

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

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 _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

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 Public Welfare 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 February 27, 2013 until February 27, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **418160**

Robert E. Robinson
ISSUING OFFICER

[Signature]
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.



JAN 10 2013

Mr. Damian Knauff, PCH Administrator
CPSR Associates, LLC
500 Lewis Run Road
Pittsburgh, Pennsylvania 15122

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

Dear Mr. Knauff:

As a result of the Department of Public Welfare's licensing inspection on November 14, 2012, and the corrections you have made after our inspection, we have found the above personal care home 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 black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 41816 - 11/14/2012 - Glidden, Michelle
PCH Name: MON VALLEY CARE CENTER

DEC 6 2012

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

A copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

RCC or designee will check current license, a copy of the current licensing inspection summary and chapter 55, in a conspicuous and public place each day as per regulation PA Code 2600 3c for 3 months starting 11/29/12
See Attached sheet

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Damian Krawiec*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DAMIAN KRAWIEC PCHA RN Date 11/29/2012

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/5/12 (Date)

The above plan of correction was approved by MS (Initials)

Plan of correction implementation status as of 12/5/12 (Date)

- Fully Implemented MS
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 41816 - 11/14/2012 - Glidden, Michelle
 PCH Name: MON VALLEY CARE CENTER

DEC 3 2012

1. REGULATION 55 Pa.Code §2600
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.
Field Office
 Adult Protective Licensing

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the 3rd floor medication room does not include a breathing shield or eye coverings.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Rcc or designee will check first aid kit to ensure it is fully stocked and in compliance with regulation PA 55 2600.96(a) weekly for three months to prevent a similar violation from occurring starting 12/3/12
 See Attached Sheet

A breathing shield and eye coverings have been placed in the first aid kit in the 3rd floor medication room.
 MS 12/5/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Diana Huff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) DAMIAN KWAKKE PCH, RN Date 11/29/2012

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The above plan of correction was approved by <u>MS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented MS <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 41816 - 11/14/2012 - Glidden, Michelle
 PCH Name: MON VALLEY CARE CENTER

RECEIVED

1. REGULATION 55 Pa.Code §2600
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.
 DEC 5 2012

2a. DESCRIPTION OF VIOLATION
 There were two large, uncovered trays of bread sticks in the walk-in cooler of the main kitchen
 Western Field Office
 Adult Food Service Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Director of Nutritional Services or designee will check if all food is protected from contamination in main kitchen. This procedure will take place at least twice a day, 5 days per week for one month - starting 11/29/12. There after checking procedure will continue weekly times 3 months. In service for all dietary staff on food contamination will be provided by November 30th 2012. Material to be discussed on contamination. See attached sheet so to be in compliance with regulation 55 Pa Code 2600.

The bread sticks were served for lunch on 11/14/12.
 MS 12/5/12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Damian Knauff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DAMIAN KNAUFF PCMA, RN** Date **11/29/2012**

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Violation Report: 41816 - 11/14/2012 - Glidden, Michelle
 PCH Name: MON VALLEY CARE CENTER

DEC 9 2012

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Western Field Office
 Adult Behavioral Branching

- (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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 includes Namenda, 5mg - take one tablet by mouth two times a day; however, the label on the container of medication indicates Namenda, 10mg - take one tablet by mouth two times a day.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Rec/12CCA or designee will check all medications on the first of every month to ensure administration record matches the label on container as per regulation 2600 187a for 3 months

See Attached Sheet.

The medication administration record for resident #2 has been changed to match the label on the container of Namenda. MS 12/5/12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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