



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JAN 20 2014

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

RE: Mon Valley Care Center
200 Stoops Drive
Monongahela, Pennsylvania 15063
License #: 418160

Dear Mr. Knauff:

As a result of the Department of Public Welfare's licensing inspection on November 27, 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 must be maintained.

Your regular license for the period February 27, 2014 to February 27, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 41816 - 11/27/2013 - Pfaff, Vicki

PCH Name: MON VALLEY CARE CENTER

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

The home indicated that resident #1 was on hospice, however the home did not complete the following:
The home had documentation from resident #1's physician dated 7/25/12 that states that the resident "is actively dying and does not need to participate in fire drills." The documentation did not indicate that the resident may suffer serious bodily injury or hastened death as a result of participation in a fire drill.

The home's staff did not simulate the evacuation of resident #1 during any of the fire drills.

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 will ensure A Drs order/documentation will indicate that "resident is actively dying + Does not need to participate in a fire drill as resident may suffer serious bodily injury or hasten death as a result of participation in a fire drill" - RCC to obtain order/documentation if resident is a hospice patient and is at the end stage of life only.

ON 12/27/13 A fire drill was performed with the evacuation of resident #1 to a fire safe area. See attached sheet.

1-30-14 - All STAFF persons will be educated on the home's evacuation policy and procedures including the proper procedures for residents that are on hospice and in the active dying process. Documentation of education will be kept 12-30-14

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DAMIAN KNAPP* Date *12/17/2013*

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

The above plan of correction is approved as of 12-30-13 (Date)

Plan of correction implementation status as of 12-30-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *12-30-13*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)