



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

E-mailed on: 1/18/24

[REDACTED], OWNER/ADMINISTRATOR THE
CONNELLY HOUSE LLC

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 Services Licensing, (Department) review on 5/2/23, of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

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: *L & I*

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: *05/01/2023*

Inspection Dates and Department Representative

05/02/2023 - 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: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/02/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/29/2023*

06/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/14/2023

07/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/29/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 07/14/2023

01/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation*The home did not conduct a quality management meeting from 1-1-22 to 12-31-22.***Plan of Correction****Accept** [REDACTED] - 07/07/2023)*In regards to violation 2600.26.a, the home will conduct a quality management plan meeting twice a year.**Discussions will be documented. Quality management meeting was held on 5/24/23 at 10am. Items discussed were reportable incidents and procedures, complaint procedures, monthly dates and times for staff trainings, and staff were asked to mention an areas needing improvement, during the meeting. Form was made and staff in attendance signed. Having trouble uploading the file. Will email it to [REDACTED]**In our quality management plan meeting that was held on 5/24/23, we discussed:*

- Homes reportable incidents and reporting procedures. Admin notified staff that any reportable incidents would be: Any death, physical act to commit suicide by a resident, serious bodily injury requiring treatment at a hospital or medical facility, any violation of resident rights, any unexplained absence of a resident for 24 hours or more, misuse of resident funds by home staff persons or legal entity, any outbreak of communicable diseases, food poisoning of a resident, physical or sexual assault by or against a resident, fire or structural damage to the home, any incident requiring emergency services (fire department or police), a complaint of resident abuse or suspected abuse, a prescription med error, any incidents in which emergency preparedness plans are implemented, any unscheduled closure of the home or relocation of residents, bankruptcy filed by legal entity, a criminal conviction of legal entity, a utility termination notice, or any violation of health and safety laws. The staff was notified to immediately report to administrator and report the incident or condition to the Department of personal care home regional office or personal care home complaint hotline within 24 hours of any incident. Administrator will submit a final report to the department of personal care home regional office immediately following the conclusion of investigation. Incidents are to be immediately reported to admin, whereas admin will also fill out and submit incident report within 24 hours. All reportable incidents will be discussed repeatedly (from 2600.16.) at every quality management meeting so ensure on-going compliance of them.
- Staff person trainings were discussed. They are now scheduled on the 15th of every month, so that no training is forgotten to be completed. Trainings will be taught by administrator and documented by administrator.
- Staff were made aware that we will be holding a quality management plan twice a year, and the next one is scheduled on 11-12-23.
- In the meeting, staff were also made aware that if any portable space heaters were found anywhere in storage from prior owners, that they be immediately discarded. If any space heaters were found by staff, they are to notify admin and discard of them immediately.

Licensee's Proposed Overall Completion Date: 06/29/2023

Implemented [REDACTED] - 1/18/2024)

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation*Staff person A, hired [REDACTED] 21, received only 5 hours of annual training during the 1-1-22 to 12-31-22 training year.*

65e - 12 Hours Annual Training (continued)

Staff person B, hired [REDACTED]/18, received only 5 hours of annual training during the 1-1-22 to 12-31-22 training year.

Staff person C, hired [REDACTED]/19, received only 5 hours of annual training during the 1-22 to 12-31-22 training year.

Plan of Correction**Accept [REDACTED] - 07/12/2023)**

In regards to violation 2600.65.e, all staff trainings have now been scheduled in advance, documented, and staff informed, so that trainings are not forgotten. Staff members will all be trained on the 15th of every month in different categories for each training, and each training will be one hour long. Trainings will be documented after completion. Training dates have been given to each staff member.

