



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

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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 **July 17, 2019** until **July 17, 2020**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **449400**

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



July 17, 2019

Ms. Rachael Williot
Owner / Administrator
The Connelly House, LLC
655 South 9th Street
Sharpsville, Pennsylvania 16150

RE: The Connelly House
511 B Street
Sharon, Pennsylvania 16146
License #: 449400

Dear Ms. Williot:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 15, 2019 and June 27, 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.

A regular license is being issued based on the enclosed violation report. Your license is enclosed.

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 "Carolyn K. Ellison". The signature is fluid and cursive.

Carolyn K. Ellison
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosures
License
Violation Report

Violation Report

Facility Information

Name: THE CONNELLY HOUSE

License Number: 449401

Address: 511 B STREET, SHARON, PA 16146

County: MERCER

Region: WESTERN

Administrator

Name: Rachael Williot

Phone: 7249888299

Email: RLW5228@aol.com

RECEIVED

Legal Entity

Name: THE CONNELLY HOUSE LLC

JUN 17 2019

Address: 655 SOUTH NINTH STREET, SHARON PA 16146

Western

Certificate(s) of Occupancy

Type: C-3 SP

Date: 05/10/1994

Issued By: LBI

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 8

Waking Staff: 6

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/15/2019 - On-Site: Debora McConnell, Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 8

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8

Are 60 Years of Age or Older: 1

Diagnosed with Mental Illness: 8

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 0

Have Physical Disability: 0

42s - Privacy

Regulations

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

There is no lock or other means of providing privacy for the residents' first floor bathroom.

Plan of Correction (POC)

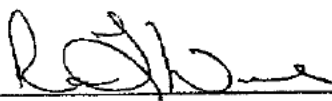
(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Correction has been made in regards to violation 2600/42.s. in which no lock was on the first floor bathroom.

The bathroom door was newly bought and installed by my Staff and lock was yet to be put on the new door.

Lock is now on the first floor bathroom door and photo provided.

Legal Entity Representative


Signature

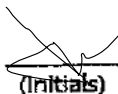
Rachael Williot, LCN, PCHA
Printed Name and Title

6-14-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 6/18/19
(Date)

Plan of correction implementation status as of 6/28/19
(Date)

The above plan of correction was approved by 
(Initials)

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

109b - Rabies Vaccination

Regulations

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 5/15/19, residents were present at the home. The home does not have a current certificate of rabies vaccination for the feline named Stinker. The rabies certification expired on 12/12/18.


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.)

In regards to violation 2600.109.b. - I will keep better track of the feline vaccination records. I will not let any of the necessary vaccinations go expired.

Today (6-17-19) all cats were vaccinated, including 3-year rabies. Attached is paperwork from the vet, showing proof.

Legal Entity Representative


Signature

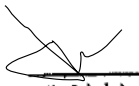
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85e - Trash Outside Home

Regulations

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 10:00 am, the three garbage can were overflowing with trash; preventing the lids from closing.

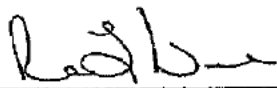
Plan of Correction (POC)

(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.)

In regards to violation 2600.85e - Myself and Staff will personally check the garbage cans daily to make sure all lids are able to be closed. Weekend prior to inspection, a resident's family came and cleaned out his bedroom and threw out many, many bags of trash, causing our bins to be extremely full and unable to close fully.

As stated above, we will be checking garbage bins daily to assure they can and are closed. However, if a time ever comes where our home is accumulating too much garbage, we will order more bins or look into a larger, commercial trash dump. Photo provided of garbage cans today.

Legal Entity Representative

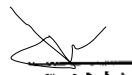

Signature

Rachael Williot, LPN, PCHA 6-14-19
Printed Name and Title Date

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141a - Medical Evaluation

Regulations

2600. 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #1 was admitted 10/26/18. The medical evaluation for resident #1, dated 9/20/19, does not include the medication regime. This area indicated "see attachment"; there was no attachment.

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.)

