

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

December 20, 2022

[REDACTED] ADMINISTRATOR
THE CORRIGAN HOUSE INC
[REDACTED]

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

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/22/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE CORRIGAN HOUSE* License #: *20138* License Expiration: *06/24/2023*
 Address: *350 HAZLE TOWNSHIP BOULEVARD, HAZLE TOWNSHIP, PA 18202*
 County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *THE CORRIGAN HOUSE INC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *05/14/2002* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *23* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *04/22/2022*

Inspection Dates and Department Representative

04/22/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *38* Residents Served: *22*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *1*
 Number of Residents Who:
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

04/22/2022 - Full
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *05/27/2022*

Inspections / Reviews (*continued*)**06/24/2022** POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/01/2022

07/24/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/01/2022

10/23/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2022

12/20/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

25b Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident.

POC Submission

Accept

During time of inspection it was found that resident #1 did not sign the updated admission agreement with the facility. The document was in fact signed by her power of attorney and representative payee rather than the resident do to the residents health on signed date. At the time of the inspection the resident signed all proper documentation. (please see attached) Moving forward, an audit of all residents charting will be done regularly by administrator and LPN to ensure all documents are filled at fully and accurately to ensure compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: 05/26/2022

Document Submission

Implemented ([REDACTED] - 10/23/2022)

During time of inspection it was found that resident #1 did not sign the updated admission agreement with the facility. The document was in fact signed by her power of attorney and representative payee rather than the resident do to the residents health on signed date. At the time of the inspection the resident signed all proper documentation. (please see attached) Moving forward, an audit of all residents charting will be done regularly by administrator and LPN to ensure all documents are filled at fully and accurately to ensure compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: 09/29/2022

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident room #N2 does not have access to a source of light that can be turned on/off at bedside.

POC Submission

Accept

Resident has a faulty lamp kept at bedside that was a family collectible. The lamp was replaced immediately at time of inspection (please see attached) Moving forward, monthly checks on all residents' rooms will be conducted by direct care staff to ensure compliance with DHS regulations. In the event all rooms do not meet proper requirements, administrator will be made aware and correct any issues. immediately.

Licensee's Proposed Overall Completion Date: 06/27/2022

Document Submission

Implemented ([REDACTED] - 10/23/2022)

Resident has a faulty lamp kept at bedside that was a family collectible. The lamp was replaced immediately at time of inspection (please see attached) Moving forward, monthly checks on all residents' rooms will be conducted by direct care staff to ensure compliance with DHS regulations. In the event all rooms do not meet proper requirements, administrator will be made aware and correct any issues. immediately. Noted from state that verification was reviewed and accepted in step 1.

Licensee's Proposed Overall Completion Date: 09/28/2022

124 - Notice to Fire Department

3. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

POC Submission

Accept

Upon inspection an updated fire letter was not submitted to the local fire department with the above documentation. During the on site inspection the inspector assisted the administrator in writing a letter to the fire company with the proper wording to ensure compliance with DHS regulations. Moving forward, the administrator will ensure the fire department is contacted regularly with any updates needed on the facility. (please see attached letter)

Licensee's Proposed Overall Completion Date: 05/23/2022

Implemented ([REDACTED] 12/20/2022)