



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAY 28 2013

Ms. Noreen Fredrick, Executive Director
Mon Yough Community Services, Inc.
500 Walnut Street
McKeesport, Pennsylvania 15131

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

Dear Ms. Fredrick:

This is to acknowledge receipt of your request to appeal the Department's decision to issue a PROVISIONAL license for Mon Yough Community Services. Your request has been forwarded to the Department of Public Welfare, Bureau of Hearings and Appeals. You will be contacted regarding the date and time of the hearing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky
Director

cc: Gene Cuccarese, Office of General Counsel

**mycs**

Rehabilitation
Recovery
Quality of Life

Administrative Offices
Mon Yough Community Services
500 Walnut Street, 3rd Floor
McKeesport, PA 15132

412.675.8530 tel
412.675.8888 fax
www.mycs.org

May 22, 2013

Jacob Herzing
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

RECEIVED

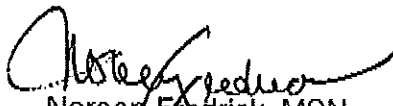
MAY 22 2013

Human Services Licensing

Dear Mr. Herzing:

I am writing to notify you that we should like to appeal the provisional license issued to Mon Yough Community Services on May 17, 2013. The license number of our facility is 430031. We would like to take this opportunity to present our case to the Bureau of Hearings and Appeals.

Sincerely,



Noreen Fredrick, MSN
Executive Director

Cc: Ron Melusky, Director DHS Licensing
Carol Gross, Director MYCS
Chris Zellefrow, Residential Manager, MYCS
Jill Pezzino
Sheila Walsh
Donald Clark, Director Allegh. County H.S.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 17 2013

Ms. Noreen Frederick, 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. Frederick:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 22, 2013, February 1, 2013, February 6, 2013, February 11, 2013, February 19, 2013, February 25, 2013, March 21, 2013, April 3, 2013 and April 10, 2013, of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #430030 dated May 28, 2013 to May 28, 2014 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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 Human Services Licensing so that compliance can be verified.

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 Public Welfare in accordance with 1 Pa.Code Part II, Chs. 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:


Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Noreen Frederick

2

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,

A handwritten signature in black ink, appearing to read 'RM', with a long horizontal line extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

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 16, 2013 until November 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430031

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

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

PCH Name: MON YOUGH COMMUNITY SERVICES		License Number: 430030
Address: 624 LYSLE BLVD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Christine Hogan-Zellefrow		Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		
Legal Entity Address: 500 WALNUT STREET, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy		
Staffing Hours	Total Daily Staff: 43	Working Staff: 32
Resident Support: 0		Notice: Unannounced
Type of Inspection: Partial	BHA Docket Number:	
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 01/16/2013: Cutter, Jan; Pfaff, Vicki 01/18/2013: Cutter, Jan 02/15/2013: Cutter, Jan; Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable 01/22/2013: Cutter, Jan 02/01/2013: Cutter, Jan 02/06/2013: Cutter, Jan; Pezzino, Jill 02/11/2013: Cutter, Jan 02/19/2013: Cutter, Jan		RECEIVED MAR 21 2013 WEST REGION FIELD OFFICE Human Services Licensing
Other Details	Random Indicators:	
Partial or Full Triggers:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45 Number of Residents Served: 43 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 43 Are 60 Years of Age or Older: 18 Have Mental Illness: 43 Have an Intellectual Disability: 9 Have a Mobility Need: 0 Have a Physical Disability: 1	

MAR 21 2013

Violation Report: 43003 - 01/16/2013 - Cutter, Jan
PCH Name: MON YOUGH COMMUNITY SERVICES

1. REGULATION 65 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 1/16/2013, at approximately 2:30 AM, Resident #1 left the home and walked several blocks along a four lane road to a convenience store. The resident remained near the convenience store for approximately two hours. During this time, staff from the home twice attempted to get the resident to return to the home, but the resident refused to respond to their requests. The staff then continued to monitor the resident from the sidewalk in front of the home at half-hour intervals. At approximately 4:30 AM, Staff Person A went outside to check on the resident and found the resident had been struck by a car and was lying face down in the front of the convenience store. EMS was summoned and the resident died at the hospital at 7:11 AM from internal injuries.

