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

August 30, 2024

[redacted], ADMINISTRATOR/OWNER
THE CORRIGAN HOUSE INC
[redacted]

RE: THE CORRIGAN HOUSE
350 HAZLE TOWNSHIP BOULEVARD
HAZLE TOWNSHIP, PA, 18202
LICENSE/COC#: 20138

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE CORRIGAN HOUSE* **License #**: *20138* **License Expiration**: *06/24/2025*

Address: *350 HAZLE TOWNSHIP BOULEVARD, HAZLE TOWNSHIP, PA 18202*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted]

Legal Entity

Name: *THE CORRIGAN HOUSE INC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *01/14/2000* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *27* **Waking Staff**: *20*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *07/30/2024*

Inspection Dates and Department Representative

07/30/2024 - On-[redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* **Are 60 Years of Age or Older**: *25*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *1* **Have Physical Disability**: *0*

Inspections / Reviews

07/30/2024 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/18/2024*

08/21/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/29/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/28/2024*

Inspections / Reviews *(continued)*

08/28/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/29/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/04/2024*

08/30/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/29/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

64c - Annual Training

1. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

The administrator only completed 14 hours of the required 24 hours of administrator training for the 2023 training year.

Plan of Correction ***Accept (- 08/21/2024)***

An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.
At time of inspection Staff A online training hours were not in chart to meet the 24 required hours for the year.
Training source was contacted immediately for additional trainings administrator completed to meet DHS requirements. (Please see attached completed trainings from P.E.P.P unlimited)
Moving forward Administrator will ensure all training are printed and kept with all annual training documentation for the year.
All staff charting will be audited quarterly by administrator to comply with DHS regulations

Licensee's Proposed Overall Completion Date: *08/13/2024*

Implemented (- 08/30/2024)

65f - Training Topics

2. Requirements

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.

Description of Violation

Direct care staff person B did not receive training in DME/RASP during the 2023 training year and Direct care staff person C did not receive training in medication self-administration during the 2023 training year.

Plan of Correction ***Accept - 08/21/2024)***

All Staff will be trained in required training by DHS to meet regulations. Staff members B and C was trained immediately following the inspection on 7/31/24 and 8/1/24 (see attached) by administrator and med trainer.
Administrator audited all other staff charting to ensure all training were complete in all required training topics on 08/02/2024.
Moving forward, Administrator will ensure all training is complete by each staff member yearly.
Charts will be audited quarterly by administrator to ensure all training is completed and that all proper documentation for employment is included in all records and also updated as needed.
Please see attached training form for staff B and C that training was completed.

Licensee's Proposed Overall Completion Date: *08/13/2024*

Implemented - 08/30/2024)

66a - Staff Training Plan

3. Requirements

2600.
66.a. A staff training plan shall be developed annually.

Description of Violation

Staff training plan for 2024 did not contain name, date, source, content, or source of training.

Plan of Correction ***Accept ([redacted] - 08/21/2024)***

All Staff will be trained in all required training topics for DHS annually and a training plan with be developed annually to ensure compliance with DHS regulations.
A training plan with specific topics was completed but didn't have dates for training not yet complete and is filled out as trainings are done with staff.
Training plan was immediately developed to meet all requirements including, date, location and source on 8/02/24 by administrator. (see attached)
Moving forward, administrator will complete annually trains plan fully at the beginning of the year to meet compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: *08/13/2024*

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

85d - Trash Receptacles

4. Requirements

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The home's two bathrooms situated adjacent to the lobby and the south wing shower room, contained uncovered trash receptacles.

Plan of Correction ***Accept ([redacted] - 08/21/2024)***

Some of homes bathrooms did not have garage cans that had lids.
Upon inspection administrator ordered all new garbage cans to ensure compliance with DHS regulations.
Garbage cans were replaced in all bathrooms on 08/01/24.
Night shift staff will check bathrooms nightly to ensure garbage cans all have lids and will let administrator know of any issues.
Administrator will address any issues and they are presented.

Licensee's Proposed Overall Completion Date: *08/13/2024*

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

103c - Food Protected

5. Requirements

2600.
103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

During the inspection, a sliced cake was sitting on the counter on individual plates, with no cover.

103c Food Protected *(continued)*

Plan of Correction ***Accept ([redacted] - 08/21/2024)***

During inspection slice cake was left on counter sliced to be served.
Staff was trained on how to prepare and store food on 08/05/24. (see attached)
Moving Forward, all shifts will make sure all food is protected from contamination until served to residents.
Any issues with food being prepared, stored and/ or served administrator will be notified and will address immediately to meet all DHS regulations.

