



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 23 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 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 July 11, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: I & A RESIDENTIAL SERVICES BUILDING A		License Number: 42723
Address: 111 EAST PIKE, INDIANA, PA 15701		County: Indiana
Administrator: Laura Marusa		Region: WEST
Legal Entity Name: I & A RESIDENTIAL SERVICES INC		
Legal Entity Address: 1019 PHILADELPHIA ST. SUITE 2, INDIANA, PA 15701		RECEIVED
Certificate(s) of Occupancy C-3 SP 07/21/1994 PA Dept of L&I		SEP 19 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 5	Waking Staff: 4
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/11/2017: Pfaff, Vicki		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 5 Number of Residents Served: 5 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 0 Have Mental Illness: 5 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0

Violation Report: 42723 - 07/11/2017 - Pfaff, Vicki
PCH Name: I & A RESIDENTIAL SERVICES BUILDING A

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lantus Solostar inject 55 units subcutaneously every night at bedtime. However, the prescription label indicates "inject 50 units subq every night at bedtime".

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 dosage for the medication in question had been changed by the prescriber but the label had not been corrected by the Pharmacy. The change orders were in the chart. On the date of inspection, staff requested an updated label from the Pharmacy and it was received the following day, July 12, 2017.

All staff were reminded of the importance of ensuring that Pharmacy labels are correct at the weekly staff meeting held on July 13, 2017. This issue was again covered by Management during the twice-annual medication training held on August 17, 2017.

Management will continue to monitor medications regularly to ensure labels correctly match the dosage and prescriber's directions.

Immediately: This monitoring shall be completed at least monthly
9-2017

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heather Gelles, Executive Director

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

HEATHER GELLES

Date *9/19/17*

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

The above plan of correction is approved as of 9-20-17
(Date)

Plan of correction implementation status as of 9-20-17
(Date)

The above plan of correction was approved by *HG*
(Initials)

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