Resident #1 had serious mental illness, and had been followed by the Allegheny County Community Treatment Team (CTT) since discharge from Mayview State Hospital in 2008. The resident's 8/13/2012 support plan indicates that the resident needed "moderate supervision" and "attendance when outside the home". The resident had been involuntarily committed for inpatient psychiatric treatment, from May 4, 2012 to September 17, 2012, after wandering into a dangerous intersection.

According to staff notes, on 1/10/2013 the resident began consistently refusing blood glucose testing and all medications administered by the home, including medications for Psychosis, Diabetes, Hypertension; Hypokalemia, Incontinence and Fluid Retention. In the days prior to the fatal accident, the resident exhibited behaviors indicating a change in condition including starting fires in an ashtray on 1/9/2013 and 1/15/2013. Despite the resident's history of serious mental illness, the home failed to notify the CTT of the behavioral changes or to summon CTT or Resolve Crisis response when the resident refused to respond to staff requests to return to the home on the morning of his/her death.

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.

Please see attached information - See Page 2A and attachment A page 1

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris Zella / MA Res Manager Administrator Date 3/21/2013

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

The above plan of correction is approved as of 5/8/13 (Date) (426)

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

Plan of correction implementation status as of 5/8/13 (Date)

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

RECEIVED

MAY 07 2013

Violation Report: 43003 - 01/16/2013 - Cutter, Jan	
POH Name: MON YOUGH COMMUNITY SERVICES	
WEST REGION FIELD OFFICE Human Services Licensing	
1. REGULATION 66 Pa.Code §2600 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way	
2a. DESCRIPTION OF VIOLATION	
<p>On 1/16/2013, at approximately 2:30 AM, Resident #1 left the home and walked several blocks along a four lane road to a convenience store. The resident remained near the convenience store for approximately two hours. During this time, staff from the home twice attempted to get the resident to return to the home, but the resident refused to respond to their requests. The staff then continued to monitor the resident from the sidewalk in front of the home at half-hour intervals. At approximately 4:30 AM, Staff Person A went outside to check on the resident and found the resident had been struck by a car and was lying face down in the front of the convenience store. EMS was summoned and the resident died at the hospital at 7:11 AM from internal injuries.</p> <p>Resident #1 had serious mental illness, and had been followed by the Allegheny County Community Treatment Team (CTT) since discharge from Mayview State Hospital in 2008. The resident's 8/13/2012 support plan indicates that the resident needed "moderate supervision" and "attendance when outside the home". The resident had been involuntarily committed for inpatient psychiatric treatment, from May 4, 2012 to September 17, 2012, after wandering into a dangerous intersection.</p> <p>According to staff notes, on 1/10/2013 the resident began consistently refusing blood glucose testing and all medications administered by the home, including medications for Psychosis, Diabetes, Hypertension, Hypokalemia, Incontinence and Fluid Retention. In the days prior to the fatal accident, the resident exhibited behaviors indicating a change in condition including starting fires in an ashtray on 1/9/2013 and 1/15/2013. Despite the resident's history of serious mental illness, the home failed to notify the CTT of the behavioral changes or to summon CTT or Resolve Crisis response when the resident refused to respond to staff requests to return to the home on the morning of his/her death.</p>	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)	
<p>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.</p> <p>5/30/13 - All staff persons will be trained on how to respond to an emergency crisis situation. This training will include clarification of two counseling attempts before calling the Community Treatment Team (CTT).</p> <p>5/30/13 - Emergency crisis protocol training will be reviewed at regular staff meetings.</p> <p>5/30/13 - The administrator will monitor emergency crisis protocol at least quarterly to include incident review and interview a sample of staff to determine their knowledge of crisis protocol.</p> <p>5/30/13 - The home's preadmission screening will include an assessment of the individual's ability to safely walk near the high traffic areas around the home unsupervised.</p> <p>5/30/13 - Residents will be assessed at least quarterly for the ability to safely walk near the high traffic areas around the home. If after assessing the resident and it is determined that the resident's needs cannot be met, the home will initiate a discharge adhering to regulation 2600.235.</p> <p>6/30/13 - The home will revise and update their policy addressing reporting incidents to resident's CTT to include unsafe behaviors such as fire starting and other behaviors requiring additional supervision.</p> <p>6/30/13 - All resident assessments and support plans will be reviewed for completeness including history of suicidal ideation, unsafe behaviors and resident supervision needs. SFP, BSL See attachment A page 1</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chris Zellewicz MHA Residential Manager/Administrator	
Date 5/7/13	

