



June 5, 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 annual inspection on March 29, 2019 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report: 20138 - 03/29/2019 - Deluca, Amy
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 Resident #1 suffered a fall resulting in a fracture to his right femoral neck. The resident was hospitalized due to the fall on 12/14/2018. The home did not report the injury to the Department's regional office until 12/16/2018.

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.

Immediately and On-going:
 The administrator will review the incidents required to be reported by 2600.16a with all staff.
 All future incidents will be reported as required.

5-7-19
 MM

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>Cassandra Siclari (Administrator)</i>	Date <i>4/29/19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5-7-19</u> (Date) The above plan of correction was approved by <u>MM</u> (Initials)	Plan of correction implementation status as of <u>5-7-19</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 2600.16(c)

Resident # 1 suffered a fall resulting in a fracture and hospitalization.

On day of incident (12/14/19) resident was asked if they wanted to be sent to the emergency room but declined further care at time. Family was made aware and well as administrator.

The following day (12/15/19) resident #1 complained of pain and was not able to bear weight on side. Family and administrator made aware and family was in to see resident. In home x-ray was ordered and showed fracture in right femoral neck. At this time resident was sent to emergency room for further evaluation.

On 12/16/19) an incident was sent to department of human services after in house x-ray was done and resident was sent to the hospital for further evaluation. (within 24 hours of confirmation)

Please see all attached documentation of nurse's notes and incident report sent to DHS.

In the event that a resident is hospitalized for any bodily injury an incident report will be sent to the department of human services within the allotted time to meet regulations.

Immediately and On-going:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required.

5-7-19

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4/29/19

Violation Report: 20138 - 03/29/2019 - Deluca, Amy

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.
- (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 A and staff person B did not have training in the following required annual training topics for 2018: Medication self-administration and Safe Management techniques.

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.

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

Cassandra Siclari

Date

4/29/19

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(Date)

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(Date)

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

The above plan of correction was approved by MM
(Initials)

Regulation 2600.65(f)

All Staff will be trained in specific topics

Both staff persons A and B were not trained in the following topics: medication self-administration, safe management techniques.

Both staff members where trained in the above topics immediately following inspection.
(Please see attached)


Moving forward all staff will be trained in required topics from department of human services yearly.

Monthly topics will be covered and administrator will ensure all staff completes training.

Quarterly all staff charting will be checked and updated to ensure compliance with DPS regulations by head LPN and administrator.

5-7-19

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4/29/19

Violation Report: 20138 - 03/29/2019 - Deluca, Amy

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.

2a. DESCRIPTION OF VIOLATION

Staff person A did not have training in the following required annual training topics for 2018: Resident rights and Older Adults Protective Services Act.

The home also did not have documentation that staff persons A and B had fire safety training conducted by a fire safety expert in 2018.

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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Printed Name and Title of Legal Entity Representative
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Date 4/29/19

Cassandra Sicari (Admin)

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Regulation 2600.65(g)

All Staff will be trained in specific topics

Both staff persons A was not trained in the following topics: Resident rights and older Adults Protective services. Aldo staff person A and B did not have annual fire training done by licensed fire inspector.

Both staff members where trained in the above topics immediately following inspection.
(Please see attached)

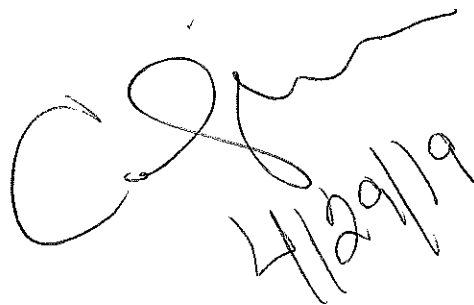
Moving forward all staff will be trained in required topics from department of human services yearly.

Monthly topics will be covered and administrator will ensure all staff completes training.

Quarterly all staff charting will be checked and updated to ensure compliance with DPS regulations by head LPN and administrator.

5-7-19

MM

Handwritten signature in black ink, appearing to be 'CJW', with the date '4/29/19' written below it.

Violation Report: 20138 - 03/29/2019 - Deluca, Amy
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was an approximately one foot long enabler bar attached to the bed in resident #2's bedroom that did not have a cover over it to protect the resident from possible entrapment.

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

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Regulation 2600.81(b)

Resident #2's bedside rail did not have cover over it.

Home was unaware of bedside rail placed in resident's room. Bedside rail was placed in room by family member.

Upon discovery, during inspection, bedside rail was removed.

Family was made aware that bedside rails are permitted with proper protective covering for the resident, which home can provided upon request.

The railing was not put back on bed due to non- use but family was educated on regulations if they wish to have one placed in the future.

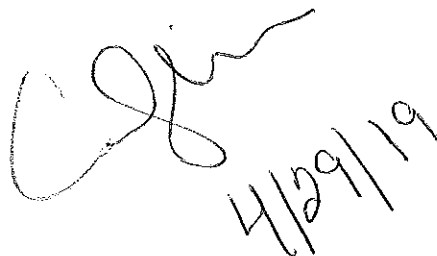
Staff was also re-educated on bedrails and protective covering.

