

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

August 30, 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 05/02/2024 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]
 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: *05/02/2024*

Inspection Dates and Department Representative

05/02/2024 - 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: *3*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/02/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/01/2024*

06/07/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/23/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/10/2024*

Inspections / Reviews *(continued)*

07/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/31/2024

08/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/23/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance. However, the furnace located in the basement of The Connelly House does not have a carbon monoxide detector in close proximity.

Plan of Correction

Accept (█) - 06/07/2024)

In regards to violation 2600.18 a smoke and carbon monoxide detector was purchased on 5/3/24 by administrator and installed within 5 feet from stove in the basement. Administrator will check and document that all carbon monoxide devices are there during each monthly fire drill. Photo attached.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented (█) - 08/30/2024)

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

Direct care staff person A received only 11 hours of annual training in training year 2023.

Repeat Violation: 5/2/23

Plan of Correction

Directed (█) - 07/10/2024)

In regards to violation 2600.65.e. █ do have documented that █ two primary staff members both have 12 hours of training for 2023, as they are both trained at the same time, same day, and same location. █ confused about this.

Staff person A is scheduled for an extra hour of annual training scheduled for 7/15/24. This extra hour will be in RASP training and overview to make up 1 hour before the end of the year. On 7/15/24 staff person A will technically be doing 2 hours of training (we do 1 per month), so Staff A will be doing 2 that day.

Proposed Overall Completion Date: 07/09/2024

DIRECTED PLAN:

By 7/20/24 and at least quarterly thereafter: The administrator or designee shall review staff training records to ensure all direct care staff persons receive at least 12 hours of annual training in each training year.

Directed Completion Date: 07/20/2024

Implemented (█) - 08/30/2024)

92 - Windows

3. Requirements

2600.

92 - Windows (continued)

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 1:08 pm on 5/2/24 the screen was missing from the window in bedroom #2.

Plan of Correction

Accept ([redacted] - 07/10/2024)

In regards to violation 2600.92 the screen to bedroom number 2 was sitting next to the window. Staff installed the screen back into the window on 5/3/24. Photo attached.

On the first of every month, beginning 7/1/24, staff member [redacted] will inspect all the windows of the house when [redacted] does [redacted] beginning-of-the-month duties. This has been added to [redacted] list, along with [redacted] activities calendar and monthly menus. The window-inspection duties will be completed by [redacted] on the first of every month going forward.

Licensee's Proposed Overall Completion Date: 07/09/2024

Implemented ([redacted] - 08/30/2024)

107c - Food/Water 3 Day Supply

4. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

There was no emergency food supply in the home.

Plan of Correction

Accept ([redacted] - 07/10/2024)

In regards to violation 2600.107.c an emergency supply of canned goods has been purchased on 5/6/24 and stored for emergency purposes. Administrator was unaware of the need for emergency food supply but food was purchased after inspection. Photos attached.

On the first of every month, beginning 8/1/24, staff member [redacted] will do an emergency food inspection, which will include checking the number of canned emergency goods so that we have enough in stock, as well as checking the dates on all of the cans. If for some reason any of the cans have been taken by other staff for regular meals or simply come up missing from the emergency stock, administrator will immediately go to the store to replace the missing cans and then document the number of cans. Same goes for expired cans. If any become expired, admin will go to the store to replace.

Licensee's Proposed Overall Completion Date: 07/09/2024

Implemented ([redacted] - 08/30/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

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

Description of Violation

Resident #1's last Medical Evaluation was completed on [redacted]

Plan of Correction

Directed ([redacted] - 07/10/2024)

In regards to violation 2600.141.b.1 we were having some trouble getting resident #1 in for [redacted] MA51 appt due to

141b1 - Annual Medical Evaluation (continued)

█ doctor leaving. █ was immediately scheduled with another doctor from the office, which unfortunately wasn't until █ of 2024. To prevent any annual medical evaluations from being incomplete or missed in the future, all appointments for the residents will be scheduled in advance.

Resident #1's most recent MA51 and DME were completed █

Proposed Overall Completion Date: 07/09/2024

DIRECTED PLAN:

By 7/20/24: The administrator or designee shall review all current medical evaluations for timeliness and completion. Any incomplete or inaccurate medical evaluations will be scheduled for completion with the medical provider as soon as possible.

Directed Completion Date: 07/20/2024

Implemented (█ - 08/30/2024)

183b - Meds and Syringes Locked**6. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 09:01 on 5/2/24 the medication cart was left unlocked, unattended and accessible in the entryway of the home. Resident medications were inside and the only staff in the building was in the basement of the home.

Plan of Correction

Accept (█ - 06/07/2024)

In regards to violation 2600.183.b. staff members were reprimanded about the unlocked med cart, which staff member said was an accident. That staff member is temporarily suspended from medication passing duties while administrator is retraining █ Upon successful completion of medication trainings, staff member will pick up with passing meds again on June 1st 2024. In the mean time, administrator and other med-trained staff member have been and will be passing medications.

Licensee's Proposed Overall Completion Date: 05/28/2024

Implemented (█ - 08/30/2024)

225c - Additional Assessment**7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on █.

Plan of Correction

Accept (█ - 07/10/2024)

In regards to violation 2600.225.c. resident #2's RASP was completed while inspector was there on 5/2/24 by administrator. To assure no RASP's are late in the future, administrator has created a documentation sheet that

225c - Additional Assessment (continued)

tracks when all RASP's are due.

Beginning on 7/1/24, administrator will check the documentation sheet that was created on 6/1/24 to help admin and other staff keep track of all MA51's, DME's, and RASP's to make sure they are done on time. Administrator will review this sheet on the first of every month to make sure all was completed for the prior month and so admin can know in advance who is due for what for the current month.

Licensee's Proposed Overall Completion Date: 07/09/2024

Implemented (█ - 08/30/2024)