RECEIVED

Violation Report: 43003 - 01/19/2013 - Culler, Jan
PCH Name: MON YOUGH COMMUNITY SERVICES

MAR 21 2013

1. REGULATION 55 Pa. Code §2600

2600.142(a) - The home shall assist the resident to secure medical care in accordance with the resident's health status needs. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/16/2013, at approximately 2:30 AM, Resident #1 left the home and walked for several blocks along a four lane road to a convenience store. The resident remained near the convenience store for approximately two hours. During this time, staff from the home twice attempted to get the resident to return to the home, but the resident refused to respond to their requests. The staff then continued to monitor the resident from the sidewalk in front of the home at half-hour intervals. At approximately 4:30 AM, Staff Person A went outside to check on the resident and found the resident had been struck by a car and was lying face down in the front of the convenience store. EMS was summoned and the resident died at the hospital at 7:11 AM from internal injuries.

Resident #1 had serious mental illness, and had been followed by the Allegheny County Community Treatment Team (CTT) since discharge from Mayview State Hospital in 2008. The resident's 8/13/2012 support plan indicates that the resident needed "moderate supervision" and "attendance when outside the home". The resident had been involuntarily committed for inpatient psychiatric treatment, after wandering into a dangerous intersection, from May 4, 2012 to September 17, 2012.

According to staff notes, on 1/10/2013 the resident began consistently refusing blood glucose testing and all medications administered by the home, including medications for Psychosis, Diabetes, Hypertension, Hypokalemia, Incontinence and Fluid Retention. In the days prior to the fatal accident, the resident exhibited behaviors indicating a change in condition including starting fires in an ashtray on 1/9/2013 and 1/15/2013. Despite the resident's history of serious mental illness, the home failed to notify the CTT of the behavioral changes or to summon CTT or Resolve Crisis response when the resident refused to respond to staff requests to return to the home on the morning of his/her death.

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.

Please see attached information
See page 3A and attachment A page 2

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Chris Zella / MH Res Manager, Administrator* Date *3/21/2013*

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

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/8/13</u> (Date)
The above plan of correction was approved by <u>SCP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 07 2013

Page 3 A

Violation Report: 43003 - 01/16/2013 Cuffer, Jan
PCH Name: MON YOUGH COMMUNITY SERVICES
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2800
2800.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 1/16/2013, at approximately 2:30 AM, Resident #1 left the home and walked for several blocks along a four lane road to a convenience store. The resident remained near the convenience store for approximately two hours. During this time, staff from the home twice attempted to get the resident to return to the home, but the resident refused to respond to their requests. The staff then continued to monitor the resident from the sidewalk in front of the home at half-hour intervals. At approximately 4:30 AM, Staff Person A went outside to check on the resident and found the resident had been struck by a car and was lying face down in the front of the convenience store. EMS was summoned and the resident died at the hospital at 7:11 AM from internal injuries.

Resident #1 had serious mental illness, and had been followed by the Allegheny County Community Treatment Team (CTT) since discharge from Mayview State Hospital in 2008. The resident's 8/13/2012 support plan indicates that the resident needed "moderate supervision" and "attendance when outside the home". The resident had been involuntarily committed for inpatient psychiatric treatment, after wandering into a dangerous intersection, from May 4, 2012 to September 17, 2012

According to staff notes, on 1/10/2013 the resident began consistently refusing blood glucose testing and all medications administered by the home, including medications for Psychosis, Diabetes, Hypertension, Hypokalemia, incontinence and Fluid Retention. In the days prior to the fatal accident, the resident exhibited behaviors indicating a change in condition including starting fires in an ashtray on 1/9/2013 and 1/16/2013. Despite the resident's history of serious mental illness, the home failed to notify the CTT of the behavioral changes or to summon CTT or Resolve Crisis response when the resident refused to respond to staff requests to return to the home on the morning of his/her death.

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.

