



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

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Room 230  
Pittsburgh, Pennsylvania 15222

**ADULT RESIDENTIAL LICENSING**

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Mailing Date: FEB 18 2011

Mr. Philip M. Ripepi, NHA  
CPSR Associates, LLC  
500 Lewis Run Road  
Pittsburgh, Pennsylvania 15122

RE: Mon Valley Care Center  
200 Stoops Drive  
Monongahela, Pennsylvania 15063

Dear Mr. Ripepi:

As a result of the Department of Public Welfare's licensing inspection on October 26, 2010 and October 27, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.


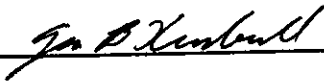
Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

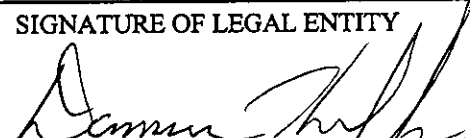
Enclosure(s)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MON VALLEY CARE CENTER, 200 STOOPS DRIVE MONONGAHELA, PA 15063		CURRENT LICENSE NUMBER 418160	
INSPECTION DATES (Include all dates of the inspection) 10/26/2010 and 10/27/10		REGIONAL REPRESENTATIVE Susan Pollock, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 1/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  (J)	DATE 2-3-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> <p style="text-align: center;">JAN 31 2011</p> <p>Adult Residential Licensing</p>	<p>On 09-22-2010, an allegation of abuse was made against staff person A regarding resident #1. The home did not develop and implement a plan of supervision or suspend staff person A.</p>	<p>10-27-10</p>	<p>Resident Care Coordinator will immediately develop + implement a plan of supervision or suspend staff person involved in the alleged incident</p> <p>① Attached - Sample of plan of supervision that would be implemented immediately</p> <p>An Allegation of abuse of a resident involving a staff person</p> <p>② Attached Supervisor sheets for staff member (A)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2-3-11</p> <p>Date: _____ Initials: _____ DPW: _____</p>

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME MON VALLEY CARE CENTER, 200 STOOPS DRIVE MONONGAHELA, PA 15063		CURRENT LICENSE NUMBER 418160	
INSPECTION DATES (Include all dates of the inspection) 10/26/2010 and 10/27/10		REGIONAL REPRESENTATIVE Susan Pollock, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-7-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 9/22/10 Staff Member C reported to the homes Human Resource Coordinator that staff member A grabbed resident #1 by the shirt and yelled "Don't you ever do that again". Staff Member B was an additional witness.	2/4/11	An Inservice will be conducted for all staff persons by ombudsman [redacted] on 2-4-11 at 2PM she will cover 1) The role of the ombudsman 2) Resident rights 3) Reporting in a timely fashion  Staff member (A) will continue with supervision until advised otherwise by [redacted] <small>staff person &amp; will be notified by administrator. Residents will be suspect that staff</small> 2) Attached Inservice meeting for staff	Steps have been taken to correct violation; full compliance is not verifiable 2-7-11 Date Initials DPW
<div style="display: flex; justify-content: space-between;"> <span>Western Region</span> <span>JAN 31 2011</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Adult Residential Licensing</span> </div>				