pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **CPSR ASSOCIATES LLC**
LEGAL ENTITY

To operate **MON VALLEY CARE CENTER**
NAME OF FACILITY OR AGENCY

Located at **200 STOOPS DRIVE, MONONGAHELA, PA 15063**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

PROVISIONAL

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **41**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **April 27, 2023** until **October 27, 2023**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **418161**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: **APRIL 27, 2023**

[redacted]
CPSR Associates LLC
200 Stoops Drive
Monongahela, Pennsylvania 15063

RE: Mon Valley Care Center
License/COC #: 418161

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 1, 2022, November 2, 2022, and February 2, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 418160) dated February 27, 2023 – February 27, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 27, 2023 to October 27, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141(a)	II	35	$5	$175	5 calendar days from mailing date of this letter
141(b)(1)	II	35	$5	$175	5 calendar days from mailing date of this letter
225(a)	II	35	$5	$175	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *MON VALLEY CARE CENTER* **License #:** *41816* **License Expiration:** *02/27/2023*

Address: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*

County: *WASHINGTON* **Region:** *WESTERN*

Administrator

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

Legal Entity

Name: *CPSR ASSOCIATES LLC*

Address: *200 STOOPS DRIVE, MONONGAHELA, PA, 15063*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date:** *11/14/2002* **Issued By:** *Dept of Health*

Type: *Other* **Date:** *11/18/2002* **Issued By:** *Carroll Twp.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *43* **Waking Staff:** *32*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date:** *11/02/2022*

Inspection Dates and Department Representative

11/01/2022 - On-Site: [redacted]

11/02/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* **Residents Served:** *34*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *34*

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

Have Mobility Need: *9* **Have Physical Disability:** *0*

Inspections / Reviews

11/01/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/25/2022*

11/28/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/03/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/02/2022*

12/05/2022 - POC Submission

Submitted By: [redacted] **Date Submitted**: *01/03/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *01/05/2023*

04/03/2023 - Document Submission

Submitted By: [redacted] **Date Submitted**: *01/03/2023*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

25a - Written Contract and Review

1. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

No resident-home contract was completed for resident #1, who was admitted to the home on [redacted].

No resident-home contract was completed for resident #2. who was admitted to the home on [redacted]

REPEAT VIOLATION: 11/8/2021, et. al.

Plan of Correction ***Directed ([redacted] - 12/05/2022)***

Resident #2's contract was completed on 11/18/22. Administrator has reviewed all other resident contracts to ensure they are up to date on 11/28/22. Starting immediately, the administrator will use the new admission checklist to ensure all documentation is completed at the time of admission. The administrator has educated current staff the admission checklist, and will review the checklist with staff semi-annually or sooner if new staff is onboarded.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A resident-home contract shall be completed with resident #1. A copy of the completed resident-home contract shall be given to resident #1 and a copy shall be kept in resident #1's record. [redacted] *12/5/22*

Directed Completion Date: *12/10/2022*

Implemented [redacted] - 04/03/2023)

41e - Signed Statement

2. Requirements

2600.
41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

There is no statement signed by resident #1 acknowledging receipt the resident rights and complaint procedures. Resident #1 was admitted to the home on [redacted]

There is no statement signed by resident #2 acknowledging receipt the resident rights and complaint procedures. Resident #2 was admitted to the home on [redacted]

Plan of Correction ***Accept [redacted] - 12/05/2022)***

Resident #1 admission agreement which includes resident rights and complaint procedures was located and was completed previously. Resident #2 admission agreement which includes resident rights and complaint procedures has also now been completed on 11/18/22. Administrator has reviewed all other resident contracts to ensure they are up to date on 11/28/22. Starting immediately, the administrator will use the new admission checklist to ensure all documentation is completed at the time of admission. The administrator has educated current staff the

41e - Signed Statement (continued)

admission checklist, and will review the checklist with staff semi-annually or sooner if new staff is onboarded.