- 6/30/13 - All staff persons will be trained on how to respond to an emergency crisis situation. This training will include clarification of two counseling attempts before calling Community Treatment Team (CTT).
- 8/30/13 - Emergency crisis protocol training will be reviewed at regular staff meetings.
- 6/30/13 - The administrator will monitor emergency crisis protocol at least quarterly to include incident review and interview a sample of staff to determine their knowledge of crisis protocol. *SLP 2456 See attachment A page 2*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Chris Zellefrow / MH Res Manager Administrator* Date *5/7/13*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/8/13</u> (Date)
The above plan of correction was approved by <u>SLP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Plan of Correction

Mon Yough Community Services disagrees with the findings and citations issued. However, we are implementing the following corrective actions in response to the citations.

Regulation Code 2600.42 (b) – A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way:

Effective immediately, we will ensure that staff contact Resolve or CIT if they are attempting to talk with a resident who is in the community and the resident is not responsive to staff or if necessary call 911 if the situation warrants. The Program Supervisor will train all staff on Support Plan (RASP) criteria and review protocol for community safety for residents when they are away from the home to ensure compliance in this area. Two counseling attempts will be made with resident. If these are unsuccessful, CIT Team will be notified. If the resident becomes agitated or acts out, then 911 will be called for additional support.

A "Moderate" level of Supervision was indicated for [redacted] on her support plan and in our judgment that level of supervision was provided to her. Our understanding of "Moderate" Supervision is that she would be monitored regularly while in the community, which we provided. The definition on the Support Plan for "Moderate" Supervision, states, "needs attendance when outside of the home". We did not indicate that she needed "Extensive" Supervision, which according to the Support Plan indicates "cannot leave the home unattended" which we interpreted as needing constant supervision. In the future, we will check "Minimal" Supervision, since the definition of "Minimal" was our assessment of what level of supervision was required for [redacted]. Also, it was not uncommon for [redacted] to not respond when spoken to, so this would not have been out of the ordinary.

It should be noted that [redacted] safely crossed Lysle Boulevard and went to that convenience store often and regularly since she has resided in our Home. [redacted] has resided in our home since 2008 so she was very familiar with the area and during her residency with us had previously crossed the street safely. [redacted] walked in the community almost every day and frequently at off hours so this was also not unusual for her. Also, she was fully compliant with her IM Prolixin Injections, which was her primary psychotropic medication and she did take all of her medications at 9pm on 1/15/13 prior to her going out of the site. At no time was she exhibiting psychotic or dangerous behaviors while she was in the community that night. When staff checked on her she was on the side walk, not on the street and exhibited no behaviors or affect meeting criteria for a 307 admission. The convenience store that she was standing at was directly adjacent to the home and so close that we could observe her from the parking lot. It is a well-lit area that is surrounded by businesses and also with a cross walk. This is an area that was extremely familiar to [redacted] and even if she chose to cross the street she was able to do so safely, as evidenced by her previous street crossings since her admission.

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MAR 21 2013

Regulation Code 2600.142 (a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for medical care, including updating the resident's assessment and support plan:

Effective, Immediately, we will write a new plan and assessment following any extended Hospital stays, rather than updating the current plan to ensure that information is up to date and is as recent as possible. The program Supervisor will ensure that Support Plans (RASPS) and Assessments are completed in a timely manner following a hospitalization and will review resident records on a monthly basis to ensure ongoing compliance.

Support Plan was updated by adding comments to the annual plan upon discharge from the hospital in September 2012. Following her discharge from the hospital in September, there was only one other issue that required noting on the plan, which also occurred in September 2012. This issue was documented on the annual plan via handwritten comments. From September 2012, through the time of her death there was nothing remarkable that needed further documentation. And her medical and psychiatric status was stable.

Furthermore, it should also be noted that [REDACTED] has a long history of refusing medication and is subsequently on an injectable dose of Prolixin for psychiatric stability. She over the several months preceding her death, she was fully compliant with her Prolixin IM injections and as well as fully compliant with all of her medications on 1/15/13, prior to her going out that night for a walk. Her behavior was fully congruent with her previously established baseline behavior as it is not unusual for her to refuse medications for a period of time and then start to take them again. Our review of the record indicates that she was starting to take the medications again as evidenced by 9pm on 1/15/13, when she took all of them. Medication refusals were communicated to CTT and Allegheny County Office of Behavioral Health via a MRSAP report. In point of fact, [REDACTED] CTT team visited with her the previous day on 1/14/13 and her CTT nurse was scheduled to come to site the morning of her death (1/16/13) to give her the scheduled Haldol injection and review the medication refusals with her. The CTT team members voiced no concerns following their visit with [REDACTED] on 01/14/25013.

