

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MON-YOUGH COMMUNITY SERVICES, INC.

To operate MON-YOUGH COMMUNITY SERVICES

Located at 624 LYSLE BLVD., MCKEESPORT, PA 15132

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 45
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

and shall remain in effect from May 27, 2011 until May 27, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430030

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 31 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Noreen Fredrick, Executive Director
Mon-Yough Community Services, Inc.
Attn: Chris Zeolefrow
500 Walnut Street
McKeesport, Pennsylvania 15132

RE: Mon-Yough Community Services
624 Lysle Boulevard
McKeesport, Pennsylvania 15132

Dear Ms. Fredrick:

As a result of the Department of Public Welfare's licensing inspection on April 19, 2011 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

| | | | |
|--|----------------|---|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME MON YOUGH COMMUNITY SERVICES, 624 LYSLE BLVD MCKEESPORT, PA 15132 | | CURRENT LICENSE NUMBER 430031 | |
| INSPECTION DATES (Include all dates of the inspection) 04/19/2011 | | REGIONAL REPRESENTATIVE N. Mandock, A. Schumacher | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Chris Zellefow MM Residential Manager, Administrator</i> | | | |
| SIGNATURE OF LEGAL ENTITY <i>CS</i> | DATE 5/3/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Ferguson (JJP)</i> | DATE 5-16-11 |

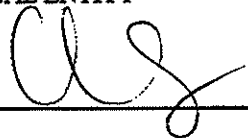

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|---|--|-----------------------------|---|-----------------------------|
| 123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept. | The home's emergency procedures are not posted in a conspicuous and public place in the home. | 4/19/11 | Emergency procedures were posted on three different bulletin boards throughout the home at the time of the licensing visit. The home's Assistant Supervisors will check weekly to ensure that the copies remain posted. They will add this task to their compliance checklist to ensure they complete the checks. Extra copies will be kept on file so that if one is missing it can be replaced immediately. | 5-16-11 <i>JJP</i> |
| 132f Alternate exit routes shall be used during fire drills. | The home's 2nd floor residents used only the front exit (5th Avenue exit) for all monthly fire drills from 06/10 to 04/11. | 5/1/11 | The home's fire drill schedule will indicate which exits should be used during a drill to ensure that alternative exits are being used during the monthly drills. The fire drill logs will be reviewed by supervisory staff on a monthly basis to ensure that alternate routes are used and that all aspects of the drills are in compliance. Any issues will be immediately addressed by | 5-16-11 <i>JJP</i> |

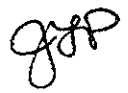
Western Region

5

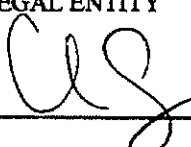
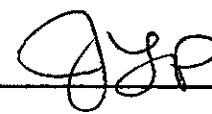
Steps have been taken to correct violation; full compliance is not verifiable
 Date: 5-16-11
 Initials (DPAW): *JJP*


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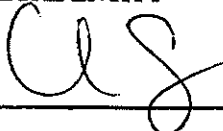

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|---|--|-----------------------------------|---|---|
| 141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization | The medical evaluation for resident #1, dated 12/20/10, does not include the resident's medication regimen. <div style="text-align: center; font-size: 2em; opacity: 0.5;">Western region</div> | 5/3/11 | The medical evaluation indicates "see attached" for the med list and there was an attachment with the med list, however the attachment was not signed and dated by the physician. The Administrator reviewed with supervisory staff the necessity of having all pages that are attached signed and dated by the physician and that the date of the signature on any attachment must match the date of the medical assessment. This information was completed by the referral source prior to admission. The procedure listed below (226a) that was implemented in January 2011, will eliminate further issues. Any paperwork that is not attached or missing signatures will be returned to the referral source and admission to the home will be delayed until all → | 5-16-11  |


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| history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request. | Western Region 5 | | Paperwork is signed and dated. The home's registered nurse and/or administrator will ensure compliance by reviewing all admission paperwork. Resident #1's medical evaluation was updated to include the physician's name and date on the attachment of medications. 5-16-11  | |

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|---|--|---|---|---|
| 226a The resident shall be assessed for mobility needs as part of the resident's assessment. | Resident #2's assessment, completed on 10/26/10, lists the resident as independently mobile with use of an ambulation device. The medical evaluation for resident #2, dated 10/14/10, lists the resident as unable to move from one location to another without physical assistance. | 5/15/11 Procedure in place since January 2011 MA 51 and assessment will be completed for this resident by 5/15/2011 | MYES implemented a process in January 2011 to have the home's Registered Nurse review all admission paper work including MA 51's, pre-admission screenings and assessments to ensure that all required paperwork is consistent, thorough and accurate. If there are any issues with the paperwork, the RN will communicate this to the referral source and get clarification. This resident was admitted prior to this process being in place but moving forward the RN will review all information and keep documentation of the review on file. This review will catch any discrepancies such as the one with the mobility assessment and any issues will be resolved prior to admission. A new assessment and MA 51 will be completed for this resident. | 5-16-11  |
| Western Region | | | | |
| 5 2011 | | | | |
| Adult Residential Licensing | | | | |