

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

December 19, 2022

[REDACTED], EXECUTIVE DIRECTOR
I & A RESIDENTIAL SERVICES INC
[REDACTED]
[REDACTED]

RE: I & A RESIDENTIAL SERVICES -
BLDG. D
13462 STATE ROUTE 422
KITTANNING, PA, 16201
LICENSE/COC#: 42654

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/21/2022 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: I & A RESIDENTIAL SERVICES - BLDG. D **License #:** 42654 **License Expiration:** 10/29/2022
Address: 13462 STATE ROUTE 422, KITTANNING, PA 16201
County: ARMSTRONG **Region:** WESTERN

Administrator

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

Legal Entity

Name: I & A RESIDENTIAL SERVICES INC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP **Date:** 05/21/2002 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 2 **Waking Staff:** 2

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 07/21/2022

Inspection Dates and Department Representative

07/21/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 4 **Residents Served:** 2

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

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

Inspections / Reviews

07/21/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/15/2022

10/07/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/12/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/14/2022

Inspections / Reviews (*continued*)

10/21/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/28/2022

12/11/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

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

12/19/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/12/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

103f Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 11:09 a.m., the temperature in the freezer in the kitchen was 8 degrees Fahrenheit.

POC Submission

Accept (█) - 10/21/2022)

This freezer was purchased on February 18, 2022. The freezer temperatures on this new freezer will be monitored by Residential Program Workers on third shift weekly beginning the week of August 8, 2022.

The title of the persons responsible are "Residential Program Workers" on third shift. They will record the temperature on the attached daily chore list which is then faxed to Maintenance staff after the reading is taken if the reading is not in the acceptable range. Maintenance staff will then correct the problem as soon as possible depending on parts that may need purchased or an outside repair company that may need to come in to fix the problem. This will be our ongoing system to monitor the temperatures indefinitely.

Licensee's Plan Completion Date: 10/07/2022

Implemented (█) - 12/11/2022)

185a Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is ordered blood glucose checks twice daily. However, on the following dates/times the blood glucose readings did not match the resident's July 2022 medication administration record (MAR):

[REDACTED]

POC Submission

Directed (█) - 10/21/2022)

At the time of inspection, this resident was self reporting her blood glucose readings to Residential Program Workers at the times prescribed by her Physician who were then recording the readings as she reported them at the times prescribed by her Physician.

Effective July 21, 2022, Residential Program Workers take the blood glucose monitor from the resident and record the blood glucose reading directly from the monitor screen at the times prescribed by her Physician.

Effective July 21, 2022 Residential Program Workers also record the readings from the blood glucose monitor screen when calibrating the blood glucose monitor and mark them as calibration readings so these readings are not attributed to the resident checking her blood sugar. These readings are recorded every time the monitor is calibrated at the time it is calibrated. This is our ongoing procedure for any and all residents who have blood glucose monitor readings to record.

185a - Implement Storage Procedures (continued)

DIRECTED PLAN:

By 10/31/22: All staff persons qualified to administer medications shall be educated in the home's new procedure for recording blood glucose readings and glucometer calibration screenings. Documentation of the education shall be kept. [REDACTED] 10/21/22

Directed Completion Date: 10/07/2022

Implemented ([REDACTED] - 12/11/2022)

224a - Preadmission Screen Form

3. Requirements

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 to the home on [REDACTED]; however, the resident's preadmission screening form was not dated when completed. This area is blank.

POC Submission

Directed ([REDACTED] - 10/21/2022)

At the time of inspection, Administrator [REDACTED] dated the resident's preadmission screening form that [REDACTED] completed and noted that it was corrected on 7/21/22.

All future preadmission screens filled out by Administrator [REDACTED] will be dated the day of completion. This will be our ongoing procedure for all preadmission screens.

DIRECTED PLAN:

By 10/31/22 and monthly thereafter: A designated staff person will check all preadmission screening forms for resident admitted within the past 30 days to ensure they are completed in their entirety, including the date of completion. [REDACTED] 10/21/22.

Directed Completion Date: 10/07/2022

Implemented ([REDACTED] - 12/19/2022)