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MAR 21 2013

WEST REGION FIELD OFFICE
Human Services Licensing

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

PGH Name: MON YOUGH COMMUNITY SERVICES		License Number: 43003
Address: 024 LYSLE BLVD, MCKEESPORT, PA 16132		County: Allegheny
Administrator: Christine Zellefrow		Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		
Legal Entity Address: 500 WALNUT STREET, MCKEESPORT, PA 16132		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 44	Working Staff: 33
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspection Dates and Department Representatives On-Site 03/21/2013. Culler, Jan 04/10/2013. Culler, Jan; Perry, Carole		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 26 2013</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45 Number of Residents Served: 44 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 43 Are 60 Years of Age or Older: 18 Have Mental Illness: 44 Have an Intellectual Disability: 9 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 43003 - 03/21/2013 - Gutter, Jan
 PCH Name: MON YOUGH COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation

2a. DESCRIPTION OF VIOLATION

Resident #1 was hospitalized from 9/20/2012 to 9/24/2012 due to hyponatremia and psychogenic polydipsia. These conditions can be fatal if proper monitoring and fluid restriction is not followed. During this hospital stay the resident had a seizure en route to the CT scanner, which was attributed to psychogenic polydipsia. A new medical evaluation was not obtained following this hospitalization and new diagnoses. Resident #1 was readmitted to the hospital on 3/19/2013 following seizure like activity due to hyponatremia and psychogenic polydipsia. A new medical evaluation has not been obtained. The most recent medical evaluation was completed on 5/2/2012 and does not include hyponatremia and psychogenic polydipsia nor medical information pertinent to these diagnoses.

RECEIVED

APR 26 2013

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. Immediately, include dates by which the steps will be completed.

WEST REGIONAL FIELD OFFICE
 Human Services Licensing

Please see attached - attachment A

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Chas Zellafron / MH Residential Manager		4-26-13
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	5/8/13 (Date)	Plan of correction implementation status as of 5/8/13 (Date)
The above plan of correction was approved by	MLP (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 43003 - 03/21/2013 - Cutter, Jan
 PCH Name: MON YOUGH COMMUNITY SERVICES

APR 26 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION

Resident #1 was hospitalized from 9/20/2012 to 9/24/2012 due to hyponatremia and psychogenic polydipsia. These conditions can be fatal if proper monitoring and fluid restriction is not followed. During this hospital stay, the resident had a seizure en route to the CT scanner, which was attributed to psychogenic polydipsia. Upon discharge the resident's assessment (dated 4/2/2012) and support plan (dated 4/3/2012) were not updated to address these new diagnoses and the need for fluid restriction and monitoring.

Resident #1 was readmitted to the hospital on 3/19/2013 following seizure like activity due to hyponatremia and psychogenic polydipsia. At discharge the resident's care plan from the hospital included instructions to include fluid restrictions as prior to hospitalization. On 3/21/2013, the home received clarification from the resident's physician on these hospital discharge instructions. The physician's instructions included restricting fluids to six cups per day and regular Basic Metabolic Panel (BMP) blood testing due to hyponatremia. Resident #1's assessment and support plan (dated 3/27/2013) did not address the resident's diagnoses of hyponatremia and psychogenic polydipsia nor needed fluid restriction, monitoring and blood testing until the home was instructed to include this information by BHSL Licensing Representative on 4/10/2013.

Resident #1's assessment and support plan was updated on 4/10/2013 to address the resident's need for daily fluid restriction to six cups per day as instructed by the physician. This assessment and support plan does not address the responsibilities of the direct care service staff on duty.

Resident #1 was admitted to the emergency room on 3/14/2013 due to drug overdose. The resident's assessment and support plan dated 3/27/2013 was not updated to address the drug overdose behavior.

