



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 08 2018

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

RE: I&A Residential Services Building C
286 Hood School Road
Indiana, Pennsylvania 15701
Certificate #: 427270

Dear Ms. Gelles:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 12, 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,

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 C		License Number: 42727
Address: 286 HOOD SCHOOL ROAD, INDIANA, PA 15701		County: Armstrong
Administrator: HEATHER GELLES EXECUTIVE DIRECTOR		Region: WEST
Legal Entity Name: I & A RESIDENTIAL SERVICES INC		
Legal Entity Address: 1019 PHILADELPHIA STREET STE.2, INDIANA, PA 15701		
Certificate(s) of Occupancy C-3 SP 06/18/1997 LABOR AND INDUSTRY		RECEIVED JUL 24 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 3	Working Staff: 2
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/12/2018: Bartlett, Patricia; Klein, Scott		
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: 3 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: 2 Are 80 Years of Age or Older: 0 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42727 - 07/12/2018 - Bartlett, Patricia
 PCH Name: I & A RESIDENTIAL SERVICES BUILDING C
 WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The exterior cement walkway from the front of the home to the driveway has a 1/2" lift and a 1" lift between cement block 1 and 2 and blocks 7 and 8, presenting a trip hazard.
 The exterior asphalt driveway edge from the side of the building to the rear, main entrance is crumbling and uneven in an area measuring approximately 2' by 9' in the direct path to enter the building, causing a trip hazard.

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.

During the licensing inspection on 7/12/18, I & A maintenance leveled the cement blocks in question so there is no longer a tripping hazard. Inspectors viewed this prior to exit.

The asphalt driveway was repaired on 7/13/18 by I & A maintenance and no longer poses a tripping hazard.

Quarterly facility inspections will continue to be held with maintenance and an administrator. These in-house inspections are held in November, February, May, and August of every year. Tripping hazards will be especially focused upon in future facility inspections and problems will be remedied in a timely manner.

During the regularly scheduled weekly staff meeting on 7/24/18, staff will be reminded that they should report maintenance issues, especially in relation to safety concerns, to maintenance immediately.

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, EXECUTIVE DIRECTOR* Date *7/24/2018*

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

The above plan of correction is approved as of <u>7-21-18</u> (Date)	Plan of correction implementation status as of <u>7-21-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>Y</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUL 24 2018

Violation Report: 42727 - 07/12/2018 - Bartlett, Patricia
PCH Name: I & A RESIDENTIAL SERVICES BUILDING C

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 approximately 10:50 a.m., the temperature in the kitchen refrigerator measured 42 degrees Fahrenheit.
At approximately 11:30 a.m., the temperature in the laundry area freezer measured 5 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.

Prior to exit on the day of licensing inspection, inspectors re-checked the temperatures in both the kitchen refrigerator and the laundry area freezer and both were in compliance with the regulation.

To prevent future issues with compliance of this regulation, thermometers will be removed from the appliance doors and mounted to the interior of the appliance cabinet itself, so that more accurate readings can be taken. Additionally, it was discovered after inspection that the door gasket on the kitchen refrigerator was bad; it has been replaced.

Refrigerator and freezer temperatures will continue to be monitored weekly by midnight staff personnel. This duty is included on their chore checklist and is monitored by administrator. Midnight personnel are trained to report any temperature reading that does not meet the requirement of this code to maintenance immediately. A regularly scheduled agency training will be held in August where all staff will be reminded about this job duty. Refrigerator and freezer temperatures are also monitored during quarterly facility inspections.

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, EXECUTIVE DIRECTOR* Date *7/24/2018*

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

The above plan of correction is approved as of 7-31-18 (Date)

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

Plan of correction implementation status as of 7-31-18 (Date)

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