



MAILING DATE: March 4, 2020

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

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

Dear Ms. Williot:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 30, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams". The signature is fluid and cursive, written over a white background.

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

RECEIVED

Violation Report

FEB 22 2020

<b>Facility Information</b>	<b>WEST REGION FIELD OFFICE</b> Human Services Licensing License Number: 44940
Name: THE CONNELLY HOUSE	
Address: 511 B STREET,, SHARON, PA 16146	
County: MERCER	Region: WESTERN

<b>Administrator</b>			
Name: Rachael Williot	Phone: 7249888299	Email: RLW5228@AOL.COM	

<b>Legal Entity</b>	
Name: THE CONNELLY HOUSE LLC	
Address: 655 SOUTH NINTH STREET, SHARPSVILLE, PA, 16150	

<b>Certificate(s) of Occupancy</b>			
Type: C-3 SP	Date:	Issued By:	

<b>Staffing Hours</b>			
Resident Support Staff: 0	Total Daily Staff: 7	Waking Staff: 5	

<b>Inspection</b>			
Type: Partial	BHA Docket #:	Notice: Unannounced	
Reason: Complaint			

<b>Inspection Dates and Department Representative</b>	
09/30/2019 - On-Site: Lori Gillette	

<b>Resident Demographic Data as of Inspection Dates</b>			
<b>General Information</b>			
License Capacity: 8		Residents Served: 7	
<b>Secured Dementia Care Unit</b>			
In Home: No	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: 0			
<b>Number of Residents Who</b>			
Receive Supplemental Security Income: 7		Are 60 Years of Age or Older: 7	
Diagnosed with Mental Illness: 6		Diagnosed with Intellectual Disability: 2	
Have Mobility Need: 0		Have Physical Disability: 0	

FEB 22 2020

44940

THE CONNELLY HOUSE

20b1 - Financial Records

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, a of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident #1, #2, #3, #4 and #5. However, there is no record of the per- needs allowance deposit of \$85 for the month of September 2019 for these residents.

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 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 #20.b - Any resident of whom I manage their money, must sign cash distribution record when receiving their money, along with the exact date + time of September, 2019 was my mistake by forgetting to have them sign when I distributed their money each individual sign, post date of distribution, for that month, and copies will be attached. This was a mistake and will not happen again. All residents will sign at the time of cash distribution. Copies in which violation was made + post signed by resident is starred "\*" to show/paint it out.

Legal Entity Representative

*Rachael Williot*  
Signature

Rachael Williot PHA, LPW  
Printed Name and Title

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX

The above plan of correction is approved as of

2/26/20

(Date)

Plan of correction implementation status as of

2/26/20

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

The above plan of correction was approved by

*JW*  
(Initials)

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09/30/2019

51 - Criminal Background Check

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Ancillary staff person A, hired 10/4/18, has not had a criminal background check completed.

Plan of Correction (POC)

In regards to violation # 2600.51  
(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.)

Any staff I hire in the future will have all criminal checks done, and in accordance to the Older Adult Protective Services Act (35 P.S. 10225.101 - 10225.5102) and 6 PA Code Chapter 15, Relating to Protective Services for older adults, before being hired or permitted to work in the home or with residents. All current staff had their clearances completed prior to hire. Ancillary staff person A (as listed above) has not been with us anymore since Sept. 2019.

Legal Entity Representative

*Rachael*

Signature

Rachael Williot, PCHA, LPA 2-21-20

Printed Name and Title

Date

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(Date)

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(Initials)

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FEB 22 2020

65a FS Orientation 1st Day

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, personnel and volunteers shall have an orientation in general fire safety and emergency preparedness includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of a fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired 10/4/18, did not receive orientation in general fire safety and emergency preparedness include: evacuation procedures, staff duties and responsibilities during fire drills, designated meeting place, safety procedures, location and use of fire extinguisher, smoke detectors and fire alarms and telephone

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 prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

In regard to violation # 2600.65a, any staff or future staff of mine will be trained their first day of work, including ancillary staff, or volunteers, on evacuation procedures, duties and responsibilities during fire drills or emergency evacuations, the designated meeting place, the home's smoking policy + safety procedures, location of all fire extinguishers, smoke alarm, telephone use + notification of emergency services. After all trainings, procedure checklist completed + stored in staff individuals file. Attached is a copy of my staff members training.

Legal Entity Representative

*Rachael*

Signature

Rachael Williot, PCAA, PA

Printed Name and Title

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Date)

65b - Rights/Abuse 40 Hours

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, hired 10/4/18, did not receive orientation in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the OAPSA and the reporting of reportable incidents and conditions.

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 65.b - within 40 scheduled working hours, all and any staff, ancillary staff, substitute staff, or volunteers, will be trained on Resident Rights, emergency medical plan, mandatory reporting of abuse + neglect under the Older Adult Protective Services Act (35 P.S. 10225.101 - 10225.5102), and reporting of reportable incidents + conditions. All my staff will be trained on these within 40 scheduled working hours, and once trained, their training form must be completed, including the dates of trainings, and kept in the staff's file. Attached is a copy of my staff's training sheet, as well as a blank training sheet for future staff.

Legal Entity Representative

*Rachael Williot*

Signature

Rachael Williot, PCHA, RN 2.21.20

Printed Name and Title

Date

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162e - Menu Changes

WEST REGION FIELD OFFICE  
Human Services Licensing

Regulations

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 9/27/19, personal pizzas, chips and side salad were listed on the menu for the dinner meal. Eggs and sausage was served instead. No notice was provided to the residents in advance of the meal.

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 regard to violation # 2600.162.e - My staff member has been trained + reminded on the importance of following the menu, and if there is a menu change, it is to be written on the board for all residents to see, 24 hours prior to the menu/meal change. If my staff or any future staff do not follow the menu or provide a conspicuous notice to the change, he/she will be written up by myself, and write-up stored in their file. The staff member who made this violation is no longer with our care home. However, I have re-trained my current staff and had him sign the policy stating he was re-trained and agrees to follow this policy. Copy of policy + signatures is attached.

Legal Entity Representative

[Signature]  
Signature

Rachael Williot, RCHA, LPN 2-21-20  
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of \_\_\_\_\_  
(Date)

2/26/20  
(Date)

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(Initials)

[Initials]  
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