Resident #1's assessment dated 4/2/2012 and support plan dated 4/3/2012 indicate that the resident was ordered a pureed diet with no straws for liquids following a choking incident in 2011. The resident's current assessment and support plan dated 3/27/2013 only indicate the pureed diet and does not include the straw restriction. *Please see Attached*

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. *See Attachment A*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Choi Zellefow / MH Res Manager / Administrator* Date *4-26-13*

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

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/8/13</u> (Date)
The above plan of correction was approved by <u>SMP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 2600.141 (b) (2):

A Status Change DME was completed on 4/25/13 and includes hyponatremia and psychogenic polydipsia on the new form. Information regarding the fluid restriction is also indicated on the new DME and a fluid restriction chart was implemented on 4/11/13. This information was reviewed with staff individually upon implementation of the fluid chart and reinforced at staff meeting on 4/23/13. All staff members were present at staff meeting when the information was reviewed and have a thorough understanding of the resident's needs in this area.

We will do a thorough review of all DME's by 5/15/2013, to ensure that all new diagnosis information is present on the DME forms. We will also complete another training with our staff during our May staff meetings (completed by 5/24/13) to ensure that staff continue to follow the DME guidelines as indicated on the form in regards to the fluid restriction. In addition, we will review in May's staff meeting the importance of documenting the information on the DME and RASP forms. This was also reviewed at our staff meeting on 4/23/13. In addition, our site nurse will continue to monitor all medical conditions to ensure that the DME's are current and up to date with all new diagnoses.

Regulation 2600.225 (c):

A Significant change RASP has been completed to indicate the new diagnoses and the fluid restriction. We have also indicated the staff interventions on the RASP as well in regards to the new diagnoses. In addition, we added the straw restriction in the Dietary section and information was provided regarding Resident number 1's admission to the Emergency Room on 3/14/2013. The site Nurse met with this resident on several occasions to also reinforce and educate the resident on the fluid restriction guidelines.

We will review all RASP Plans by 5/15/13 to ensure that all relevant information and staff interventions are noted on the plans. We completed a training on documentation with staff at our staff meeting on 4/23/13 to ensure that staff understand the expectations to remain in compliance. Program Supervisor will review documentation during monthly chart reviews to ensure ongoing compliance.

6/10/13

* Resident #1's R.A.S.P. will be updated to include responsible party for monitoring and documenting the resident's fluid intake when the resident is in the community, such as documentation of self-reported intake upon return to the facility following outings. SLP, BMSL 5/8/13

Attachments:
Significant Change DME - Fluid Restriction Chart - Staff Meeting Minutes - Polydipsia Information that has been reviewed - Significant Change RASP - Nursing Notes - Staff documentation training form - Script for Increase in fluid Intake

2:2 (c) Continued

6/10/2013 - Resident #13 RASP will be updated to specify monitoring needs based on history of anxiety and drug overdose. SLP, BMSL 5/8/13

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APR 26 2013

WEST REGION FIELD OFFICE
Human Services Licensing

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

PCH Name: MON YOUGH COMMUNITY SERVICES		Licenses Number: 430030
Address: 624 LYSLE BLVD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Christine Hogan-Zelkoff		Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		RECEIVED
Legal Entity Address: 600 WALNUT STREET, MCKEESPORT, PA 15132		APR 26 2013
Certificate(s) of Occupancy		WEST REGION FIELD OFFICE Human Services Licensing
C-2 LP: 04/04/2001 Labor and Industry	1-2 08/26/1999 City of McKeesport	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 44	Working Staff: 33
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspection Dates and Department Representatives On-Site 04/03/2013 Pollock, Susan; Goederl, Carollis		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45	Number of Residents who:	
Number of Residents Served: 14	Receive Supplemental Security Income: 43	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 18	
Area:	Have Mental Illness: 44	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 0		

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Violation Report: 43003 - 04/03/2013 - Pollock, Susan
PCH Name: MON YOUGH COMMUNITY SERVICES

APR 26 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.223(a) - The home shall have a current written description of services and activities that the home provides including the following:

- (1) The scope and general description of the services and activities that the home provides.
- (2) The criteria for admission and discharge.
- (3) Specific services that the home does not provide, but will arrange or coordinate.

2a. DESCRIPTION OF VIOLATION

The home's current written description of services does not disclose that the home is unable to provide a one on one extensive level of resident supervision in the home or in the community.

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.