Yearly staff trainings will now be held on the 15th of every month to ensure no training is forgotten. They will be taught by administrator to each staff member and documented by administrator and kept in each staff file. They have been scheduled in advanced and schedule hand out was given to staff members, including staff persons A, B, and C. The schedule is as followed:

- Fire duties 1/11/23 (completed)
- Fire evacuation procedures 2/24/23 (completed)
- Resident rights 3/7/23 (completed)
- Nutrition, food handling, and sanitation 5/15/23 (completed)
- Med self-administration, + care for residents with dementia 6/15/23 (completed)
- Meeting needs for residents in home, pre-screens, assessment tools, + RASP's (scheduled for 7/15/23)
- Personal care needs and falls and accidents prevention (scheduled for 8/15/23)
- safety management techniques (scheduled for 9/15/23)
- Care for residents with mental illness + dementia (scheduled for 10/15/23)
- OAPSA (scheduled for 11/15/23)
- Safety management, hazard planning, + infection control (scheduled for 11/15/23 - double training for this day due to make up for missing April training)
- Ageing and cognitive functions + ADL's and IADL's (scheduled for 12/15/23)

In regards to violation 2600.65.e., admin will personally check each staff record file on the last day of each month to assure each staff member training has been completed and documented for that month. This will begin on Monday 7/31/23 (the last day of this month) and staff record checks will be documented. In regards to the missed 7 hours of training from 2022, staff members A, B, and C are scheduled for 7 additional hours of training. These additional trainings are written and documented on each staff person's "staff training plan" sheet. Staff are made aware of these dates and times for these additional trainings, and they are as followed:

- care for residents with mental illness and personal care services of each resident- 2 hours on 7/16/23
- emergency medical plans and personal hygiene and recreation- 3 hours 8/16/23
- Incident reporting and medication self-administration training- 2 hours 9/16/23

Trainings will be provided by administrator at the personal care home, to all staff, including staff A, B, and C.

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented [REDACTED] - 1/18/24)

65f - Training Topics

3. Requirements

65f - Training Topics (*continued*)

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff person A, staff person B, and staff person C did not receive training in the following topics during the 1-1-22 to 12-31-22 training year:

- * *Medication self-administration training*
- * *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan*
- * *Care for residents with dementia and cognitive impairments*
- * *Personal care service needs of the resident*
- * *Safe management techniques*
- * *Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home*

Plan of Correction

Accept [REDACTED] - 07/12/2023)

In regards to violation 2600.65.f, all staff trainings are now scheduled for the 15th of every month so they are no longer missed. Med self-administration training will be trained on 6/15/23; training on meeting of resident needs in prescreening form, assessment tool, and MA51 and DME will be held on 7/15/23; training on caring for residents with dementia and cognitive impairments will be held on 10/15/23; training on personal care services of residents is scheduled for 8/15/23; safe management techniques training is scheduled to be held on 9/15/23; and training on caring for residents with mental illness and I.D. in the home is scheduled for 10/15/23. New Staff Training Plan was made, and as discussed in the home's recent quality management plan meeting, trainings will now be held on the 15th of every month to assure that no trainings are missed. Having trouble uploading file of new staff training form. Will email it to [REDACTED]

Yearly staff trainings will now be held on the 15th of every month to ensure no training is forgotten. They will be taught by administrator to each staff member and documented by administrator and kept in each staff file. They have been scheduled in advanced and schedule hand out was given to staff members, including staff persons A, B, and C. Each years schedule will be completed in advance and handed out on January 1st of each year so all staff and admin have the schedule for each 15th of every month training. The schedule is as followed:

- *Fire duties 1/11/23 (completed)*
- *Fire evacuation procedures 2/24/23 (completed)*
- *Resident rights 3/7/23 (completed)*
- *Nutrition, food handling, and sanitation 5/15/23 (completed)*
- *Med self-administration, + care for residents with dementia 6/15/23 (completed)*
- *Meeting needs for residents in home, pre-screens, assessment tools, + RASP's (scheduled for 7/15/23)*
- *Personal care needs + falls and accident prevention (scheduled for 8/15/23)*

65f - Training Topics (continued)

- safety management techniques (scheduled for 9/15/23)
- Care for residents with mental illness + dementia (scheduled for 10/15/23)
- OAPSA (scheduled for 11/15/23)
- Safety management, hazard planning, + infection control (scheduled for 11/15/23 - double training for this day due to make up for missing April training)
- Ageing and cognitive functions + ADL's and IADL's (scheduled for 12/15/23)

In regards to violation 2600.65.f., administrator will personally check each staff persons training document in their files on the last day of each month, beginning 7/31/23 (the last day of July), and document that each staff file has been checked for training completion for that month. Admin will continue to monitor and check every staff training record on the last day of each month (7/31/23, 8/31/23, 9/30/23, 10/31/23, 11/30/23, and 12/31/23), and document when each training record has been checked.

