



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
Mailing Date: August 2, 2017

Ms. Cassandra Sidari
Administrator
The Corrigan House Inc.
PO Box 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' licensing inspection on July 20, 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20138 - 07/20/2017 - Deluca, Amy
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code 52800

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

Upon arrival to the facility at 1:00pm on 7/20/2017 Department representative observed that the two front doors leading to the living area of the home were both propped wide open. There were no screen doors installed to prevent flies and other pests from entering the home through the open doors.

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.

Correction

2600.92

Upon inspection DHS found that both main doors were open to the facility without proper screens. After the inspection administrator looked into proper screens to prevent insects and other pest from entering the building but found nothing that could accommodate the facility properly or comply with DHS regulations. Moving forward, all doors and windows without proper screening will be shut at all times for compliance with DHS regulations.

The administrator shall monitor and assure ongoing compliance.

*M
8/1/17*

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

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

The above plan of correction is approved as of

8/1/17
 (Date)

Plan of correction implementation status as of

8/1/17
 (Date)

The above plan of correction was approved by

M
 (Initials)

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