Licensee's Proposed Overall Completion Date: *08/13/2024*

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

103f - Refrigerator/Freezer Temps

6. 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

The freezer located in the kitchen measured 10 degrees Fahrenheit, the small Pantry freezer measured six degrees Fahrenheit, and the large standalone freezer in the Pantry measured 16 degrees Fahrenheit.

Repeat Violation 08/09/2023, et al.

Plan of Correction ***Accept ([redacted] - 08/28/2024)***

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.
Some of the freezers in the facility were above the required degrees when being inspected.
All freezers were adjusted to meet the proper temperatures by night shift staff on 7/30/24. 2 of the 3 freezers temperatures had to be adjusted to meet proper temperatures. The 3rd freezer when checked was below 0 degrees F.
Staff notified administrator of any actions they had to take to ensure all freezers where at proper temperature.
Moving forward, refrigerators will be checked nightly by night shift staff members to ensure all of the refrigerators and freezers have thermometers and are working properly.
Administrator will do a walkthrough of the kitchen and pantry weekly (every Monday morning) to ensure compliance with all DHS regulations.

Licensee's Proposed Overall Completion Date: *08/27/2024*

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

103h - Thawing Food

7. Requirements

2600.
103.h. Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

Description of Violation

At 9:50, during initial walk through, raw chicken was observed sitting in an empty sink thawing.

103h - Thawing Food *(continued)*

Plan of Correction ***Accept [redacted] - 08/21/2024)***

Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process. Upon inspection chicken was left out to thaw in empty sink.
Chicken was thrown away by administrator immediately.
Staff was trained on how to prepare and store food on 08/05/24. (see attached)
Moving Forward, all shifts will make sure all food is protected from contamination until served to residents.
Any issues with food being prepared, stored and/ or served administrator will be notified and will address immediately to meet all DHS regulations.

Licensee's Proposed Overall Completion Date: *08/13/2024*

Implemented [redacted] - 08/30/2024)

103i - Outdated Food

8. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A dented can of Campbell's soup was discovered on a shelf in the home's Pantry.
Repeat Violation 08/09/2023, et al.

Plan of Correction ***Accept [redacted] - 08/21/2024)***

Outdated or spoiled food or dented cans may not be used.
A dented can of Campbell's soup was discovered on a shelf in the home's Pantry.
Can was immediately throw away upon finding
Moving forward, all food will be checked by staff receiving delivery for any dente or damaged cans and will be thrown away immediately.
Once a week night shift will check pantry for any dented cans and let administrator know of any issues. (every Sunday night)
Once a week (every Monday) the administrator will do a walkthrough of the kitchen and pantry to ensure compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: *08/13/2024*

Implemented [redacted] - 08/30/2024)

144b - Policy on Smoking

9. Requirements

2600.
144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home is designated as a non-smoking home. At 9:45am, during initial walk through, a resident was observed on the back patio smoking.

Plan of Correction ***Accept [redacted] - 08/21/2024)***

The home rules shall specify whether the home is designated as smoking or nonsmoking.

144b - Policy on Smoking (continued)

Upon inspection a news resident to the facility was observed smoking a vape pen on the outside patio of the facility.
Administrator immediately addressed smoking issue with resident and informed him the campus was non smoking per his admission agreement.
Resident was not smoking upon initial admission and facility was unaware at the time resident started smoking again.
Admission agreement states the facility is a nonsmoking facility and residents are made aware of the smoking policy upon admission.
Moving forward, administrator will ensure smoking policy is met by reminding all residents regularly of the nonsmoking policy.
Staff will address any smoking issues in future with administrator and they will be addressed immediately.
Resident smoking was a respite patient and was discharged from facility on 08/01/24.
Administrator will address any smoking issues to meet DHS regulations.

Licensee's Proposed Overall Completion Date: *08/13/2024*

Implemented (- 08/30/2024)

182b - Prescription Medication

10. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B completed the initial MedTech training on . The annual re-certification does not indicate a date the re-certification was completed.

