted for
review 



4-5-17

20
5-9-17

Violation Report: 20138 - 04/13/2017 - Harvey, Jason
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION
 On 4/13/2017, at 9:50am the home's designated smoking area located outside the facility contained four chairs wrapped in fabric, the chairs do not have manufacturing tags indicating that the furniture is fire retardant.

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.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cassandra Sidani - Administrator	4-5-17

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

The above plan of correction is approved as of 5-9-17
 (Date)
 please see the next page
 5-9-17
 The above plan of correction was approved by [Signature]
 (Initials)

Plan of correction implementation status as of 5-9-17
 (Date)

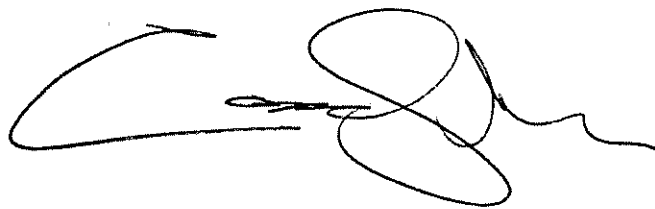
Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Regulation 55 PA Code 2600

2600.18

During inspection inspectors found that home was using non fire retardant seating in the smoking section of the home. Although the home does have fire safe furniture for the smoking area, residents keep moving the furniture for their comfort. Moving forward, residents were reeducated on the smoking policy and procedure of the home as well as the safety of using fire retardant seating while smoking. Also, another metal bench was purchased to ensure compliance with Department of Human Service regulations. Staff will check daily that residents are following all smoking policies and report back to administrator with any issues. Administrator will handle any problems with the smoking violations.

to ensure ongoing compliance CP. 5-9-17

A handwritten signature in black ink, consisting of a large, stylized initial 'C' followed by a series of loops and a horizontal line extending to the right.

4/5/17