



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 25 2018

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's Bureau of Human Services Licensing annual inspection on April 6, 2018 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 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 building has a Lennox gas forced air furnace located in the attic on the North side of the buiding. Neither the administrator or the building maintenance person could confirm that a carbon monoxide alarm was installed in close proximity of but not less than 15 feet from the furnace that would be heard by staff on duty. The furnace is also above and in close proximity to resident bedroom N20 occupied by one male resident. The administrator indicated that the gas furnace is also accessible through a closet attic crawl space located inside resident bedroom N20.

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.

Please see next page.


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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Corrigan's Direct Administrator</i>	Date <i>5/18/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-5-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 6-5-18
 (Date)

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

Regulation 55 Pa Code 2600

2600.18

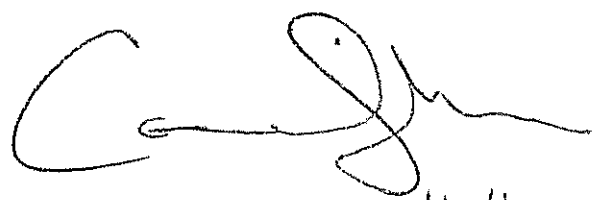
P 07/13

Carbon monoxide detector was not located at least within 15 feet from the furnace located in the attic of the north wing of the building.

- Century Security (who handles all homes security systems) was contacted to install a hardwire carbon monoxide detector into homes security system which is monitored 24/7.
- Carbon monoxide detector was installed on May 8, 2018. Detector is hardwired into system at least within 15 feet of the furnace in the north wing attic. (see attached) (YES)
- Century security will monitor detector and service as needed.

The administrator will oversee to ensure ongoing compliance.

6-5-18


5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff A (Date of Hire 3/26/18) did not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse registry.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cassandra Sideri Administrator</i>	Date <i>5/18/18</i>
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The above plan of correction is approved as of <u>6-5-18</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>6-5-18</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
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Regulation 55 Pa Code 2600

2600.54 (a)

P3A813

Direct care staff A did not have a proper schooling/ certification to be employed.

- Staff was immediately taken off the schedule until proper documentation is given to home in order to meet with DHS regulations.
- Administrator will re-evaluate employee's status of work when all documentation is handed in and if shifts are available for re hire.
- Moving forward, Administrator will ensure that all proper documentation is completed upon hire and all certifications comply with DHS regulations.
- Employee charts are review quarterly by LPN and administrator to ensure all staff have accurate documentation and all yearly training is completed.

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6-5-18

Cassidy
5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B did not receive 12 hours of annual training in 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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Commander Dinkin (Administrator)	5/18/18

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Regulation 55 Pa Code 2600

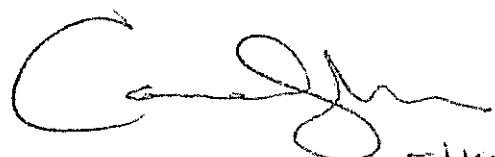
2600.65 (e)

P4A 8/13

Direct care staff person B did not receive 12 hours of annual training in 2017

- All training was completed for 2017 annual training of staff person B (see attached) **YES**
- Administrator will ensure all training is completed monthly for each staff member to comply with DHS regulations
- Staff charting is reviewed quarterly by LPN and administrator to ensure all is completed.

all
6-5-18


5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

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. NA
- ✓(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

Staff person B did not receive annual training on any of the required topics in 2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Corrigan, Dina Administrator* Date *5/18/18*

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 (Initials)

Plan of correction implementation status as of 6-5-18
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- Not Implemented

Regulation 55 Pa Code 2600

2600.65 (f)

PSA 813

Direct care staff person B did not receive 12 hours of annual training in 2017

- All training was completed for 2017 annual training of staff person B (see attached) YES
- Administrator will ensure all training is completed monthly for each staff member to comply with DHS regulations
- Staff charting is reviewed quarterly by LPN and administrator to ensure all is completed.

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6-5-18
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5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- ✓(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- ✓(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- ✓(3) Resident rights.
- ✓(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- ✓(5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable. *A/A*

2a. DESCRIPTION OF VIOLATION

Staff person B did not receive annual training in the required areas (1) through (6).