Please see Attached See ATTACHMENT A

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Chris Zullo-Stow / MH Residential Manager Administrator* Date *4/26/13*

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

The above plan of correction is approved as of <u>5/8/13</u> (Date)	Plan of correction implementation status as of <u>5/8/13</u> (Date)
The above plan of correction was approved by <u>SRP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43003 - 01/03/2013 - Pollock, Susan
 PCH Name: MON YOUGH COMMUNITY SERVICES

RECEIVED

APR 26 2013

1. REGULATION 56 Pa. Code §2800

2800.225(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

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/23/13 at approximately 4:00 p.m. resident #1 voiced that he/she wanted to jump off a bridge or run out in traffic in front of a bus due to the fact he/she was unsuccessful in quitting smoking. At 6:15 p.m. EMS transported resident #1 to the hospital for suicidal ideation. Resident #1 returned to the home at 8:30 p.m. with a diagnosis of stress reaction due to smoking cessation. To ensure resident #1's safety the home placed him/her on bed checks in 15 minute intervals. Resident #1's assessment dated 9/24/12 indicates the resident requires minimal supervision - which indicates the resident requires no supervision in the home. The home has not updated resident #1's assessment to include the increased supervision need.

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.

Please see Attached See attachment A

6/10/13 Resident #1's assessment will be updated to specify when he/she may require staff assistance such that all direct care staff are knowledgeable about when staff assistance is needed.

6/10/13 The administrator or designee will review all residents' assessments to ensure each assessment clearly communicates the individual needs, including supervision needs of each resident.

SXP BML
 5/8/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Chas Zellebrow / MHA Residential Manager* Administrator Date *4/26/13*

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The above plan of correction is approved as of 5/8/13 (Date)

Plan of correction implementation status as of 5/8/13 (Date)

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

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

Violation Report: 43033 - 04/03/2013 - Pollock, Susan
 PCH Name: MON YOUGH COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health, or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services

2a. DESCRIPTION OF VIOLATION

On 2/7/13, at approximately 11:40 PM resident #2 had cut his/her hair and expressed the want to cut his/her throat and was subsequently hospitalized from 2/8/13 until 2/15/13 for suicidal ideation. The resident's support plan dated 3/28/13 does not address the suicidal ideation diagnosis and how the home will assist the resident in meeting those needs.

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APR 26 2013

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date the POC on EVERY page. Include steps to correct the violation described above and steps to prevent a similar violation from occurring immediately. Include dates by which the steps will be completed)

WEST REGION FIELD OFFICE
 Human Services Licensing

Please See Attached See Attachment A

6/10/2013 Resident #2's Support plan will be updated to specify his/her supervision/monitoring needs as related to history of suicidal ideation.

6/10/2013 All staff persons will be trained to ensure knowledge of the contents of each resident's support plan and have the skills to meet the needs of all current residents.

6/10/2013 all new staff persons will be trained on each resident's support plan prior to providing care, including specific supervision and monitoring needs. SLP, BHS, 5/8/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Chris Zellochow / MH Residential Management Supervisor

Date 4/26/13

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The above plan of correction is approved as of

5/8/13
 (Date)

Plan of correction implementation status as of

5/8/13
 (Date)

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

The above plan of correction was approved by

SLP
 (Initials)

Attachment A
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APR 26 2013

**WEST REGION FIELD OFFICE
Human Services Licensing**

Regulation 2600.223(a):

Program descriptions for the Home have been revised and include additional details regarding supervision levels and the inability of the Home to provide services to residents who require ongoing one to one extensive supervision in the home and in the community. The new program descriptions will be reviewed with residents at their monthly resident council meetings (completed by 5/3/13) to ensure that residents are aware of the changes to the description. A copy will also be posted on the resident bulletin board in the common area. During intake interviews, all referrals will be screened to ensure that they meet the admission criteria and if they do not, written notification will be provided to the referral source and the Allegheny County Office of Behavioral Health as per current guidelines. MH Residential Manager will continue to oversee the referral process and monitor compliance.

Regulation 2600.225(c):

Resident number one was not suicidal, but was experiencing stress due to her attempts to quit smoking. She was accompanied by her CTT team at the Emergency Room, where she remained for a few hours and was discharged. MYCS initiated 15 minute checks to assess her stress level for a short period of time upon her return and when she appeared to be at base-line they were lifted. During this assessment period she was safe in the home and in the community as well. These checks were not recommended by the hospital or the treatment team but rather as a pro-active approach. We revised the RASP to indicate the short-term increase in our assessment checks as well.

