



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 18 2017

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

RE: I & A Residential Services – Building 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 May 19, 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](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  
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		<b>RECEIVED</b>
Certificate(s) of Occupancy C-3 SP 06/07/2002 Dept. of Labor & Industry		AUG 14 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 3	Waking Staff: 2
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 05/19/2017: Quinn, Suzanne		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
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		

Violation Report: 42654 - 05/19/2017 - Quinn, Suzanne  
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

AUG 14 2017

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

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.

A copy of 55 Code Chapter 2600 was posted by the Administrator on the day of inspection - 5/19/17. The Administrator will monitor the bulletin board to ensure a copy is posted at all times,

AT LEAST MONTHLY  
8-9/5/17

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *HEATHER GELLES, EXECUTIVE DIRECTOR*      Date *8/14/2017*

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

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

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

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

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

Violation Report: 42654 - 05/19/2017 - Quinn, Suzanne  
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

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 person A, hired on 11/15/2012, did not receive training in the following topics during the July 1, 2015 to June 30, 2016 training year:

- \* Medication self-administration
- \* Instruction on meeting the needs of the residents as outlined in the preadmission screening form, assessment tool, medical evaluation and support plan.
- \* Care for residents with dementia and cognitive impairments

Direct care staff person B, hired on 7/30/2007, did not receive training in the following topics during the July 1, 2015 to June 30, 2016 training year:

- \* Medication self-administration
- \* Instruction on meeting the needs of the residents as outlined in the preadmission screening form, assessment tool, medical evaluation and support plan.
- \* Care for residents with dementia and cognitive impairments

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.

Direct Care Staff Person A and B were both trained on medication self-administration, instruction on meeting the needs of the residents as outlined in the preadmission screening form, assessment tool, medical evaluation and support plan as well as care for residents with dementia and cognitive impairments on August 17, 2016. This training is now conducted annually with all direct care staff by the Administrator. Training for this year is occurring on August 16, 2017. Please see attached.

*Immediately - The administrator will review staff training at least twice per year to ensure all staff received all required training.*

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Date *8/14/2017*

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(Initials)

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Violation Report: 42654 - 05/19/2017 - Quinn, Suzanne  
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

AUG 14 2017

1. REGULATION 55 Pa.Code §2600  
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

A nonskid surface is not present on the wooden step leading from the front porch to the concrete pad.

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.

Non-skid surfaces were installed on the steps leading from the front porch to the concrete pad in the front of the house by Maintenance personnel on May 24, 2017.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *HEATHER GELLES, EXECUTIVE DIRECTOR*      Date *8/14/2017*

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Violation Report: 42654 - 05/19/2017 - Quinn, Suzanne  
 PCH Name: I & A RESIDENTIAL SERVICES BLDG D

AUG 14 2017

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

At 3:56 PM, the temperature in the kitchen freezer was 8 degrees Fahrenheit.

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.

The temperature in the kitchen freezer was monitored by staff for a 7-day period after inspection. The recorded temperatures ranged from a low of -8 to a high of 0 for the time period in question. It was determined that a resident had been opening the freezer on the day of inspection. Staff will remind residents that they should only be opening the freezer for a short period of time when they need to take something out. During the regularly scheduled quarterly Facility Inspection for this home, Maintenance will monitor the temperatures. The next Facility Inspection for this home is scheduled for August 21, 2017.

*Immediately - The administrator or a designee will monitor refrigerator and freezer temperatures at least weekly.*

*H  
 9/5/17*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *HEATHER GELLES, EXECUTIVE DIRECTOR* Date *8/14/2017*

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Violation Report: 42654 - 05/19/2017 - Quinn, Suzanne  
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The following expired medications for resident #2 were present in the medication cart:

- \* A 2 ounce tube of Swan hemorrhoidal ointment, expired in 9/2003
- \* A 3 ounce tube of Equate Arthricream, expired in 9/2013
- \* A 4 ounce tube of Biofreeze, expired in 2/2017

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.

All three creams were thrown away at the time of inspection by the Administrator. Resident #2 had brought these expired medications with [redacted] when admitted. Administrator explained to Resident #2 that [redacted] could not have these expired medications and [redacted] provided the home with a new unexpired supply the following day. Administrator will educate staff and new residents regarding this issue on an ongoing basis.

*The administrator or designee will complete a medication audit at least monthly, to ensure only current medications are in the home.*

*9/15/17*

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</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
HEATHER GELLES, EXECUTIVE DIRECTOR	8/14/2017

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Violation Report: 42654 - 05/19/2017 - Quinn, Suzanne  
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

WEST REGION FIELD OFFICE  
Human Services Licensing

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

Resident #1's May 2017 medication administration record (MAR) does not include a diagnosis or purpose for Chlorhexidine rinse.

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.

At the time of inspection, Resident #1's MAR for May 2017 listed the purpose of the Chlorhexidine rinse as "Oral Rinse". The purpose was changed to "Gingivitis" at the request of the Inspector by the Administrator on site. The Administrator will continue to educate staff that every MAR must list a purpose or diagnosis for each medication on an ongoing basis.

*The administrator or designee will complete a medication audit for all residents at least monthly, to ensure the MAR is complete, and all medications are available in the home.*

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HEATHER GELLES, EXECUTIVE DIRECTOR	8/14/2017

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WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 42654 - 05/19/2017 - Quinn, Suzanne  
PCH Name: I & A RESIDENTIAL SERVICES BLDG D

1. REGULATION 55 Pa.Code §2600  
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
The most recent photograph of resident #3 is dated 5/8/15. The resident was admitted to the home on [redacted] 15.

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.

The Administrator photographed Resident #3 the afternoon of May 19 while the Inspector was present. Staff are already instructed to take a new photograph every two years for each resident. Administrator will continue to monitor and educate the direct line staff regarding this requirement, and monitor residents' records annually.

*[Handwritten Signature]*  
9/5/17

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) HEATHER GELLES, EXECUTIVE DIRECTOR Date 8/14/2017.

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