

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

August 15, 2024

[REDACTED], OWNER/ADMINISTRATOR
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 02/20/2024 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: *07/17/2024*
 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]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *06/28/2023* Issued By: *Dept. of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/20/2024*

Inspection Dates and Department Representative

02/20/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *7*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *7*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/20/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/10/2024*

04/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/22/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/10/2024*

Inspections / Reviews *(continued)*

05/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/04/2024

08/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

At 9:00 AM on 2/20/24, the outdoor walkways and emergency exits routes were covered with snow and ice.

Plan of Correction

Accept (█ - 05/21/2024)

In regards to violation 2600 100.a. beginning on 2/21/24, staff will inspect all exit routes of the home during fall/winter/spring months. All exit routes to the home will be shoveled free of snow and ice at 7am each morning. Salt was purchased on 2/21/24 and was placed on all exit routes of the home to melt the snow and ice. Salt will be kept on hand to be used when needed during staffs 7am exit route checks.

On the day of incident, staff member, Dee, shoveled the steps, walkway path and sidewalk near the house, free of snow. █ then threw salt down on all previously mentioned areas.

Licensee's Proposed Overall Completion Date: 05/13/2024

Implemented (█ - 08/15/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed █. However, this medication was not administered to resident #1 on █ because the medication was not available in the home.

Plan of Correction

Accept (█ - 05/21/2024)

In regards to violation 2600 187.d. resident #1 had recently moved into the home. █ case manager was working with █ insurance as well as the pharmacy to get resident's medication. However the pharmacy was out of the medications. Resident received them the next day. In order to prevent this from happening in the future, as of 2/21/24, resident #1's insurance issue was corrected and Rite Aid pharmacy has been notified of █ insurance, they have it on file, and they are now sending resident #1's medications every month, as refills are due, and charging her insurance that they now have on file.

Beginning 4/1/24, administrator will audit all resident medications, which include reviewing each box and/or bottle of meds and matching them with the MAR, which lists all meds that should be prescribed and available.

Medication audits shall be conducted at least monthly. JW 5/21/24

Proposed Overall Completion Date: 05/13/2024

Licensee's Proposed Overall Completion Date: 05/13/2024

Implemented (█ - 08/15/2024)