



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUG 13 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 (Department) licensing inspection on July 29, 2013, 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 Human Services Licensing so that compliance can be verified.

Sincerely,

Janine Wenzig
Regional Licensing Administrator

Enclosure(s)

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

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 AUG 1 2013
 PENNSYLVANIA FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff persons in training year 2012 did not include topics of medication self administration, and meeting the needs of residents based on information provided in the preadmission screening tool, medical evaluation, assessment and support plan.

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 to ensure all training topics for annual training for direct care staff will be included in their annual training. See attached agenda (a)+(b) for Medication Self administration training and (c)+(d)+(e) agenda for meeting the needs of residents based on information provided in the preadmission screening tool, Medical evaluation + assessment + support plan. Both of these trainings will be presented 8/8/13 @ 2PM with all RCA in attendance. RCC will present meeting the needs of residents and Medication train the trainer will present Medication Self administration.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Damian Knawer* PCA/RLW

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **DAMIAN KNOWER** Date **8/6/2013**

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

The above plan of correction is approved as of <u>8/12/13</u> (Date)	Plan of correction implementation status as of <u>8/12/13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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: 41816 - 07/29/2013 - Whitney, Diane
PCH Name: MON VALLEY CARE CENTER

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AUG 12 2013
WEST REGIONAL HEALTH CENTER

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, fell 3 times in 2012 and on 7/15/13; however the resident's assessment, dated 2-9-13, was not updated to include fall risk.

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.

FALL RISK ASSESSMENT will be conducted on each resident on admission, Annually and as needed if the condition of the resident significantly changes prior to annual assessment. See attached (F) (g) (H) + (I) Resident #1 is fall risk assessment will be completed + updated on return from skilled nursing for physical therapy to personal care.

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

Damian Knauer RN/PCHA

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

DAMIAN KNAUER

Date 8/6/2013

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