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Signature of Legal Entity Representative
 (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Christina Dabri Administrator</i>	Date <i>5/18/18</i>
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 (Date)

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 (Initials)

Regulation 55 Pa Code 2600

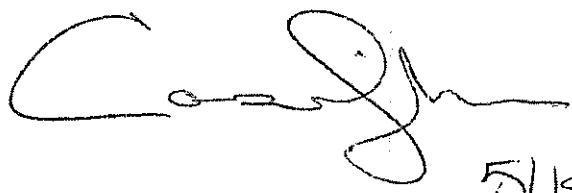
2600.65 (g)

P6A 8/3

Direct care staff person B did not receive 12 hours of annual training in 2017

- All training was completed for 2017 annual training of staff person B (see attached) **YES**
- Administrator will ensure all training is completed monthly for each staff member to comply with DHS regulations
- Staff charting is reviewed quarterly by LPN and administrator to ensure all is completed.

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6-5-18



5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's most recent letter to the fire department dated 3/6/18 is not accurate. As of 4/9/17, resident # 1 was noted as being immobile needing 1 assist to transfer as per the home's Administrator C.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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<i>Commander Diana Administrator</i>	<i>5/18/18</i>

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 (Initials)

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- Not Implemented

Regulation 55 Pa Code 2600

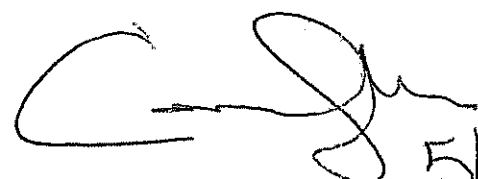
2600.124

P7A913

Updated letter to the Fire Department on immobile resident

- An updated letter was sent to the fire department on April 7, 2018 stating any immobile residents in home (see attached) YES
- Administrator will update the fire department as needed with any changes in the status of immobile residents in the home.

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6-5-18


5/18/18

Violation Report: 21038 - 04/08/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 9/7/17 the local fire chief inspected the home. Based on the construction of the building, the maximum time deemed appropriate to evacuate was given as "2 minutes and 0 seconds." On the following dates and times the home exceeded that time in evacuating: 10/19/17 at 6:30 a.m. 4:56 seconds, 11/6/17 at 1:30 p.m. 4:38 seconds, 12/18/17 at 10:00 a.m. 4:46 seconds, 1/10/18 at 2:10 p.m. 3:42 seconds, 2/19/18 at 9:40 a.m. 3:38 seconds and 3/8/18 at 3:15 p.m. 4:22 seconds.

Additionally, the home's fire safe areas were not identified in the same letter signed by the fire chief on 9/7/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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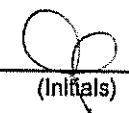
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)



Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Corporation Sincere Administration</i>	<i>5/14/18</i>

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

The above plan of correction is approved as of <u>6-5-18</u> (Date)	Plan of correction implementation status as of <u>6-5-18</u> (Date)
The above plan of correction was approved by  (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

Regulation 55 Pa Code 2600


2600. 132(d)

PSA 13

During the fire inspection of 9/7/2017 fire chief had on oversight in paperwork and mixed up the time given to the home based on the inspection with the time it took for evacuation on that day.

- Home contacted local fire chief to ensure compliance with DHS regulations on fire safety.
- On 4/9/2018 Fire Chief made a visit to the home to correct all paper work and do a walkthrough of the facility and to see where immobile resident was now located.
- Attached is original form from fire chief and correct form from fire chief also a log of the drills on original day of evacuation. (YES)
- Moving forward administrator will go over and review all paper work from fire inspector to ensure compliance with all DHS regulations.
- After talking with the fire chief home will start doing quarterly drills with home on different shifts.

Q2
6-5-18


5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The residents Documented Medical Evaluation dated 3/2/2018 for resident # 1 is incomplete. Section 7 was blank and did not include information on resident # 1's ability to Self-Administer Medications. Section 9 for Health and Cognitive Functioning were blank. Staff checked off Section 9 for Health Status and Cognitive Functioning while staff were asked to photo copy the resident's Medical Evaluation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Christina Jordan* Date *5/18/18*

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 (Date)

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

Plan of correction implementation status as of 6-5-18
 (Date)

- Fully Implemented
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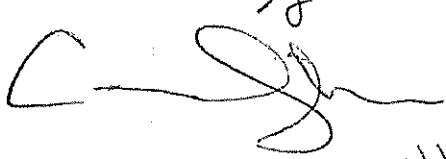
Reuglation 55 Pa Code 2600

2600.161(b)

PQA 8 '13

Medical Evaluation not completed

- Missing information on medical evaluation (DME) was completed before inspection was completed by DHS on April 6, 2018. (see attached) YES
- All medical evaluations, if not completed by the primary physician will be reviewed and completed by LPN.
- Administrator will review all completed medical forms for each patient as they are needed and quarterly to ensure compliance with DHS regulations.