Licensee's Proposed Overall Completion Date: *01/05/2023*

Implemented [redacted] - 04/03/2023)

132b - Safety Inspection/Fire Drill

3. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 10/5/21.

Plan of Correction ***Accept ([redacted] - 11/28/2022)***

Inspection and fire drill completed 11/4/2022 by [redacted] (Carroll Township Fire Chief) Personal Care Coordinator and Plant Operations Director will schedule the annual inspection and fire drill with local fire chief in advance, noted on outlook calendars with email prompts to ensure completion within required timeframe.

Licensee's Proposed Overall Completion Date: *12/14/2022*

Implemented [redacted] - 04/03/2023)

132c - Fire Drill Records

4. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home conducts the monthly fire drills at the same time the home conducts the fire drills in the skilled nursing unit, which is in the same building as the personal care home. The home's fire drill records for the following fire drills do not indicate how many personal care home residents were present in the home at the time of the drill, how many personal care home residents were evacuated, how many staff persons participated in evacuation of personal care residents, the evacuation times in minutes and seconds and whether the fire alarm or smoke detector was operative:

- *12/30/21 at 3:56 AM*
- *1/31/22 at 2:12 PM*
- *2/25/22 at 3:23 PM*
- *3/30/22 at 11:02 PM*
- *4/27/22 at 9:33 AM*
- *5/31/22 at 2:52 PM*
- *6/29/22 at 10:32 PM*
- *7/23/22 at 1:54 PM*
- *8/30/22 at 7:49 PM*
- *9/30/22 at 5:41 AM*
- *10/18/22 at 9:42 AM*

132c - Fire Drill Records (continued)

Plan of Correction ***Directed (- 12/05/2022)***

Administrator met with plant operations director on 11/3/22 and reviewed regulatory compliance guide with plant operations director. Monthly Fire Drill report has been updated as of 11/04/22 to ensure inclusion of all items noted above- time drill started and was completed, device and location used for drill, name of person from monitoring company receiving signal, location of evacuated residents, time to evacuate residents, and number of personal care staff participating in the drill. Administrator met with plant operations director to discuss initial findings, and discuss state requirements of fire drill report. Going forward, this new report will be used by Plant Operations Director for all fire drills to ensure appropriate items are included. Additionally, the Administrator will review the monthly fire drill reports to ensure fire drills are conducted properly. (DIRECTED: The reviews of the monthly fire drill records conducted by the administrator shall begin within 5 calendar days of receipt of the plan of correction. 12/5/22).

Directed Completion Date: *12/10/2022*

Not Implemented 04/03/2023)

132d - Evacuation

5. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to documentation from the home's most recent fire safety inspection conducted by the fire safety expert on 10/5/21, the maximum evacuation time to the home's fire-safe areas is 5 minutes. However, the home exceeded 5 minutes during the following fire drills:

- *4/27/22 at 9:33 AM-Evacuation time of 6 minutes*
- *7/23/22 at 1:54 PM-Evacuation time of 8 minutes*

Plan of Correction ***Directed - 12/05/2022)***

Plant Operations Director's re-educated personal care staff on evacuation procedures on 11/3/22 to include proper evacuation of residents in a timely manner and proper evacuation location. On 11/4/22, evacuation drill was conducted with a noted response time of 5 minutes as noted by local fire chief in attendance for fire drill. To ensure that staff completes the fire drill properly, during the fire drill the staff will be monitored by maintenance staff, administrator or assistant, and the local fire chief when applicable. Going forward, the plant operations director will continue to provide refresher training to staff as part of the fire drill evacuations and educate any new staff if necessary. Additionally, the administrator will review the fire drill reports monthly to ensure drills are conducted properly and in accordance with state guidelines, and if necessary address any issues and retrain personal care staff. (DIRECTED: The reviews of the monthly fire drill records conducted by the administrator shall begin within 5 calendar days of receipt of the plan of correction. 12/5/22).

