

Department of Human Services  
Bureau of Human Service Licensing

May 28, 2021

██████████ ADMINSTRATOR  
THE CORRIGAN HOUSE INC  
PO BOX 158  
HARLEIGH, PA 18225

RE: THE CORRIGAN HOUSE  
350 HAZLE TOWNSHIP BOULEVARD  
HAZLE TOWNSHIP, PA, 18202  
LICENSE/COC#: 20138

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Anne Graziano

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing



## Inspections / Reviews

02/22/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/07/2021*

5/20/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/27/2021*

5/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The Department was unable to verify the receipt of a "stamped dated faxed" Incident Report reportedly sent by the home regarding Resident # 1 who had eloped from the home in the early morning hours of 2/16/21.

Plan of Correction

Accept

Home will continue to fax all incident reports to the state, with faxed dates stamped and signed with date and time until otherwise instructed by the state. The facility has always used this method in the past for reporting an incident reports and have never had issues or were instructed otherwise to switch the procedure in which we report.

Completion Date: 05/13/2021

Update - 05/20/2021

Upon Resubmission of the Plan of Correction, the Home will submit a copy of 16b, a copy of the home's procedures for reporting Incidents as required by the Department.

Without a fax machine that is calibrated with the correct time and date, or a log book that is kept with a running entry of Incident Reports that are submitted to the Regional Office i running order, there is no other way, unless the Home's written policies and procedures assures that.

AG, 5 20 21

Document Submission

Implemented

The leasing company of the fax machine was contacted and the machine was calibrated to time stamp the date and time for all faxes moving forward. Attached is a copy of the time stamp test and documentation from the company.

95 - Furniture and Equipment

1. Requirements

2600.

- 95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 2/16/21 a front door alarm was turned in an off position allowing Resident # 1 to elope in the morning hours away from the building in the freezing cold weather without a jacket. Overnight staff were unaware that Resident # 1 left the building as a result of the inoperative alarm.

Plan of Correction

Accept

All alarms will be checked through the shift by staff members to ensure they are on and working properly. Resident #1 will be checked on every half hour to ensure they are safe and in the building.

Completion Date: 05/13/2021

95 - Furniture and Equipment *(continued)***Update - 05/20/2021**

*Upon resubmission of the Plan of Correction, the home will show documentation of evidence of compliance with both the shift checks by staff that the Home's alarm system is functioning correctly as well as the 1/2 hour checks being performed by staff for Resident # 1.*

*Documentation will be submitted via the Portal.*

*AG, 5-20-21*

**Document Submission****Implemented**

*Please see attached all log documentation for whereabouts of residents during each shift and also logs of shift change checking and monitoring the alarm system. In addition to ensuring all alarms are sound and working properly, the resident now wears a monitoring device at all times that tracks the location of the individual when inside or outside the home. Staff and family have access to this at all times as well as speakers in the home alerting facility if the resident should leave.*

## 227d - Support Plan Medical/Dental

**1. Requirements**

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

*Resident # 1's Residents Assessment and Support Plan ( R.A.S.P.) dated 10/2/20 was not updated to indicate the 2/16/21 incident at which time Resident # 1 eloped in the freezing cold weather without a jacket to a nearby convenience store. The support plan also did not include the home's plan to address ■ cognitive and physical supervision needs after the 2/16/21 incident.*

**Plan of Correction****Accept**

*Residents support and assessment was updated to ensure any updating needed. Although this was an isolated incident the residents cognitive functions have declined. since the incident the resident is now seen by another physician and meds were adjusted to met the residents current needs. Administrator will ensure that support and assessment plans are updated as needed for change in physical or cognitive functions.*

**Completion Date:** 05/13/2021

227d - Support Plan Medical/Dental (*continued*)**Update - 05/20/2021**

*Upon Resubmission of the Plan of Correction, the Home will submit the Update to Resident # 1's RASP.*

*The Home will also describe HOW updates will be completed in the Resident RASPs as needed. If there is a tool that staff use to communicate changes or declines/improvements in function or performance, then please submit a copy of this tool for review in the Portal.*

*If there is a communication sheet or an assignment sheet that staff use to communicate information to the Wellness Director, please include sample of these documents to show how care changes are being addressed. Conversely, If the Wellness Director is directing Direct Care Staff or Med Techs to change care or increase care or decrease care, please show how those changes are being communicated to staff as well.*

*Please submit evidence of compliance via the Portal.*

*AG, 5 20 21*

**Document Submission****Implemented**

*Attached is the resident's RASP which was sent and updated to DHS upon request at time of incident. Resident was since seen by another physician, put on added medication to assist with memory care. Resident recollects the event and is "remorseful" towards the situation and leaving the property. There are no since incidents or issues in regards to this. Administrator will ensure that all proper documentation is submitted and changed as needed as residents physical and mental health decline. Verbal reports are given at the head of each shift and an updated white board in the nurses office is kept up to date for all staff to see upon start if shift.*