



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 05 2019

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
Certificate #: 427230

Dear Ms. Gelles:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 9, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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
Violation Report

Violation Report: 42723 - 08/09/2018 - Grace, Desmond
 PCH Name: I & A RESIDENTIAL SERVICES BUILDING A

1. REGULATION 55 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered lorazepam 0.5 mg tablet three times daily with 79 tablets available in the home. The homes accountability of controlled and narcotics medications policy states "Each day shift will count the medications daily to ensure that all medications are accounted for. The controlled medication record shall be used for the verification of the correct count". However, the home does not have a controlled medication record with accountability of the number tablets available in the home and the day shift staff are not counting the medication to ensure the correct count.

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 home's Controlled Substance Accountability Policy was outdated and did not align with the home's procedures for Dispill blister packaging, which is used for Resident #1. The home now has updated the Controlled Substance Accountability Policy to indicate that the home will: 1. Keep the Dispill packages in the regular, locked medication supply; 2. Document the count of all Dispill packages containing a Controlled Substance once daily, on daylight shift; and 3. Instruct staff to notify Management immediately if the package count is off. The updated policy will be discussed during regularly scheduled staff meetings the week of August 28, 2018.

Immediately: The administrator or designated staff person shall conduct a monthly audit of all medications to ensure all prescribed medications are present in the home and accounted and to ensure the homes policies and procedures for the accountability of medications are followed.

8/29/18 *g*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Ex. Director* Date *8/24/2018*

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The above plan of correction is approved as of 8/29/18
 (Date)

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

Plan of correction implementation status as of 8/29/18
 (Date)

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