Directed Completion Date: *12/10/2022*

Not Implemented - 04/03/2023)

132i - Testing Fire Alarm

6. Requirements

2600.
132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

According to staff person A, Maintenance Director, the fire alarm or smoke detector were not set off during the following nighttime fire drills:

- *12/30/21 at 3:56 AM*
- *3/30/22 at 11:02 PM*
- *6/29/22 at 10:32 PM*
- *9/30/22 at 5:41 AM*

Plan of Correction ***Directed [redacted] - 12/05/2022)***

Administrator met with Plant Operations Director on 11/3/22 to discuss initial findings and educate [redacted] on state requirements for testing fire alarms. Plant Operations Director conducted evacuation/fire drill on 11/4/22 and ensured fire alarm was set off. In the future, Plant Operations Director will ensure the alarm is active during all fire drills. Plant operations director will also include monitoring companies reception of signal and device activated for drill as part of the report. Furthermore, the administrator will review the fire drill reports monthly to ensure drills are conducted properly and in accordance with state guidelines, and if necessary address any issues and retrain personal care staff. (DIRECTED: The reviews of the monthly fire drill records conducted by the administrator shall begin within 5 calendar days of receipt of the plan of correction. [redacted] 12/5/22).

Directed Completion Date: *12/10/2022*

Implemented [redacted] 04/03/2023)

141a - Medical Evaluation

7. 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

A medical evaluation was not completed for resident #2, who was admitted to the home on [redacted]

REPEAT VIOLATION: 11/8/2021, et. al.

Plan of Correction ***Directed [redacted] - 12/05/2022)***

Administrator has completed the DME for resident #2 on 11/3/22. Administrator will conduct an audit of all current residents to ensure completion within the next 30 days. (DIRECTED: The audit of all current resident records shall be conducted by 1/5/23). Going forward the administrator will use the new admission checklist to ensure all documentation is completed at the time of admission. (DIRECTED: The new admission checklist shall be implemented within 5 calendar days of receipt of the plan of correction. Copies of the completed new admission checklists shall be kept in each resident's record. [redacted] 12/5/22). The administrator has trained current staff on the admission checklist, and will review the checklist with staff semi-annually, (DIRECTED: Documentation of the education shall be kept. [redacted] 12/5/22). Administrator will track patients records included on the checklist, keeping

141a - Medical Evaluation (continued)

a database of all residents. This database will include dates of completion for the last evaluation as well as the next due date. Administrator will review database monthly and if necessary preform have new DME's completed with the residents physician.

Directed Completion Date: *01/05/2023*

Not Implemented [redacted] - 04/03/2023)

141b1 - Annual Medical Evaluation

8. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 5/5/21.

Resident #3's most recent medical evaluation was completed on 5/19/21.

Resident #4 most recent medical evaluation was completed on 1/28/21.

REPEAT VIOLATION: 11/8/2021, et. al.

Plan of Correction ***Directed [redacted] - 12/05/2022)***

Administrator had new DME completed on all 3 residents. Resident #1 was completed 11/4/22, Resident #3 was completed 11/10/22, and Resident #4 was completed 11/8/22. Administrator will conduct an audit of all current residents to ensure completion within the next 30 days. (DIRECTED: The audit of all current resident records shall be conducted by 1/5/23). Administrator will track patients records included on the checklist, keeping a database of all residents. Administrator will instruct staff on how to use database to look up patient records. (DIRECTED: The staff education related to the new database shall be completed within 7 calendar days of receipt of the plan of correction. Documentation of the education shall be kept. [redacted] 12/5/22). Administrator will track patients records included on the checklist, keeping a database of all residents. This database will include dates of completion for the last DME as well as the next due date. Administrator will review database monthly and if necessary preform have new DME's completed with the residents physician.

Directed Completion Date: *01/05/2023*

Not Implemented ([redacted] - 04/03/2023)

184a - Resident's Meds Labeled

9. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed Acetaminophen 500 mg – Take 2 tablets by mouth every 6 hours as needed for pain; however, resident #1's pharmacy label indicates Acetaminophen 500 mg – Take 2 tablets by mouth daily.

