

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MON-YOUGH COMMUNITY SERVICES INC
LEGAL ENTITY

To operate MON-YOUGH COMMUNITY SERVICES
NAME OF FACILITY OR AGENCY

Located at 624 LYSLE BLVD., MCKEESPORT, PA 15132
(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 45
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 September 18, 2013 until September 18, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430030

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.



SEP 18 2013

Ms. Noreen Frederick, Executive Director
Mon-Yough Community Services, Inc.
Attn: Chris Zellofrow
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 August 26, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky". The signature is stylized with a large initial "R" and a long horizontal stroke.

Ronald Melusky
Director

Enclosures
License
License Inspection Summary

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

PCH Name: MON YOUGH COMMUNITY SERVICES		SEP 6 2013	License Number: 43003
Address: 624 LYSLE BLVD, MCKEESPORT, PA 15132		WEST REGION FIELD OFFICE	
Administrator: Chris Zellefrow		Human Services Licensing	
County: Allegheny Region: WEST			
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC			
Legal Entity Address: 500 WALNUT STREET, MCKEESPORT, PA 15132			
Certificate(s) of Occupancy			
I-2 08/25/1999 City of McKeesport			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 45	Working Staff: 34	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Renewal, Provisional			
On-Site Inspections Dates and Department Representatives On-Site 08/26/2013: Glidden, Michelle; 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 Served: 45 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: 44 Are 60 Years of Age or Older: 23 Have Mental Illness: 45 Have an Intellectual Disability: 8 Have a Mobility Need: 0 Have a Physical Disability: 1	

RECEIVED

SEP 6 2013

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Violation Report: 43003 - 08/26/2013 - Glidden, Michelle
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not evacuate to a designated meeting place away from the building or within the fire-safe area during the fire drill conducted on 5/23/13 at 1:00 AM.

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.

Resident was assessed by the Assistant Supervisor the following day, on 5/24/13, to ensure that he was safely able to evacuate the building. He was able to do that and voiced that he understood the importance of evacuating during a drill, (Please refer to attached documentation). He has evacuated without issue for the drills held in June, July and August.

We will continue to follow our policy of meeting with residents who refuse to evacuate during a drill and repeat the drill with them until they demonstrate they can evacuate safely. During monthly resident meetings we will review that evacuating during drills is a requirement of the program and educate residents on the importance of doing this. We will add this to the house rules as well.

Copies of House Rules and Resident Meeting notes are attached, as well as documentation that information was reviewed with [redacted]

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 Zellelow* Date *9/6/13*

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

The above plan of correction is approved as of 9/6/13
(Date)

Plan of correction implementation status as of 9/6/13
(Date)

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

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