All staff members, including A, B, and C, are scheduled for trainings on topics of med self-administration training, meeting needs of residents in the home, care for residents with dementia and cognitive impairments, infection control, personal care service needs of the residents, safe management techniques, and care for ID residents. These will be taught by administrator at the personal care home and are scheduled for 7/16/23.

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented [REDACTED] - 1/18/24)

65g - Annual Training Content**4. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff person A, staff person B, and staff person C did not receive training in the following topics during the 1-1-22 to 12-31-22 training year:

- * Resident rights.
- * The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- * Falls and accident prevention.

Plan of Correction

Accept [REDACTED] - 07/12/2023)

In regards to violation 2600.65.g, new staff training plan has been made for remainder of the year and upcoming years. Trainings are written and planned out and staff are aware that trainings will now be held on the 15th of every month to avoid missing them. Fire safety training's were held for 2023 on 1/11/23 and 2/14/23; emergency preparedness training is scheduled for 11/15/23; resident rights training was completed on 3/7/23; OAPSA training is scheduled for 11/15/23; and falls and prevention training is scheduled for 8/15/23. Trainings have been planned out for each year and will be completed on the 15th of every month to prevent any from getting missed. Having

65g - Annual Training Content (continued)

trouble uploading new training plan. Will email to [REDACTED]

Staff training schedules are scheduled in advance and each year the training schedule will be handed out to each staff member. They will be conducted by the admin on the 15th of every month and documented to ensure no trainings are missed. The training schedule is as followed:

- Fire duties 1/11/23 (completed)
- Fire evacuation procedures 2/24/23 (completed)
- Resident rights 3/7/23 (completed)
- Nutrition, food handling, and sanitation 5/15/23 (completed)
- Med self-administration, + care for residents with dementia 6/15/23 (completed)
- Meeting needs for residents in home, pre-screens, assessment tools, + RASP's (scheduled for 7/15/23)
- Personal care needs + falls and accident prevention (scheduled for 8/15/23)
- safety management techniques (scheduled for 9/15/23)
- Care for residents with mental illness + dementia (scheduled for 10/15/23)
- OAPSA (scheduled for 11/15/23)
- Safety management, hazard planning, + infection control (scheduled for 11/15/23 - double training for this day due to make up for missing April training)
- Ageing and cognitive functions + ADL's and IADL's (scheduled for 12/15/23)

In regards to violation 2600.65.g., administrator will check staff records on the last day of every month for training completion. Admin will continue to monitor and check every staff training record on the last day of each month (7/31/23, 8/31/23, 9/30/23, 10/31/23, 11/30/23, and 12/31/23), and document when each training record has been checked.

Trainings of fire safety, emergency preparedness, resident rights, OAPSA, and falls and prevention are scheduled to be taught by the admin at the personal care home on dates 8/15/23 and 11/15/23.

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented ([REDACTED] - 1/18/24)

109b - Rabies Vaccination**5. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 5/1/23 two cats named Gizmo and Stinker were present at the home. The home does not have a current certificate of rabies vaccination for either cat.

Plan of Correction

Accept ([REDACTED] - 07/12/2023)

In regards to violation 2600.109.b, the vet is scheduled to come to the home to update vaccines for Gizmo and Stinker on 6/6/23 at 11am. "Pet Set Go" is the mobile vet that is coming. I sincerely apologize for the two cats not having their vaccines. I do keep up on them, however when the vet came the last time, Stinker ran out the door

109b - Rabies Vaccination (continued)

when the vet had him, and Gizmo was adopted in September of 2022, after the vet had come. His prior owner had his vaccines, but I never reached out to [REDACTED] vet to get them, and I truly apologize. These cats will be vaccinated on 6/6/23 at 11am.

The house cats were vaccinated within time frame, as the admin keeps track of vet appointments. However, Stinky ran and hid and the vet could not get him, and Gizmo was adopted in September, so I truly apologize for those two not having their vaccines. I (admin) called the vet immediately and they came out and gave Stinky and Gizmo their vaccines. I will submit a copy of their vaccines via email to [REDACTED] because I cannot upload documents to SansWrite for some reason, it will not let me. Gizmo received his vaccines on 6/6/23 and Stinky on 6/28/23.

