



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 14 2015

Ms. Noreen Fredrick, Executive Director
Mon-Yough Community Services, Inc.
Attention: Chris Zeolefrow
500 Walnut Street
McKeesport, Pennsylvania 15132

RE: Mon-Yough Community Services
License #: 430030

Dear Ms. Frederick:

As a result of the Department of Human Services' licensing inspection on October 3, 2014 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 September 18, 2014 to September 18, 2015 was issued on July 7, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

Handwritten initials, possibly "MJ", in black ink.

Enclosure
License Inspection Summary

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

PCH Name: MON YOUGH COMMUNITY SERVICES		License Number: 43003
Address: 624 LYSLE BLVD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: AMBER VASH		Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		
Legal Entity Address: 500 WALNUT STREET, MCKEESPORT, PA 15132		RECEIVED
Certificate(s) of Occupancy C-2 LP 4-24-01 L & I		APR 22 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/03/2014: Georgoulis, Karen; Pfaff, Vicki		
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: 20 Have Mental Illness: 45 Have an Intellectual Disability: 7 Have a Mobility Need: 0 Have a Physical Disability: 2

Violation Report: 43003 - 10/03/2014 - Georgoulis, Karen
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

Privacy coding document including names of residents #2, #3 and #4 with violation report, dated 2/25/13, was posted on the bulletin board in the hallway near the dining room on the 1st and 2nd floors.

Privacy coding document which includes resident #5's name was posted with the violation reports dated 3/21/13 and 4/10/13 as well as resident #1's name with violation reports 1/16/13, 1/18/13 and 2/15/13 on the bulletin board in the hallway near the dining room on the 1st floor.

Privacy coding document including resident #8's name was posted with the violation report, dated 8/26/13, on the bulletin board in the hallway entrance to the dining room on the 2nd floor and near the elevators on the 4th floor.

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.

All names were immediately removed from the posted violation reports to ensure privacy coding. All resident records will remain confidential and will not be accessible to anyone other than the residents, the resident's designated person if applicable, staff person providing services to the resident, agents of the Department and the long-term care ombudsman. Privacy coding compliance check was added to the Assistant Supervisor weekly site check to ensure ongoing and continued compliance with privacy coding (See attached completed checklist). All staff will be trained on the above regulation by 5/30/15. Also, all staff are trained on an annual basis in confidentiality as well (See attached completed training form).

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) Amber Vash / MH Residential Manager

Date 4/21/2015

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

The above plan of correction is approved as of 4-24-15
(Date)

Plan of correction implementation status as of 4-24-15
(Date)

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

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

Violation Report: 43003 - 10/03/2014 - Georgoulis, Karen
PCH Name: MON YOUGH COMMUNITY SERVICES

APR 22 2015

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Approximately 10:15 a.m., there were no paper towels, mechanical air blower, or other sanitary means of hand drying in the common bathroom in the 4th floor library.

There was a large amount of heavily splattered fecal matter coated on the inside of the toilet bowl in the bathroom of bedroom E07.

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.

Immediately at the time of inspection, paper towels were placed in the Library bathroom. Staff thoroughly cleaned and sanitized all bathroom surfaces. Direct Care Staff will complete hourly checks on all bathrooms, bedrooms, and common areas such as the Library, to ensure that all sanitary conditions are maintained at all times. Should any issues be discovered, staff will immediately address the issue, and supervisory staff will be notified. In addition, all above items have been added to the Assistant Supervisor Weekly Site Check (See attached completed checklist, completed hourly room check form, and completed shift duties form).

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)

Amber Vash / Administrator
MH Residential Manager

Date 4/21/2015

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Violation Report: 43003 - 10/03/2014 - Georgoulis, Karen
 PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The lid was open on the right side of the ¼ full blue trash receptacle located on the east side of the parking lot.

The lid was open on the ½ full green trash receptacle located on the east side of the parking lot.

At 10:00 a.m. the following trash was on the ground outside the first floor side exit and under the dryer exhaust vents:

- * A plastic grocery bag
- * Plastic wrap from a case of water
- * A paper fast food bag
- * Styrofoam cups
- * A pastry Danish snack wrapper

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.