184a - Resident's Meds Labeled (continued)

REPEAT VIOLATION: 11/8/2021, et. al.

Plan of Correction ***Directed [redacted] - 12/05/2022)***

Administrator addressed labeling issue immediately and double checked med cart. Resident was not harmed by the pharmacy mislabeling. The pharmacy provided a new card with correct label that evening. All other resident pharmacy labels were reviewed for accuracy on 11/20/22. Monthly audits will be conducted the first week of every month to include checking that all medications on MAR are available, that the labels match the MAR and that medications are not expired. (DIRECTED: The monthly audits shall begin within 5 calendar days of receipt of the plan of correction and shall be conducted by a designated staff person qualified to administer medications. [redacted] 12/5/22). Administrator re educated staff 11/20/22 to check new Physician orders against the MAR and medication label for accuracy and to notify pharmacy immediately of any discrepancies (DIRECTED: Documentation of the education shall be kept. [redacted] 12/5/22).

Directed Completion Date: *12/10/2022*

Implemented [redacted] - 04/03/2023)

185a - Implement Storage Procedures

10. 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

On 11/2/22, resident #1's glucometer was not set to the correct time.

On 11/2/22, resident #4's glucometer was not set to the correct date.

On 11/2/22, resident #5's glucometer was not set to the correct date and time.

Plan of Correction ***Directed [redacted] - 12/05/2022)***

Administrator correctly reset all glucometers immediately. Administrator trained staff on proper medical equipment handling procedures on 11/21/22, including checking for correct time and date. Going forward, Administrator or trained staff member will check glucometer time and date on a monthly basis and reset if necessary. (DIRECTED: The monthly glucometer reviews shall begin within 5 calendar days of receipt of the plan of correction and shall include a review of all resident glucometers to ensure they are set to the current date and time. LM 12/5/22).

Directed Completion Date: *12/10/2022*

Not Implemented [redacted] - 04/03/2023)

187a - Medication Record

11. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed Acetaminophen 325 mg – Take 1 tablet by mouth every 4 hours as needed for [redacted]. However, this medication is not present on resident #4's November 2022 medication administration record (MAR).

Resident #5 is prescribed Robafen DM Syrup – Take 1 teaspoon by mouth every 6 hours as needed for [redacted]. However, this medication is not present on resident #5's November 2022 MAR.

Plan of Correction ***Directed ([redacted] - 12/05/2022)***

Administrator immediately contacted pharmacy and corrected MAR for both residents. All other resident pharmacy labels were reviewed against the MAR for accuracy on 11/20/22. Monthly audits will be conducted the first week of every month to include checking that all medications on MAR are available, that the labels match the MAR and that medications are not expired. (DIRECTED: The monthly MAR reviews shall begin within 5 calendar days of receipt of the plan of correction.[redacted] 12/5/22). Administrator re educated staff 11/20/22 to check new Physician orders against the MAR and medication label for accuracy and to notify pharmacy immediately of any discrepancies, (DIRECTED: Documentation of the education shall be kept. [redacted] 12/5/22).

Directed Completion Date: *12/10/2022*

Implemented [redacted] - 04/03/2023)

191 - Resident Right to Refuse

12. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation present indicating resident #1 was educated on their right to question or refuse a medication if the resident believes there may be a medication error. Resident #1 was admitted to the home on [redacted]

There is no documentation present indicating resident #2 was educated on their right to question or refuse a

191 - Resident Right to Refuse (continued)

medication if the resident believes there may be a medication error. Resident #2 was admitted to the home on [redacted]