In regards to violation 2600.141a - I, myself, will check all paperwork more thoroughly when it comes back from the doctor's office to assure that all paperwork has been completed.

In regards to page 2 of this resident's DME, the doctor instead attached a print out of his med record from her computer. I faxed the second page back to doctor's office. They then faxed it back with physician's signature and date. However, for future - I will always personally check to make sure ALL paperwork was filled out and signed by doctor.

Copy of the DME (including this second page) is provided.

Immediately - All staff involved with medical evaluations will be educated on this requirement. -- JRW 6/18/19

Legal Entity Representative

[Signature]
Signature

Rachael Williot, LPN, PCHA
Printed Name and Title

6-14-19
Date

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224a - Preadmission Screen Form

Regulations

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted 3/13/19. Resident 2's preadmission screening form, dated 3/7/19, does not include a determination that the needs of the resident can be met by the services provided by the home.

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.)

In regards to violation 2600.224.a. - When completing my preScreenings, I will make sure I double check the entire page and not overlook the portion that states if our personal care home can accommodate the needs of the particular resident.

A copy of this particular residents preScreen (2nd page only) is attached and showing that the "Part III: Determination" section has been addressed. I will check more closely from now on to assure this doesn't happen again.

Legal Entity Representative

Rachael Williot
Signature

Rachael Williot, LPN, PCA 6-14-19
Printed Name and Title Date

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THE CONNELLY HOUSE

449401

225a - Assessment 15 Days

Regulations

2600. 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 2's assessment, dated 3/18/19, does not include the diagnosis of Tobacco Abuse, as indicated the medical evaluation, dated 3/5/19.

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.)

In regards to violation 2600-225.a. - I, myself, will double check that all diagnosis listed on each residents MASI and DME are the exact same diagnosis that I list when completing their RASP's. This will not happen again.

I've attached a copy of this particular residents RASP (page 6 of 12) to show that I have added the diagnosis of Tobacco Abuse and also the "plan to meet medical need" for the tobacco abuse diagnosis.

Immediately - All staff involved in resident assessments will be educated on completing the document, including all diagnoses. -JRW 6/18/19

Within 30 days of receipt of this plan of correction - The administrator or designee will review the assessments of all current residents to ensure they are complete, including all diagnoses. -- JRW 6/18/19

Legal Entity Representative

[Handwritten Signature]
Signature

Rachael Williot, LPN, DCHA 6-14-19
Printed Name and Title Date

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(Date) (Date)

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(Initials) Fully Implemented
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225c - Additional Assessment

Regulations

2600.

225.c The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 3's assessment, dated 3/15/19, does not include the diagnoses of insomnia, Dyspepsia, Barrett's Esophagus, Iron and Vitamin D Deficiency, as indicated in the medical evaluation, dated 3/13/19. The assessment also does not address the resident's need with financial assistance. This area indicates the resident is independent.

Resident #4's assessment, dated 2/1/19, does not address the resident's need with financial assistance. This area indicates the resident is independent.

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.)

In regards to violation 2600-225.c. - I, myself, will make sure to include all diagnosis from MAS1 onto the RASP. I will double check RASP's to assure they match the MAS1. Attached is a copy of resident #3's updated RASP with all correct medical diagnosis.

Also in regards to violation 2600-225c. on resident #4 - Attached is the correction made on her RASP in regards to her financial situation. I will examine all RASP's and know for future reference that if a resident (as resident #4) has a representative payer, he/she is therefore not "independent" with financial management. CONTINUED BELOW

Legal Entity Representative

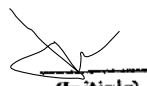

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Rachael Williot, LPN, PCHA 6-14-19
Printed Name and Title Date

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05/15/2019 Immediately - All staff involved in resident assessments will be educated on completing the document, including all diagnoses. -JRW 6/18/19

Within 30 days of receipt of this plan of correction - The administrator or designee will review the assessments of all current residents to ensure they are complete, including all diagnoses. -- JRW 6/18/19