At the time of the inspection, all trash receptacles and dumpsters were covered to prevent penetration of insects and rodents. Also, all trash was immediately picked up and removed from the area. Both of these duties were added to the shiftly staff duties checklist, and all three shifts (7-3pm, 3-11pm, 11-7am) are responsible for ensuring ongoing and maintained compliance (see attached completed checklist) by staff picking up trash and making sure all receptacles are kept covered.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/25/2013	
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator
Amber Vash / MH Residential Manager Date 4/21/2015

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The above plan of correction is approved as of <u>4-24-15</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>4-24-15</u> (Date) <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
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APR 22 2015

Violation Report: 43003 - 10/03/2014 - Georgoulis, Karen
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The 4th floor cordless telephone located in the TV room across from the staff office did not include the Personal Care Home Complaint Hotline.

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.

This was immediately addressed at the time of inspection + all required information was posted. Assistant supervisors and supervisors will check all areas where telephones are located on a regular basis to ensure ongoing compliance. This information is also on the Assistant Supervisor weekly site check as a reminder. Any issues will be addressed immediately and reported to administrator.

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

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

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Violation Report: 43003 - 10/03/2014 - Georgoulis, Karen
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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
At approximately 10:15 a.m., there was no soap available at the sink or in the soap dispenser in the 4th floor library common bathroom.

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.

Immediately at the time of inspection, soap was placed in the 4th floor library bathroom. This bathroom is not considered a common bathroom as every resident currently has their own bathroom located in their private ~~bathroom~~^{encl} bedrooms. It was discovered at the time of inspection that the lock was broken. The lock was immediately fixed + no residents now have access. Staff will check library bathroom daily to ensure it remains locked at all times. If there are any issues moving forward, staff will immediately notify supervisors or administrators and it will be fixed immediately.

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) Amber Vash / Administrator / Residental Manager Date 4/8/2015

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(Date)

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(Date)

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(Initials)

APR 22 2015

Violation Report: 43003 - 10/03/2014 - Georgoulis, Karen
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION
At 10:45 a.m., the following meat was thawing at room temperature on a rack in the main kitchen:
*A package of 60 hot dogs
*A 2 lb. package of turkey breast
*Two 2.5 lb. packages of sliced ham
*Three 5 lb. packages of ground meat
*Two stacks of hamburger patties - 5 in each stack

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.

At the time of inspection, all food items were relocated to the refrigerator to thaw at appropriate temperatures according to regulatory standards. All food will be thawed in either the refrigerator, microwave, under cool water, or as part of the cooking process. Kitchen manager will ensure all regulatory standards are met in regards to food sanitary and regulatory standards. Administrator or Designee will go to the kitchen unannounced weekly to ensure ongoing compliance with Senior Care Plaza and document it on the Assistant Supervisor Weekly Site Check.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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Amber Vash | Administrator
MH Residential Manager

Date 4/21/2015

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RECEIVED

APR 22 2015

Violation Report: 43003 - 10/03/2014 - Georgoulis, Karen
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Staff persons interviewed indicated, fire drills are announced to staff in advance. The home's procedure for conducting fire drills is as follows: Fire drills conducted during waking hours are scheduled by staff person A and the "floor supervisor" informs staff of the day and time the fire drill will be conducted. Fire drills during sleeping hours are conducted by staff person A calling the home and instructing a staff person to pull the fire alarm.

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.

All fire drills will be unannounced, and staff will not have knowledge of when a fire drill occurs. Fire drills will be conducted on a monthly basis, and two overnight drills will be conducted every six months. Documentation of all fire drills will be documented on the fire drill log. Fire drill logs will be reviewed on a monthly basis to ensure ongoing compliance by PCH Administrator or Designee. All staff will be retrained on fire drill procedures by 5/30/15. (See attached completed training form from 4/21/15).

Repeat Violation: No

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Printed Name and Title of Legal Entity Representative
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Amber Vash, Administrator
MH Residential Manager

Date
4/21/2015

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PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

There was no protective eye covering in the first aid kit of the van used to transport the 4th floor residents.

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.

This was immediately addressed at the time of inspection + eye coverings were purchased in bulk to ensure ongoing compliance. Please see attached MH Residential First Aid Kit checklist, which is completed monthly by supervisory staff and utilized as a reminder to ensure compliance. All staff have been reminded to immediately notify supervisory staff if any items are used so that they can immediately be replaced.

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)

Amber Vash Administrator
MH Residential

Date
4/8/2015

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(Date)

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