All bedrooms will be checked weekly by staff and reported back to administrator with any findings of anything that does not comply with department's regulations.

Monthly, Administrator and head LPN will do walk through of room and facility to make sure home is in compliance with all departments' regulations.

5-7-19

MM



A handwritten signature in cursive script, followed by the date 4/29/19 written in a similar style.

Violation Report: 20138 - 03/29/2019 - Deluca, Amy

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The exit door between the two sliding glass doors in the TV room required excessive force to push open.

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

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see attached.

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Date 4/29/19

Cassandra Sidani (Admin)

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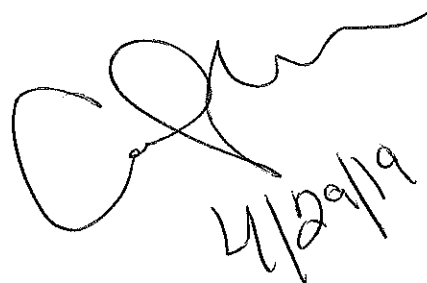
Regulation 2600.121(a)

Please see attached invoice from contractor stating door is fixed and properly working.

Moving forward, monthly, owner will do a walkthrough of facility to ensure the building and grounds are in compliance with state regulations.

5-7-19

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A handwritten signature in black ink, followed by the date 4/29/19 written below it.

Violation Report: 20138 - 03/29/2019 - Deluca, Amy

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The home's evacuation diagram posted in the home did not show all of the home's wings and did not indicate where the home's pull stations were located.

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

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Regulation 2600.123(c)

New diagrams were made for home and posted throughout facility to show where all fire alarms and fire extinguishers are located. (please see attached)

Monthly, owners will walk through facility to ensure all fire safety requirements are met to comply with department of human services regulations.

5-7-19

MM

[Handwritten Signature]
4/29/19

Violation Report: 20138 - 03/29/2019 - Deluca, Amy

PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

The Novolog Flexpen belonging to resident #3 that was currently open and in use was being stored in a refrigerator; the Basaglar insulin pen belonging to resident #4 that was currently open and in use was also being stored in a refrigerator. The manufacturer's instructions for both types of insulin indicate the pens should be stored at room temperature after they are opened for use.

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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Regulation 2600.183(e)

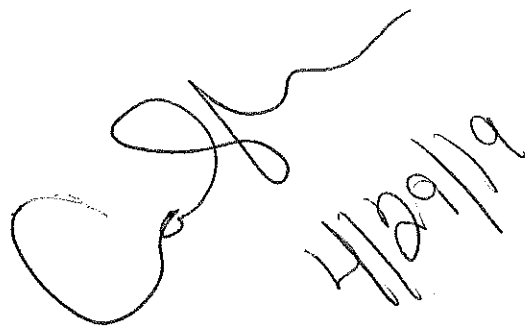
All insulin will be stored according to manufactures instructions.

LPN audits cart weekly to ensure compliance with department of human services regulations.

Med- Trainer and administrator audit cart monthly to also ensure compliance.

5-7-19

MM

A handwritten signature in black ink, followed by the date 4/29/19 written vertically below it.

Violation Report: 20138 - 03/29/2019 - Deluca, Amy
PCH Name: THE CORRIGAN HOUSE

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 # 3 receives blood glucose monitoring before meals and receives insulin on a sliding scale. On the following dates and times the blood glucose readings were recorded incorrectly on the resident's Medication Administration Record (MAR).
 3/28/19 at 3:32pm the reading in the meter was 147 but was recorded as 144 on the MAR.
 3/28/2019 5:53am the reading in the meter was 116 but was recorded as 119 on the MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Regulation 2600.185(a)

No insulin was given (sliding scale starts at 201-250)

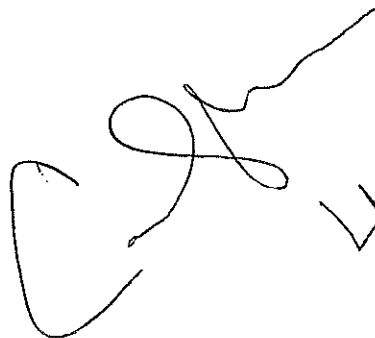
When interviewed employee on citation, employee stated blood sugar was marked in error.

Staff was re-educated on charting sugars when they are taken.

LPN audits med cart and glucose machine weekly to ensure compliance with DHS regulations and Med-trainer monthly with administrator.

5-7-19

MM

 4/29/19

Violation Report: 20138 - 03/29/2019 - Deluca, Amy
PCH Name: THE CORRIGAN HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3 refused her Tresiba Flexpen insuling administration at 4pm and at bedtime from 3/6/2019 to 3/17/2019. The home's documentation indicates the resident's physician wasn't notified of the refusals until 3/12/2019. The home did not have documentation of the physician's response or that the physician did not want to be notified of subsequent refusals.

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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Regulation 2600.187(c)

Resident # 3 refused insulin on more than one occasion and physician was notified by home health agency as well as personal care home numerous times regarding the issue (please see attached).

Moving forward, home will continuously contact the physician of refusals for advisement until a direct answer is given, in a timely matter to meet compliance with all departments' regulations.

5-7-19

MM


4/29/19