Plan of Correction ***Directed*** [redacted] ***- 12/05/2022)***

Residents are informed of their rights as part of their agreement with the home.
Resident #1 agreement was completed on 5/10/21 but misplaced. Administrator located agreement and it is now properly filed. Resident #2 agreement was completed on 11/18/22. Delay in completion was due to medical issues with the responsible party. Administrator will ensure all agreements are completed on time and included in the residents records in the future. Administrator has reviewed all other resident contracts to ensure they are up to date on 11/28/22. Going forward the administrator will use the new admission checklist to ensure all documentation is completed at the time of admission. (DIRECTED: The new admission checklist shall be implemented within 5 calendar days of receipt of the plan of correction. Copies of the completed new admission checklist shall be kept in each newly-admitted residents' record. [redacted] *12/5/22). The administrator has shown current staff the admission checklist, and will review the checklist with staff semi-annually,*

Directed Completion Date: *12/10/2022*

Implemented [redacted] ***- 04/03/2023)***

225a - Assessment 15 Days

13. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An assessment was not completed for resident #2, who was admitted to the home on [redacted]

REPEAT VIOLATION: 11/8/2021, et. al.

Plan of Correction ***Directed*** [redacted] ***- 12/05/2022)***

Administrator corrected and completed initial assessment for resident #2 on 11/3/22. starting immediately, Administrator will have a checklist attached to admission packet stating requirements and deadlines for completion and keep documentation that tasks were completed. Administrator has reviewed all other resident contracts to ensure they are up to date on 11/28/22 Going forward the administrator will use the new admission checklist to ensure all documentation is completed at the time of admission. (DIRECTED: Copies of the completed new admission checklist shall be kept in each newly-admitted resident's record. [redacted] *12/5/22). The administrator has shown current staff the admission checklist, and will review the checklist with staff semi-annually. Furthermore, as part of the homes monitoring step, the initial and annual assessment dates will be tracked as part of the resident database, and updated as necessary.*

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator shall review the new admission checklists for all newly-admitted residents monthly for 6 months to ensure the new admission checklist is completed and that an assessment is completed for each newly-admitted resident within 15 days of admission. [redacted] *12/5/22*

225a - Assessment 15 Days *(continued)*

Directed Completion Date: *12/31/2022*

Not Implemented [redacted] - 04/03/2023)

225c - Additional Assessment

14. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's most recent assessment was completed on 5/19/21.

Resident #3's most recent assessment was completed on 5/21/21. Also, resident #3's assessment, dated 5/21/21, does not include an assessment of resident #3's dental, dietary, mental health, cognitive, or social and recreational needs. These sections of the assessment are blank.

Resident #4's most recent assessment was completed on 2/11/21.

Plan of Correction ***Directed ([redacted] - 12/05/2022)***

Administrator completed new assessments for residents #1 on 11/4/22, #3 11/10/22, and #4 11/8/22. Administrator will audit all current residents assessments and support plans to ensure correctness within the next month. DIRECTED: The administrator audit of all current resident records shall be completed by 1/5/23. [redacted] 12/5/22). Going forward Administrator will have a checklist attached to admission packet stating requirements and deadlines for completion and keep documentation that tasks were completed. Administrator will track patients records included on the checklist, keeping a database of all residents. Administrator will instruct staff on how to use database to look up patient records. Administrator will review database monthly and if necessary update patient RASPs accordingly.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator shall create and implement a tracking system to ensure an assessment is completed in its entirety for each resident, at least annually. Documentation of the tracking system shall be kept. The tracking system shall be reviewed monthly by the administrator to ensure timely completion of resident assessments. All staff persons involved in the completion of resident assessments shall be educated on the new tracking system by 12/12/22. Documentation of the education shall be kept. [redacted] 12/5/22).

Directed Completion Date: *01/05/2023*

Not Implemented [redacted] - 04/03/2023)

227a - Support Plan 30 Days

15. Requirements

2600.

227a - Support Plan 30 Days *(continued)*

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

A support plan was not completed for resident #2, who was admitted to the home on [redacted].