Plan of Correction ***Accept (- 08/21/2024)***

Prescription medication that is not self-administered by a resident shall be administered by one of the following:
A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.
Upon inspection Staff person B initial training on 10/05/23 did not have all dates filled in on all required documentation.
Med trainer was contacted and notified of the error on paperwork and all paperwork was reviewed by med trainer and administrator together to ensure everything was completed properly and fully.
Moving froward upon initial and annual training of all med techs, Med trainer will make sure all documentation is completed fully.
Med tech will audit all trainings quarterly to ensure all documentation is completed fully and correctly.
Administrator will audit all med training charts after med trainer does quarterly and review to ensure all documentation is completed properly.

Licensee's Proposed Overall Completion Date: *08/13/2024*

Implemented - 08/30/2024)

183b - Meds and Syringes Locked

11. 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

During initial physical site inspection at approximately 9:40am, it was discovered that an unattended medication cart, situated near the dining room, was unlocked. The cart contained resident medications.

Plan of Correction ***Accept [redacted] 08/21/2024)***

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.
During initial physical site inspection at approximately 9:40am, it was discovered that an unattended medication cart, situated near the dining room, was unlocked. The cart contained resident medications.
Immediately upon finding cart was locked.
One of the drawers on the cart was not fully closed all the way and sometimes gets stuck.
Facility is in the process of replacing the med cart at this time.
Moving forward ,until the medication cart is replaced, although it could be locked both medication carts will be kept in a locked room in the north wing were residents cannot access and only staff can by key.
Med tech/ LPN in charge of med cart for each shift will ensure that med carts are locked and room is locked during shift.
Any issues will be address with administrator at time.

Licensee's Proposed Overall Completion Date: *08/15/2024*

Implemented [redacted] - 08/30/2024)

187a - Medication Record

12. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
6. Dose.
7. Route of administration.
8. Frequency of administration.

Description of Violation

Resident #1 has an order for [redacted]. The resident's Medication Administration Record omitted the medication dose, route of administration, and frequency of administration.

Plan of Correction ***Accept [redacted] - 08/21/2024)***

A medication record shall be kept to include the following for each resident for whom medications are administered:Dose, Route of Administration and frequency of administration.
Resident #1 has an order for [redacted] The resident's Medication Administration Record omitted the medication dose, route of administration, and frequency of administration.
Upon inspection the Residents Medication Administration Record did not have noted for medication "to inject subcutaneously" per sliding scale daily before meals.
Medication trainer was notified as well as head nurse and MAR was adjusted to meet all DHS regulations.

187a Medication Record (continued)

Moving Forward, med trainer will audit all medication administration records at the end of each month for the following month to ensure all are written completely and properly.
Administrator and Head nurse will audit all med carts quarterly to ensure compliance with DHS regulations (please see attached new medication administration record for resident 1.)

Licensee's Proposed Overall Completion Date: *08/14/2024*

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

227d - Support Plan Medical/Dental

13. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's Assessment and Support Plan was incomplete, it was missing information to meet the residents medication need and did not identify the responsible party.

Resident #1 utilize a bedside enabler bar for transfers. However, the resident's Assessment and Support plan does not identify the need for this equipment. Additionally, the resident's chart does not reflect the specific need for the device, the intended use and any associated risks, the residents' ability to use the device safely for the purpose it was intended, and the specific device being used and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Accept [redacted] - 08/21/2024)***

Resident # 2 Assessment and Support Plan was incomplete, it was missing information to meet the residents medication need and did not identify the responsible party.
Resident assessment and support plan was updated for plan to meet medication needs.
Resident was educated on self administering medication, dosage, frequency and re ordering of all medications.
Resident will notify head of shift when medication is low and staff will reorder all residents medication as needed.
Once monthly head nurse will check in with resident to ensure all medication needs are being met and there are no problems with self administer medication.
Head nurse will address any issues with administrator as they arise and family will be notified in necessary.
(please see attached updated section of RASP to meet residents needs.)

Resident #1 utilize a bedside enabler bar for transfers. However, the resident's Assessment and Support plan does not identify the need for this equipment. Additionally, the resident's chart does not reflect the specific need for the device, the intended use and any associated risks, the residents' ability to use the device safely for the purpose it was intended, and the specific device being used and whether a cover is required to meet FDA guidelines.

Residents RASP, and chart were updated to ensure all residence mobility needs are being met. please see all attached documentation is regarding to bed rail and all information to comply to DHS regulations and meet residents safety needs.

Licensee's Proposed Overall Completion Date: *08/16/2024*

227d Support Plan Medical/Dental *(continued)*

Implemented ([redacted] 08/30/2024)