



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to THE CONNELLY HOUSE LLC  
LEGAL ENTITY

To operate THE CONNELLY HOUSE  
NAME OF FACILITY OR AGENCY

Located at 511 B STREET, SHARON, PA 16146  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 8  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller (MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 10, 2019 until July 10, 2019,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449401**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 10 2019

Ms. Rachael Williot  
Owner / Administrator  
Rachael Williot  
655 South 9<sup>th</sup> Street  
Sharpsville, Pennsylvania 16150

RE: The Connelly House LLC  
511 B Street  
Sharon, Pennsylvania 16146  
License #: 449401

Dear Ms. Williot:

As a result of the Department's Bureau of Human Services Licensing inspection on October 30, 2018, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your provisional license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Application](https://www.surveymonkey.com/r/BHSL_Application).

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.

Ms. Rachael Williot

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized capital 'J'.

Jacqueline L. Rowe  
Director

Enclosures  
License  
Violation Report

RECEIVED

12/11/2018

Western Region Field Office  
Bureau of Human Services Licensing

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

Page 1 of 8

<b>PCH Name:</b> The Connelly House LLC		<b>License Number:</b> 44940
<b>Address:</b> 511 B Street, Sharon, PA 16146		<b>County:</b> Mercer
<b>Administrator:</b> Rachel Williot		<b>Region:</b> WEST
<b>Legal Entity Name:</b> Rachel Williot		
<b>Legal Entity Address:</b> 655 South 9th Street, Sharpsville, PA 16150		
<b>Certificate(s) of Occupancy</b> C-3 SP 05/10/1994 Department of L & I		
<b>Staffing Hours</b>		
<b>Resident Support:</b> 0	<b>Total Daily Staff:</b> 7	<b>Waking Staff:</b> 5
<b>Type of Inspection:</b> Partial	<b>BHA Docket Number:</b>	<b>Notice:</b> Announced
<b>Reason(s) for Inspection(s)</b> New, Change Legal Entity		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/30/2018: Garvey, Jody		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity:</b> 8 <b>Number of Residents Served:</b> 7 <b>Secured Dementia Care Unit in Home:</b> No <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents:</b> 0 <b>Number of Hospice Residents in past year:</b> 0	<b>Number of Residents who:</b> <b>Receive Supplemental Security Income:</b> 7 <b>Are 60 Years of Age or Older:</b> 7 <b>Have Mental Illness:</b> 7 <b>Have an Intellectual Disability:</b> 3 <b>Have a Mobility Need:</b> 0 <b>Have a Physical Disability:</b> 0	

Violation Report: 44940 - 10/30/2018 - Garvey, Jody  
PCH Name: The Connelly House LLC


1. REGULATION 55 Pa.Code §2600  
2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
The first aid kit on the first floor of the home did not include eye coverings.


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.*

New goggles will be purchased and added to the first aid kit.

First aid kit will be checked routinely by staff to assure that all required supplies (nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, tweezers, and eye coverings) are located in the first aid box and not expired.


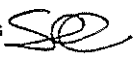
New goggles were added to the first aid kit 12/17/18.  12/31/18

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)  LPN, PCHA

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Rachael Williot, LPN, PCHA      Date 12-11-18

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

<p>The above plan of correction is approved as of <u>12/11/18</u> (Date)</p> <p>The above plan of correction was approved by  (Initials)</p>	<p>Plan of correction implementation status as of <u>12/31/18</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress </p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 44940 - 10/30/2018 - Garvey, Jody  
PCH Name: The Connelly House LLC

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 10/30/18 residents #1, #2 and #3 did not have operable lamps that could be turned on and off from bedside.

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.

- A lamp has already been purchased for resident #1 and placed at bedside.
- Resident #2 prefers a push button wall sconce-type lamp. The batteries have been replaced to correct the inoperable lamp. Batteries in her lamp will be routinely checked for operability.
- Resident #3 lamp located on her nightstand has been moved closer to bedside, within reaching distance from the bed.

Staff will routinely check to make sure all lamps, bulbs, and batteries are working in each of the bedrooms, as well as the distance from bed to lamp.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Rachael Willist*, LPN, PCHA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Rachael Willist, LPN, PCHA

Date 12-11-18

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(Date)

Plan of correction implementation status as of 12/31/18  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *SE*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*SE*  
(Initials)

Violation Report: 44940 - 10/30/2018 - Garvey, Jody

PCH Name: The Connelly House LLC

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 7 residents requiring a minimum of 21 gallons of drinking water for a 3-day emergency supply. However, there is no supply of emergency drinking water in the home and the contractual agreement with Herman's Water from 5/18/17 does not indicate a guarantee that the water will be delivered immediately upon request, 24-hours-per-day, or a guarantee that the water will be delivered as a priority even in the event of a regional general 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.