In the future if we initiate additional checks or change the time frame of resident checks we will note it on the RASP. On 4/26/13, the Home's Administrator sent communication to all staff to begin this process effective immediately. Staff will have additional training at the May staff meetings (completed by 5/24/13) as well. Program Management Staff will also review RASPs during monthly chart audits to ensure compliance.

Regulation 2600.227(d):

A new RASP for resident number (2) has been completed noting the significant change to include the new diagnosis of suicide ideation and the interventions that staff have implemented to help this resident when she is experiencing symptomology.

On 4/23/13 the staff on this floor were retrained regarding RASP documentation and how to update the plan when there is a significant change. We will continue to address this issue on an as needed basis in staff meetings. All RASP Plans will be reviewed by 5/15/13 to ensure that all diagnoses and interventions are current and documented on the plan. Monthly chart audits will be completed by the Program Management Staff to ensure compliance.

Attachments: RASP for resident number 1 - RASP for Resident number 2 - Program Descriptions for all three floors - Statement from CTT regarding Resident #1 - Documentation Training Sheet

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

PCH Name: MON YOUGH COMMUNITY SERVICES		License Number: 43003
Address: 824 LYSLE BLVD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Chris Zellefrow		Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		
Legal Entity Address: 500 WALNUT STREET, MCKEESPORT, PA 15132		RECEIVED
Certificate(s) of Occupancy		APR 03 2013
I-2 08/25/1999 City of McKeesport	C-2 LP 04/04/2001 Labor & Industry	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 43	Working Staff: 32
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 02/25/2013: Whitney, Diane; Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 45	Number of Residents who:	Receive Supplemental Security Income: 43
Number of Residents Served: 43	Are 60 Years of Age or Older: 18	Have Mental Illness: 43
Secured Dementia Care Unit in Home: No	Have an Intellectual Disability: 9	Have a Mobility Need: 0
Area:	Have a Physical Disability: 1	
Secured Dementia Unit Capacity, if Applicable:		
Number of Residents Served in Secured Dementia Care Unit, if applicable:		
Number of Current Hospice Residents: 0		
Number of Hospice Residents in past year: 0		

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APR 03 2013

Page 2 of 3

Violation Report: 43003 - 02/25/2013 - Whitney, Diane
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

Resident #1 has not received a quarterly account of financial transactions since 3-31-2012.

Resident #2 has not received a quarterly account of financial transactions since 12-31-2011.

Resident #3 has not received a quarterly account of financial transactions since 3-6-2012.

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.

The program Supervisor or Assistant Supervisor will complete the quarterly transactions sheets for all residents in a timely manner. Quarterly transaction sheets will be reviewed during a quarterly site audit and will be included in the agency's monthly compliance reporting requirements. Any issues with the quarterly transaction sheets will be addressed by the MH Residential Manager. Please see the attached Quarterly Transaction Sheets for the three residents listed in the violation report.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Chris Zelleck/MH Residential Manager, Administrator

Date 4/8/2013

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

The above plan of correction is approved as of 5/8/13
(Date)

Plan of correction implementation status as of 5/8/13
(Date)

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

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

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APR 03 2013

Page 3 of 3

Violation Report: 43003 - 02/26/2013 - Whitney, Diane
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents

2a. DESCRIPTION OF VIOLATION

On 2-25-2013, the back exit of the 'Lysle Home Place' section of the home had a significant amount of litter from the nearby fast food restaurants accumulated along the side of the building.

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.

MYCS staff will check the side of the building bordering the fast food restaurant to ensure that trash from their parking lot is not in our area. MYCS staff will communicate any issues to Senior Care Plaza Maintenance staff (building owners), to ensure that the area is kept as clean as possible at all times. The Assistant Supervisor will also complete daily checks to ensure compliance and will immediately report any issues to the Supervisor and Senior Care Plaza Maintenance staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Chris Zellefow / MHA Residential Director

Date 4/2/2013

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

The above plan of correction is approved as of

5/8/13
(Date)

Plan of correction implementation status as of

5/8/13
(Date)

The above plan of correction was approved by

SEP
(Initials)

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