6-5-18

5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

2a. DESCRIPTION OF VIOLATION

The posted menus for 4/1/18 to 4/7/18 and 4/8/18 to 4/14/18 did not include food and drink alternatives.

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.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Commander Dinha</i>	<i>5/18/18</i>

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 (Date)

Plan of correction implementation status as of *6-5-18*
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Regulation 55 Pa Code 2600

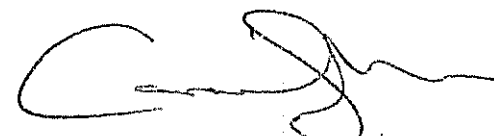
2600.161(b)

pl0Ag '3

Posted food menu did not include food and drink alternatives

- Alternatives for food are now posted next to all menus in the dining room (see attached) YES
- DCS and administrator will make sure daily that alternatives are posted in the kitchen area for residents to see.

AG
6-5-18


5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The Preadmission Screening information for resident # 1 did not contain a date when the screening was completed. Therefore, it could not be determined if the screening for resident # 2 was completed within 30 days prior to admission to 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.

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Lorraine Dumas, Administrator</i>	<i>5/18/18</i>

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Plan of correction implementation status as of 6-5-18
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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Regulation 55 Pa Code 2600

2600.224(a)

PH Ag 13

Preadmission screening for resident # 2 was not completed

- Pre admission screening of resident #2 was reviewed and all information was completed. (see attached) YES
- While completing pre-admission screening staff will make sure all components of document are filled out and completed.
- LPN will double check all preadmission screening as well as administrator.
- Residents charts are reviewed quarterly by administrator to ensure compliance with all DHS regulations

6-5-18
5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident # 3's Assessment and Support Plan dated 5/25/2017 is incomplete. Toileting on page # 2 was blank and the description of service need was not completed to address the resident's need. Page # 3, Bladder and Bowel Management boxes were blank and description of service need were not completed. Doing laundry was incomplete. Page # 4, Securing Transportation was unchecked. Page #5, Assessments for Supervision and Medicallons boxes were left blank and were not completed to identify the resident's needs. Resident # 4's Assessment and Support Plan dated 7/14/2017 is incomplete. Page #7 Dletary needs box was left unchecked and Plan to Meet Dietary Need was left blank. Resident # 4's Medical evaluation dated 7/14/2017 indicates that Resident # 4 needs a low cholesterol diet.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cassandra Sideri Administrator* Date *5/18/18*

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- Not Implemented

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

Reuglation 55 Pa Code 2600

2600.227 (d)

Missing information on residents Support and Assessment Plan

- All information was completed immediately on RASP. *document sent for review*
- LPN will review that all information on medical forms are completed fully and timely to *CO* meet DHS regulations.
- Administrator review all medical form upon completion and also quarterly to ensure compliance.

plaza 13

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6-5-18

[Signature]
5/18/18

Violation Report: 21038 - 04/06/2018 - Dumas, Gerald
 PCH Name: THE CORRIGAN HOUSE

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

2a. DESCRIPTION OF VIOLATION

There was no destination recorded in the record for resident # 5 who was discharged from the home on 9/14/2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Cassandra Sichei Administrator	5/15/18

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

The above plan of correction is approved as of <u>6-5-18</u> (Date)	Plan of correction implementation status as of <u>6-5-18</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)	

Regulation 55 Pa Code 2600


2600.252

P/BA 8/13

Resident # 5s records did not state destination after discharge from the home.

- Resident # 5s records were adjusted to state where the resident's destination was after being discharged from the home. (see attached) YES
- LPN will ensure all information is recorded upon residents discharge to comply with DHS regulations.
- Administrator will review all records to make sure all information is completed
- All resident records are review quarterly by administrator to ensure compliance with DHS regulations.

AG
6/5/18


5/18/18