Plan of Correction ***Directed [redacted] - 12/05/2022)***

Administrator completed support plan for Resident #2 on 11/3/22. Starting immediately, the administrator will have a checklist attached to admission packet stating requirements and deadlines for completion and keep documentation that tasks were completed. (DIRECTED: Copies of the completed new admission checklist shall be kept in each newly-admitted resident's record. [redacted] 12/5/22). The administrator has shown current staff the admission checklist, and will review the checklist with staff semi-annually, Administrator reviewed all other resident records for up to date support plans on 11/11/22. Administrator will track patients records included on the checklist, keeping a database of all residents. Administrator will instruct staff on how to use database to look up patient records. Administrator will review database monthly and if necessary update patient RASPs accordingly.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator shall review the new admission checklists for all newly-admitted residents monthly for 6 months to ensure the new admission checklist is completed and that a support plan is completed for each newly-admitted resident within 30 days of admission. [redacted] 12/5/22

Directed Completion Date: *12/31/2022*

Not Implemented ([redacted] - 04/03/2023)

227g -Support Plan Signatures

16. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's most recent support plan, dated 5/21/21, is not signed by the staff person who developed the support plan. Also, resident #3's support plan is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction ***Directed [redacted] - 12/05/2022)***

Resident #3s initial care plan was done by previous staff. Administrator has completed new support plan for resident #3 on 11/10/22 and included proper documentation that resident declined to participate. Administrator reviewed all other resident support plans 11/11/22 to ensure they are fully completed and signed by assessor and resident. Administrator re-educated designated staff on the admission packet checklist and required time frames for documentation. (DIRECTED: Documentation of the education shall be kept. [redacted] 12/5/22). As well as educating staff on checking document for accuracy and completion. for the homes monitoring in the future, the administrator will track patients records included on the checklist, keeping a database of all residents. Administrator will instruct staff on how to use database to look up patient records. Administrator will review database monthly and if necessary update patient RASPs accordingly.

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator shall review the new

227g -Support Plan Signatures (continued)

admission checklists for all newly-admitted residents monthly for 6 months to ensure the new admission checklist is completed, a support plan is completed for each newly-admitted resident within 30 days of admission and that the support plan is signed by all parties. [redacted] *12/5/22*

Directed Completion Date: *12/31/2022*

Implemented ([redacted] - 04/03/2023)

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

Facility Information

Name: *MON VALLEY CARE CENTER* **License #:** *41816* **License Expiration:** *02/27/2024*

Address: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*

County: *WASHINGTON* **Region:** *WESTERN*

Administrator

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

Legal Entity

Name: *CPSR ASSOCIATES LLC*

Address: *200 STOOPS DRIVE, MONONGAHELA, PA, 15063*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date:** *11/14/2002* **Issued By:** *Department of Health*

Type: *Other* **Date:** *11/18/2002* **Issued By:** *Carroll Twp.*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *50* **Waking Staff:** *38*

Inspection Information

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

Reason: *Monitoring* **Exit Conference Date:** *02/02/2023*

Inspection Dates and Department Representative

02/02/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* **Residents Served:** *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *10*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *35*

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

Have Mobility Need: *15* **Have Physical Disability:** *0*

Inspections / Reviews

02/02/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/17/2023*

02/27/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/31/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/03/2023*

03/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *03/31/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/01/2023*

04/03/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *03/31/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

65i - Training Record

1. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The records of training for numerous trainings, to include glucometer training, MAR/pharmacy label training and resident dashboard training, do not include the date, source or length of each course.

Plan of Correction ***Directed [redacted] - 03/06/2023)***

On 2/2/23 Administrator educated herself on the 2600 65.i regulation and obtained the correct Adult Residential Licensing PCH Record of Training form with all the info that is required for training documentation. The administrator updated the training records to reflect the correct form on 2/7/23 Going forward, copies of the correct forms are located in the training binder to be used for all future trainings and records will be kept appropriately per regulations.

DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall review all training records to ensure each training record contains all items specified in 2600.65i. [redacted] 3/6/23

Directed Completion Date: *03/09/2023*

Not Implemented [redacted] - 04/03/2023)

132c - Fire Drill Records

2. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home conducts the monthly fire drills at the same time they conduct the fire drills for the skilled nursing facility, which is in the same building as the personal care home. All fire drills are documented on the same fire drill record.

The home's fire drill record for the fire drill conducted on 11/4/22 at 10:06 AM does not indicate how many personal care residents were present at the time of the fire drill, how many personal care residents were evacuated, how many staff persons from personal care participated in the fire drill or the evacuation time in minutes and seconds.

The home's fire drill record for the fire drill conducted on 11/30/22 at 3:55 PM does not indicate the number of personal care residents evacuated or the exit routes that were used. Also, the fire drill record indicates residents were evacuated in 4 minutes; however, the fire drill record also indicates the fire drill started at 3:55 PM and concluded at 4:00 PM, which is 5 minutes.

The fire drill record for the fire drill conducted on 12/29/22 at 5:47 AM does not indicate the number of personal care residents evacuated or the specific exit routes used.

132c - Fire Drill Records (continued)

The fire drill record for the fire drill conducted on 1/26/23 at 1:31 PM does not indicate the number of personal care residents evacuated.

Plan of Correction ***Accept (- 03/06/2023)***

On 2/2/23 Administrator with the assistance of the state inspector looked up the Adult Residential Licensing PCH Fire Drill Record. Form was printed and copies made. On 2/2/23 Administrator reviewed the correct form with Plant Operations Manager and the requirements for its use per PCH Licensing. This staff education was documented in the training record. Going forward this form will be used for all fire drills on the PCH floor. Records will be kept and audits of the form will be conducted monthly beginning in March 2023 by Administrator and Plant Operations Manager. This audit will include review of the previous month's fire drill records to ensure compliance with the requirements of 2600.132c. Should any issues arise, Plant operations manager and administrator will discuss and correct as necessary.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Not Implemented - 04/03/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on 1/28/21.

Resident #2's most recent medical evaluation was completed on 3/17/21.

Resident #3's most recent medical evaluation was completed on 1/11/21.

REPEAT VIOLATION: 11/8/2021, et al.

Plan of Correction ***Directed 03/06/2023)***

Administrator obtained/completed [DME/RASPS] for all 3 residents listed Resident #1 on 2/16/23, Resident #2 on 2/15/23 and Resident #3 on 2/16/23. Administrator has conducted an audit of all resident records and is currently working on updating all out of date items with an estimated completion date of 3/31/23. Going forward the administrator has created a tracking system for tracking resident records. The administrator has educated management staff on use of the tracking system. (DIRECTED: Documentation of the education shall be kept. LM 3/6/23). On the first working day of every month, the staff will review the spreadsheet and update DME/RASPS as necessary. (DIRECTED: The monthly review of the tracking system shall begin on 4/1/23. 3/6/23).

Directed Completion Date: *04/01/2023*

141b1 - Annual Medical Evaluation *(continued)*

Not Implemented [redacted] - 04/03/2023)

185a - Implement Storage Procedures

4. 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 #4 is prescribed Ondansetron 4 mg–Take 1 tablet by mouth every 8 hours as needed for [redacted]; however, this medication was not available in the home for administration.

Plan of Correction ***Accept [redacted] - 03/06/2023)***

On 2/2/23 Administrator contacted PCP and Pharmacy to correct missing medication. Pharmacy refilled the medication 2/2/23. Administrator also educated staff on 2/2/23 on contacting the PCP and/or Pharmacy to reorder medications when supply is low, and education was documented in training record. Administrator assigned med tech to review all other residents meds to ensure medications were available. Beginning 3/1/23 monthly cart/medication audits will be conducted by Administrator and/or designated staff person on all residents to ensure that all medication is available.

