



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

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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

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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

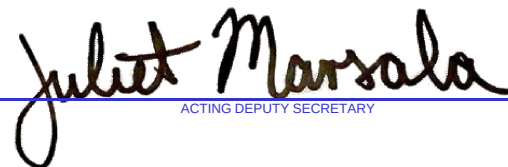
55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 16, 2023 until October 16, 2024,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **418160**


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 628 – 04/23



Mailing Date: October 16, 2023

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

RE: Mon Valley Care Center
License #: 418160

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on September 9, 2023 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in dark ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *MON VALLEY CARE CENTER* License #: *41816* License Expiration: *10/27/2023*
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] [REDACTED] [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 Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: *09/08/2023*

Inspection Dates and Department Representative

09/08/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* Residents Served: *39*

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: *39*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *15* Have Physical Disability: *0*

Inspections / Reviews

09/08/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2023*

09/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/03/2023

10/05/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

[REDACTED] [REDACTED]

Follow-Up Type: Exception

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct Care Staff person A was hired on [REDACTED]/2023; however, the staff person's criminal background check was not completed until 8/1/2023.

Plan of Correction

Accepted [REDACTED] - 09/27/2023)

Administrator met with H.R. 9/8/23 to educate themselves on criminal background check policies. H.R. immediately began audit of recent hire files to review background checks to ensure completion in required time frame. H.R. has put in place a checklist for completion of new hire policies. and documentation will be kept. Going forward Administrator and H.R. will review new hire files within month of start date to ensure all information is in compliance.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/05/2023)

121a - Unobstructed Egress

2. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/8/2023 at approximately 10:00 am, there were mesh banners with the word "STOP" in red letters across the stairs on each of the third floor exit stairwells.

Plan of Correction

Accepted [REDACTED] 09/27/2023)

Plant operations manager immediately removed mesh stop banners from stairwells. Administrator and Plant operations manager re educated themselves on policy for unobstructed egress on 9/8/23. Also on 9/8/23 Administrator met with staff to educate on importance of not blocking exits. Administrator/Manager on duty will do daily walkthrough of building to ensure no egress is obstructed, and continue to educate staff as needed.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/05/2023)

132g - Fire Drills Days/Times

3. Requirements

2600.

- 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Fire drills were routinely held at the end of the month for the following fire drills:

8/30/2023; 7/26/2023; 6/30/2023; 5/30/2023; 4/27/2023; 3/30/2023; 2/27/2023; 1/26/2023 and 12/29/2023.

132g - Fire Drills Days/Times (continued)

Plan of Correction**Accepted** [REDACTED] - 09/27/2023)

Administrator met with Plant operations manager 9/8/23 to review violation of fire drill days/times. Plant operations manager acknowledged the requirement to have drills on different days and times. Going forward fire drills will be held in accordance of regulation. Documentation of fire drills will be kept to show compliance of different days/times.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] 10/05/2023)

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #1 self-administers Nitroglycerin sublingual, 0.4 mg under tongue every 5 minutes times 3 doses as needed for chest pain; however, resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction**Accepted** [REDACTED] - 09/27/2023)

Administrator met with resident and spoke to family on 9/8/23 about medication. Administrator educated both parties that medication cannot be kept in a residents room and must be given to Nurse/Med Tech to store in med cart. Continuation of monthly cart audits, next being in October, will be done by Administrator/Med tech to ensure that all prescribed medications on MAR are in cart.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/05/2023)

187a - Medication Record

5. 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.

Description of Violation

Resident #2 is prescribed Furosemide 40 mg, take 1 tablet by mouth every 12 hours as needed; however, this medication is not listed on the resident's medication administration record (MAR).

Repeat violation 11/1/2022

187a - Medication Record (continued)

Plan of Correction**Accept (JW - 09/27/2023)**

On 9/8/23 Administrator immediately contacted Hospice provider that prescribed the medication, and had sent order directly to pharmacy, that facility needs copy of order sent to us. Administrator educated Hospice provider the importance that for any order prescribed, the facility needs to have a copy not just the pharmacy. Administrator educated Med techs that when new medication arrives they must check that we have the order for medication and that med is on the MAR before med is to be placed in cart for accuracy. Continuation of monthly cart audits, next being in October, will be done by Administrator/Med tech to ensure that all prescribed medications are on MAR and in cart.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [REDACTED] - 10/05/2023)