

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

December 8, 2022

[REDACTED]
THE CONNELLY HOUSE LLC
[REDACTED]

RE: THE CONNELLY HOUSE
511 B STREET
SHARON, PA, 16146
LICENSE/COC#: 44940

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/24/2022 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 CONNELLY HOUSE* License #: *44940* License Expiration: *07/17/2023*
 Address: *511 B STREET, SHARON, PA 16146*
 County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *THE CONNELLY HOUSE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 3 SP* Date: *05/10/1994* Issued By: *Dept. of Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/24/2022*

Inspection Dates and Department Representative

05/24/2022 On Site [REDACTED]

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: *8*
 Number of Residents Who:
 Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *5*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/24/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/22/2022*

08/26/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/05/2022*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/02/2022*

Inspections / Reviews (*continued*)

09/16/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/23/2022

12/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/08/2022

12/08/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

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

Description of Violation

Resident #1's eyeglass frames were taped extensively [REDACTED] in a way that may be a hazard to the residents eye and impair vision.

POC Submission

Accept

In regards to chapter 2600 violation 81.b resident has had an optometrist appointment made, which is on August 19th 2022 at 10:00am through Walmart. In the future to prevent this issue, staff will examine resident glasses daily to be sure of no damages. Eye appointments will be made every two years for general check-ups or sooner in the event of a need.

Licensee's Proposed Overall Completion Date: 05/22/2022

Implemented [REDACTED] - 12/08/2022)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

2. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, hand rail or assist bar in the toilet area of the 2nd floor bathroom.

POC Submission

Accept [REDACTED] - 09/22/2022)

In regards to chapter 2600 violation 102.d. a grab bar has been installed, securely, in upstairs bathroom near toilet. Photo attached.

Grab bar was installed 6/2/22 by repairman, [REDACTED]. Grab bar was checked for security by administrator, [REDACTED] after installation on 6/2/22. Grab bar has been checked weekly, ever since installation, but a new "grab bar check sheet" has been created on 9/19/22 for staff to sign off, once they've checked the grab bar each week. Monitoring step includes: staff member [REDACTED] will check the grab bar every Monday during [REDACTED] cleaning day. If on occasion that staff member, [REDACTED], isn't working, administrator, [REDACTED], will check the grab bar and document findings on the grab bar checklist sheet.

Licensee's Plan Completion Date: 09/19/2022

Implemented [REDACTED] - 12/08/2022)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill conducted by a fire safety expert was on 9/15/20.

132b - Safety Inspection/Fire Drill (continued)

POC Submission

Directed ([REDACTED] 12/01/2022)

n regards to chapter 2600 violation 132.b. the personal care home will have an annual fire inspection preformed by the city fire department. The city fire department was contacted on 7/7/22 and a voicemail was left in regards to setting up a fire inspection with them. Awaiting return phone call and will update.

Phone call was again placed this morning (9/19/22) for a fourth time to the city of sharon fire department. No answer. Voicemail left. Email was also sent this morning (9/19/22) to fire chief [REDACTED] asking him to please return my call ASAP to have them come out to do a fire inspection.

Phone call was placed, once again, to the City of Sharon Fire Department on 8/29/22 at 10:10am. Awaiting return phone call for them to schedule to come out for fire inspection.

Directed:

The administrator emailed documentation verifying a fire safety inspection was conducted by a fire safety expert on 9/22/22.

[REDACTED] 12/1/22

Directed:

Beginning 12/1/22, the administrator or designee will contact the fire safety expert 2 months in advance of annual expiration to schedule the fire drill and inspection, to ensure it is completed timely.

[REDACTED] 12/1/22

Directed Completion Date: 09/19/2022

Implemented ([REDACTED] 12/08/2022)

141a 1-10 Medical Evaluation Information

4. Requirements

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's initial medical evaluation, dated [REDACTED]/21, did not include the second page which indicates special health or dietary needs of the resident.

141a 1-10 Medical Evaluation Information (continued)

POC Submission

Directed ([redacted] 12/01/2022)

In regards to chapter 2600 violation 141.a. a complete second page was printed out for DME's. This was my mistake, as the administrator, that I did not know I did not have the complete second page. Obtained from DHS website were new print outs of DME's for future use. This complete second page was filled out on resident SJ and placed in [redacted] file. A copy of this was emailed to [redacted] on 5/22/22. I will attach the second page here.

DME page print-outs were obtained by [redacted] from DHS website on 5/24/22. Second page of DME on resident [redacted] was filled out on 5/25/22 from the doctor office of [redacted]. Print outs were emailed to [redacted] on 5/26/22 by [redacted]. Second page of SJ's DME was filled out by the office of [redacted]. Auditing will be maintained by a DME Checklist sheet which was created by [redacted] It will be checked for DME completion and all pages, each year as the DME's are returned to The Connelly House from the doctors offices. Each DME was checked for completion of all pages. Checklist attached.

Directed:

The administrator provided documentation that all DMEs were audited 9/19/22.
[redacted] 12/1/22

Directed:

Beginning 12/1/22, DME audits as they are returned to the Connelly House from the doctors offices shall be conducted as indicated above.
[redacted] 12/1/22

Directed Completion Date: 09/19/2022

Implemented [redacted] - 12/08/2022)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on [redacted]/21.

Resident #3's most recent medical evaluation, dated [redacted] 21, did not include the second page which indicates special health or dietary needs of the resident.

POC Submission

Directed [redacted] 12/01/2022)

In regards to chapter 2600 violation 141.b.1. page two of the DME form was obtained. New print outs were obtained from DHS website for future use.

DME Completion Checklist created and each resident DME has been checked and dated, making sure all pages of the DME are present. Checklist attached.

[redacted]
DME was completed on resident #3 on [redacted] 22 by [redacted].

Administrator, [redacted], will be responsible for ensuring that DME's are completed. DME checklist has been

141b1 - Annual Medical Evaluation (continued)

created by the administrator, [REDACTED], on 9/19/22 and will be checked each year when a new DME has been received back from each resident's doctor. [REDACTED] obtained new DME print outs on 5/24/22 with all pages.

Directed:

The administrator provided documentation that all DMEs were audited 9/19/22.

[REDACTED] 12/1/22

Directed:

Beginning 12/1/22, DME audits as they are returned to the Connelly House from the doctors offices shall be conducted as indicated above.

[REDACTED] 12/1/22

Directed Completion Date: 09/19/2022

Implemented [REDACTED] 12/08/2022)