Walmart has been contacted today (12-11-18) and administrator will purchase their 5 gallon jugs of water, totaling 25 gallons. 24 gallons Required if 8 Residents housed. 5 of the 5 gallon jugs will be purchased, totaling 25 gallons. The water will be stored on site. Water will be routinely checked by staff for any expiration dates and water only to be used in event of emergency.

25 gallons of emergency water were onsite 12/17/18.  12/31/18

Repeat Violation: No      Date(s) of Previous Violation(s):


Signature of Legal Entity Representative (Required on EVERY Page)  Rachael Wilhoit, LPN, PCHA


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rachael Wilhoit, LPN, PCHA      Date 12-11-18

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

Violation Report: 44940 - 10/30/2018 - Garvey, Jody  
PCH Name: The Connelly House LLC

**1. REGULATION 55 Pa.Code §2600**

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's emergency procedures and the emergency preparedness plan for the municipality were not posted in a conspicuous and public place in 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.*

The home's emergency procedures plan has been typed and posted conspicuously on the home's bulletin board. No resident information is posted, but it states that copies of all current resident face sheets are locked in the medication cart for staff accessibility. A list of staff, along with phone numbers and addresses are also kept with the face sheets, locked in the med cart.

Administrator contacted Sharon Municipal Building, who faxed over the emergency preparedness plan for the municipality. This has also been posted conspicuously on the bulletin board.

Copies kept by administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Rachael Williot, LPN, PCHA*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Rachael Williot, LPN, PCHA

Date 12-11-18

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*SE*  
(Initials)

Plan of correction implementation status as of 12/31/18  
(Date)

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- Partially Implemented - Adequate Progress *SE*
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- Not Implemented

Violation Report: 44940 - 10/30/2018 - Garvey, Jody

PCH Name: The Connelly House LLC

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

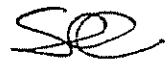
2a. DESCRIPTION OF VIOLATION

On 10/30/18 at 9:51 AM, there were two approximately 2' x 1' furnace filters leaning against the furnace in the basement of the home. Both filters were enclosed in a cardboard frame.

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.

Staff only have access to the area in which the furnace is located. Staff has been informed to not lean anything up against the furnace or have any objects near the furnace at all. Staff and administrator were previously unaware of this, but now know to not lean or have anything near furnace. Administrator will routinely check to make sure this rule is being followed.

The furnace filters were removed from the furnace area 12/17/18.  12/31/18

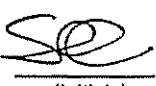
Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)  LPA, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rachael Williot, LPA, PCHA      Date 12-11-18

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Violation Report: 44940 - 10/30/2018 - Garvey, Jody  
PCH Name: The Connelly House LLC

1. REGULATION 55 Pa.Code §2600  
2600.130(a) - There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

2a. DESCRIPTION OF VIOLATION  
At 10:01 AM the following smoke detectors in the home were inoperable due to the batteries not being charged or missing:  
\*The Kidde brand smoke detector on the wall between the second floor resident bedrooms had two batteries in it and held three.  
\*The smoke detector on the ceiling between all second floor resident bedrooms was inoperable due to uncharged batteries.  
\*The Kidde brand smoke detector in the kitchen of the home above the oven and table was inoperable due to uncharged batteries.

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.

All Smoke detector batteries had been replaced on 10-30-18 before inspector left the home.

All Smoke detectors in the home will be checked for operability each month and documented of the result on a new Smoke detector log, created by the administrator for the home.

Smoke detector batteries will be changed every 6 months, whether still working, and documented of the change, and date of change, on the same Smoke detector log. If any one of the Smoke detector batteries needs replaced prior to the 6 month replacement, new batteries will be put in that detector, and that detector will still receive new batteries on the bi-annual battery replacement day.

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Rachel Williot, LPN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rachel Williot, LPN, PCHA*      Date *12-11-18*

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Violation Report: 44940 - 10/30/2018 - Garvey, Jody  
PCH Name: The Connelly House LLC

**1. REGULATION 55 Pa.Code §2600**

2600.130(f) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

**2a. DESCRIPTION OF VIOLATION**

There was no record of the home's smoke detectors and fire alarms being tested for operability at least once a month.

**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.*

A record/log has been created by the administrator for the home. All smoke detectors will be checked monthly and the result of each will be logged, along with the date and staff initials.

All smoke detectors/CO<sup>2</sup> detectors in the home will receive new batteries every 6 months and documentation of the change will be recorded on the same "Smoke Detector Log".

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Rachael Williot, LPN, PCHA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Rachael Williot, LPN, PCHA      Date 12-11-18

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