



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]
Mailing Date: February 4, 2019

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 inspection on November 29, 2018 of the above facility, the citations 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.

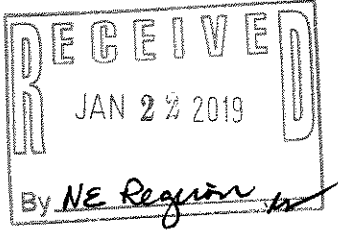
Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE CORRIGAN HOUSE		License Number: 20138
Address: 350 HAZLE TOWNSHIP BOULEVARD, HAZLE TOWNSHIP, PA 18202		County: Luzerne
Administrator: Ms. Cassandra Sidari		Region: NORTHEAST
Legal Entity Name: THE CORRIGAN HOUSE INC		
Legal Entity Address: PO BOX 158, HARLEIGH, PA 18225		
Certificate(s) of Occupancy		
C-2 LP 10/25/2016 L&I		Ms.
Staffing Hours		
Resident Support: 0	Total Daily Staff: 31	Working Staff: 23
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
11/29/2018: DeVries, Kristin		
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: 38 Number of Residents Served: 29 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: 1 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 27 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 20138 - 11/29/2018 - DeVries, Kristin
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

On 11-3-18, the home needed a total of 31 available direct care hours. On this date, the home only had 30 direct care hours available.

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.

See attached

Repeat Violation: Yes	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>Christina Decker, Director</i>	<i>01/10/19</i>

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

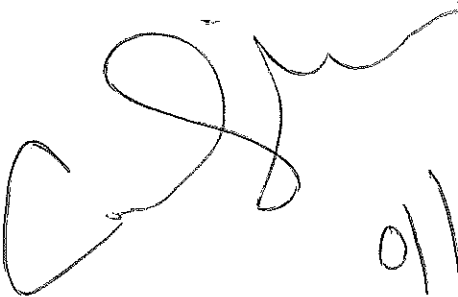
The above plan of correction is approved as of <u>1/22/19</u> (Date)	Plan of correction implementation status as of <u>1/22/19</u> (Date)
The above plan of correction was approved by <u><i>m</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

2600.57 (c)

Plan of correction for violation

- Immediately after inspection all staff was offered overtime / extra hours to ensure adequate staff was on site at all times. (A full time med tech picked up all shifts).
- A copy of the monthly schedule is attached reassure adequate staffing at all times
- Administrator will ensure that each shift is staffed fully at all times to meet the direct care needs of all residents and to comply with DHS regulations.
- Moving forward, residents who become or need a higher level of care will be reevaluated to ensure home can meet all needs and staffed properly.
- Upon admission and when pre-screenings are completed each potential resident will be evaluated to ensure they are able to evacuate in the event of an emergency independently.
- In the event that a resident declines with mobility needs each situation will be addressed individually to meet the needs of resident and families the best way the home can. (Hospice, immobile, etc.) If home cannot meet the residents needs the resident may be reevaluated for higher level of care or more staffing will be brought in.

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Violation Report: 20138 - 11/29/2018 - DeVries, Kristin
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Per the staff schedule provided for the month of November 2018, the home routinely staffs only one employee on the overnight shift, from 11pm to 7am, two days per week. Resident #1 and Resident #2 both need a 1-person physical assist, and Resident #1 requires verbal cueing as well in order to evacuate. Based on these mobility needs, this is an inadequate amount of staff to provide care needs for residents and ensure resident safety in the event of an emergency.

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) <i>Cassandra Sicken Admin.</i>	Date <i>01/16/19</i>
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2600.60 (a)

Plan of correction for violation

- Immediately after inspection all staff was offered overtime / extra hours to ensure all shifts were fully covered to meet the needs of all residents in the building.
- Attached is a copy of the months schedule to ensure adequate staff for direct care of residents and compliance with DHS regulations.
- Moving forward, in the event of an emergency adequate staff will assist residents with mobility needs to fire safe area.
- Administrator will ensure that all shifts are fully staffed to meet all the needs of residents and DHS regulations.

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Violation Report: 20138 - 11/29/2018 - DeVries, Kristin
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 Through interviewing residents and staff, it was found that the home occasionally announces to residents that a fire drill is about to occur and residents who use wheelchairs are occasionally put in their wheelchairs before the fire drill occurs.

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
 Kristin DeVries, Director	01/16/19

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2600.132 (a)

Plan of correction for violation

- All staff was re-in serviced on fire safety and emergency preparedness.
- Administrator will make sure all fire drills are unannounced to not only residents but staff.
- Fire drills will be done monthly, on different shifts, with different staff and quarterly with local fire department to ensure preparedness in the event of an emergency and to meet DHS regulations.

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Violation Report: 20138 - 11/29/2018 - DeVries, Kristin
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
 The home conducted an overnight fire drill on 4-23-18 at 5:15am. The home did not conduct another overnight fire drill again until 11-26-18 at 4:45am, exceeding the 6 months in between overnight fire drills as required by this regulation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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2600.132 (e)

Plan of correction for violation

- An overnight fire drill will be held every 6 months to ensure compliance with DHS regulations.
- Administrator will schedule all fire drills to ensure an overnight fire drill is scheduled within a timely manner.
- Head LPN will review fire drill log as a second set of eyes to ensure compliance with DHS regulations.

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Violation Report: 20138 - 11/29/2018 - DeVries, Kristin

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The home routinely staffs one employee on the overnight shift two days per week. In the past 12 months, the home has not conducted a fire drill while minimally staffed.

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.

See attached

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)



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

Cassandra Solari Ordmin

Date

01/11/19

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1/22/19
(Date)

Plan of correction implementation status as of

1/22/19
(Date)

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

The above plan of correction was approved by

MS
(Initials)

2600.132(g)

Plan of correction for violation

During the inspection on 11/29/2018 a two week staff schedule was requested from the department of human services. During this time frame 4 out of the 14 days the facility was short staffed for overnight shifts. The yearly staff schedule was never requested by the state during the inspection therefore would be unaware if a fire drill was held with adequate staff during this time period. During this time frame the home had lost a staff member and was looking for proper coverage and replacement.

- Overnight fire drills will be conducted every 6 months with required staff to meet all resident's needs and to ensure compliance with DHS regulations.
- Administrator will check the fire log monthly to ensure drills are being done on a different shift, with different staff.

The administrator will ensure that fire drills will be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. The administrator shall monitor and be responsible for on-going compliance.

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Violation Report: 20138 - 11/29/2018 - DeVries, Kristin
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
 Through interviewing staff and observing and interviewing the resident, it was determined that resident Resident #1 needs physical and verbal assistance to evacuate in the event of an emergency. Resident #1's assessment and support plan (RASP), dated 3-2-18, lists the resident as "Mobile," indicating she needs "Minimal" assistance when evacuating.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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<i>Corazona Sobin Admin.</i>	<i>01/22/19</i>

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2600.227(d)

Plan of correction for violation

- Residents support and assessment plan was updated to match all needs met by resident (please see attached)
- Administrator will ensure that all resident charting is up to date to best of knowledge and completed fully to meet all needs of individual residents.
- Moving forward, LPN will also check assessment and support plans quarterly or as needed to comply with all DHS regulations and to meet resident's needs.



A handwritten signature in black ink, followed by the date 9/16/19 written vertically below it.