Licensee's Proposed Overall Completion Date: *03/31/2023*

Not Implemented ([redacted] 04/03/2023)

225a - Assessment 15 Days

5. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

No assessment was completed for resident #5, who was admitted to the home on [redacted].

No assessment was completed for resident #6, who was admitted to the home on 1[redacted].

REPEAT VIOLATION: 11/8/2021, et al.

Plan of Correction ***Directed ([redacted] - 03/06/2023)***

Administrator completed new assessments on Resident # 5 on 2/14/23 and Resident #6 on 2/7/23. Administrator has conducted an audit of resident assessments and care plans, and is currently working to update all as required. Estimated completion date is 3/31/23. Administrator has reeducated staff on use of admissions checklist for new residents on 2/21/23. (DIRECTED: Documentation of the education shall be kept.[redacted] 3/6/23). Going forward the administrator will utilize the resident tracking spreadsheet to ensure assessment and support plans are completed as required. Beginning 3/1/23, the administrator will monitor staff to ensure checklist is included with admissions packet. Upon arrival of a new admission, the administrator will review the completed admission packet to ensure all forms are completed. (DIRECTED: Beginning on 3/10/23: The administrator shall review the new admission

225a - Assessment 15 Days (continued)

tracking sheet within 15 days of each new resident's admission to ensure an assessment is completed for each newly-admitted resident within 15 days of admission. [redacted] 3/6/23). Administrator will continue to review any new admission packets for 3 months.

Directed Completion Date: *03/31/2023*

Not Implemented [redacted] - 04/03/2023)

225c - Additional Assessment

6. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on 2/1/21.

Resident #2's most recent assessment was completed on 3/30/21.

Resident #3's most recent assessment was completed on 2/5/21.

Plan of Correction ***Directed ([redacted] - 03/06/2023)***

Administrator obtained/completed [DME/RASPS] for all 3 residents listed Resident #1 on 2/16/23, Resident #2 on 2/15/23 and Resident #3 on 2/16/23. Administrator has conducted an audit of all resident records and is currently working on updating all out of date items with an estimated completion date of 3/31/23. Going forward the administrator has created a tracking system for tracking resident records. The administrator has educated [redacted] management staff on use of the tracking system. (DIRECTED: Documentation of the education shall be kept. [redacted] 3/6/23). On the first working day of every month, the staff will review the spreadsheet and update DME/RASPS as necessary. (DIRECTED: The monthly review of the tracking system shall begin on 4/1/23. [redacted] 3/6/23).

Directed Completion Date: *04/01/2023*

Not Implemented ([redacted] - 04/03/2023)

227a - Support Plan 30 Days

7. Requirements

2600.
227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

No support plan was completed for resident #5, who was admitted to the home on [redacted]

No support plan was completed for resident #6, who was admitted to the home on [redacted]

Plan of Correction ***Directed ([redacted] - 03/06/2023)***

Administrator completed new assessments on Resident # 5 on 2/14/23 and Resident #6 on 2/7/23. Administrator

227a - Support Plan 30 Days (continued)

has conducted an audit of resident assessments and care plans, and is currently working to update all as required. Estimated completion date is 3/31/23. Administrator has reeducated staff on use of admissions checklist for new residents on 2/21/23. (DIRECTED: Documentation of the education shall be kept. [redacted] 36/6/23). Going forward the administrator will utilize the resident tracking spreadsheet to ensure assessment and support plans are completed as required. Beginning 3/1/23, the administrator will monitor staff to ensure checklist is included with admissions packet. Upon arrival of a new admission, the administrator will review the completed admission packet to ensure all forms are completed. (DIRECTED: Beginning on 3/10/23: The administrator shall review the new admission tracking sheet within 30 days of each new resident's admission to ensure a support plan is completed for each newly-admitted resident within 30 days of admission. [redacted] 3/6/23). Administrator will continue to review any new admission packets for 3 months.

Directed Completion Date: *04/01/2023*

Not Implemented [redacted] - 04/03/2023)