In regards to violation 2600.109.b., admin will make sure all house cats receive their vaccines on scheduled dates. Vet is scheduled ahead of time to come to the house for routine vaccines. Vet advised admin to have cat, Stinky, put in the upstairs bathroom ahead of time so he cannot run from the vet again.

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented ([REDACTED] - 1/18/24)

127a - Portable Space Heaters**6. Requirements**

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

At 10:30 a.m., an electric portable space heater was in the basement furnace room of the home.

Plan of Correction

Accept ([REDACTED] - 07/12/2023)

In regards to violation 2600.127.a, the space heater that was found in storage in the basement was discarded immediately while inspector was here. In our quality management plan that was held on 5/24/23, all staff were made aware that if any portable space heaters are ever found in storage, to discard of them immediately. Copy of quality management meeting plan emailed to [REDACTED]

At our quality management meeting that was held on 5/24/23, all staff were made aware that if any portable space heaters were found in home storage from prior owner, that they notify administrator immediately and immediately discard of them to the trash. All staff signed our quality management meeting discussion form and are in agreement to this. Administrator has since checked the house and storage areas for any left over space heaters from prior owner and no more were to be found. In our home policy and personal care home policy, no portable space heaters are allowed on premises, so no space heaters should be found again, since administrator has checked the home from left over ones from prior owner. However, just in case one was missed or popped up, all staff signed in agreement to notify admin and immediately discard them.

In regard to violation 2600. 127.a., administrator personally checked the house on 6/28/23 for any space heaters. Cleaning staff member will also check the home every Monday when [REDACTED] cleans for any space heaters.

Licensee's Proposed Overall Completion Date: 07/11/2023

Not Implemented ([REDACTED] - 1/18/24)

132a - Monthly Fire Drill**7. Requirements**

2600.

132a - Monthly Fire Drill (continued)

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of December 2022, or April 2023.

Plan of Correction

Accept (█) - 07/12/2023)

In regards to violation 2600.132.a, an unannounced fire drill will be held monthly. A document has been made for administrator only, that states what days each month the unannounced fire drills will be held, so no month is missed. Unable to upload this form. I will email it to █

Administrator has documented dates and times that unannounced fire drills will be held each month for the home. Administrator will record the date, time, and amount of time it took for evacuation, the exit route used, number of residents in the home at the time of each drill, number of residents evacuated, number of staff persons participating, problems encountered and whether the smoke detectors were operable. Administrator will document all of this on the personal care home fire drill form. Since administrator has pre-scheduled these fire drills in own personal documents, this is assuring that they do not go forgotten for any upcoming month.

In regards to violation 2600.132.a., fire drills were held on 5/15/23 at 10:07am, 7/8/23 at 5:45am, and 6/20/23 at 8:50pm. Times and evacuation methods were documented on the home's fire drill record.

To assure no monthly drills are missed, admin has pre-scheduled them for only the admin to be known when they will be held. They will still remain unannounced to residents and staff. The dates are as followed:

- 8/20/23
- 9/9/23
- 10/11/23
- 11/24/23
- 12/23/23

Licensee's Proposed Overall Completion Date: 07/11/2023

Implemented (█) - 1/18/24)

141a - Medical Evaluation

8. 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.

Description of Violation

Resident #1 was admitted on █/22; however, the resident's initial medical evaluation was not completed until █/22.

Repeat Violation: 5/24/22

Plan of Correction

Accept (█) - 07/12/2023)

In regards to violation 2600.141.a, all new residents of the home will have a new MA51 and DME filled out, even if they have one already that is still within date. I'm sorry that I was unaware that resident #1's DME was unacceptable. █ new one was completed on 5/2/23.

Upon any new resident moving into the home, administrator will schedule them a doctor appointment to have a new MA51 and DME completed immediately.

141a - Medical Evaluation (continued)

In regards to violation 2600.141.a., administrator will personally schedule any new resident for a new MA51 and DME to be completed 60 days prior to admission date or no later than 30 days after their admission date, beginning 7/12/23. Each new resident file has a checklist that admin made on 7/12/23 to assure all proper documents are in each new resident file. The checklist is as followed:

- Face sheet, including photo, name, gender, admission date, and SS number
- pre-screen form
- RASP
- home contract
- New MA51 and DME

Licensee's Proposed Overall Completion Date: 07/11/2023

Not Implemented [REDACTED] - 1/18/24)