



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 18 2016

Ms. Carol Gross, Executive Director  
Mon-Yough Community Services, Inc.  
Attn: Amber Vash  
500 Walnut Street  
McKeesport, Pennsylvania 15132

RE: Mon-Yough Community Services  
624 Lysle Boulevard  
McKeesport, Pennsylvania 15132  
License #: 430030

Dear Ms. Gross:

As a result of the Department of Human Services' annual licensing inspections on February 5, 2016 and February 10, 2016 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.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa. Code Chapter 2800**

PCH Name: MON YOUGH COMMUNITY SERVICES		<b>RECEIVED</b>	License Number: 43003
Address: 624 LYSLE BLVD, MCKEESPORT, PA 15132			County: Allegheny
Administrator: Amber Vash		AUG 17, 2016	Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 600 WALNUT STREET, MCKEESPORT, PA 15132			
Certificate(s) of Occupancy C-2 LP 04/24/2001 PA L&I			
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, Complaint, Incident			
On-Site Inspection Dates and Department Representatives On-Site 02/05/2016: Pfaff, Vicki; Summers, Vicky 02/10/2016: Pfaff, Vicki; Summers, Vicky			
Off-Site Inspection Dates and Inspectors, If Applicable			
Other Details Partial or Full Trigger: N/A                      Random Indicators: N/A			
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: 43 Are 60 Years of Age or Older: 25 Have Mental Illness: 45 Have an Intellectual Disability: 8 Have a Mobility Need: 0 Have a Physical Disability: 2	

AUG 17, 2016

Violation Report: 43003 - 02/06/2016 - Pfaff, Vicki PCH Name: MON YOUGH COMMUNITY SERVICES	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
On 2/6/16, the door latch to access the fire extinguisher, by room 11 on the fourth floor, did not function making the fire extinguisher inaccessible.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
*Includes 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.*

On the day of inspection, a maintenance request was completed to have this fixed. The maintenance work was completed on 2/10/16. The fourth floor residents have since been relocated to a new facility and the license for 430030 was decreased from 45 beds to 27, which encompasses the 1st & 2nd Floor. These floors do not have the same doors enclosing their extinguishers, issue is not expected to re-occur. Fire extinguishers will continue to be checked during Assistant Supervisor Room Check Form (See Attached) to ensure all are in good repair & free of hazards. Any issues will be fixed immediately by Administrator/Designer.

Within 30 days of receipt of the plan of correction: All staff persons will be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Any hazards will be immediately corrected. If furniture or equipment is in disrepair and cannot be repaired immediately, it will be immediately removed from service. Documentation of education shall be kept. 8-18-16

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

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Adam Mayfield Administrator/Supervisor	Date 8/16/16
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>8-18-16</u> (Date)	Plan of correction implementation status as of <u>8-18-16</u> (Date)
The above plan of correction was approved by <u></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

AUG 17 2016

Violation Report: 43003 - 02/05/2016 - Pfaff, Vicki  
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2800.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
On 2/5/16, the exterior thermometer on the homes walk-in freezer did not function and there was no internal thermometer.

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.

Kitchen services for the home are contracted through the Senior Care Plaza, in which the walk-in freezer was located. This issue was communicated to the kitchen supervisor for Senior Care Plaza the day of inspection & corrected at this time. Item was added to Assistant Supervisor site check form, to check Senior Care kitchen, & to note issues. (See Attached <sup>all</sup> copy) Administrator or Designee will go to the kitchen unannounced weekly to ensure ongoing compliance with Senior Care. Any issues will be addressed immediately with kitchen staff.

Within 30 days of receipt of the plan of correction: All staff persons involved in food storage and preparation will be re-educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 8-18-16 ✓

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) Adam Mayfield / Administrator Supervisor      Date 8/16/16

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The above plan of correction is approved as of 8-18-16  
(Date)

Plan of correction implementation status as of 8-18-16  
(Date)

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

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

AUG 17, 2016

Violation Report: 43003 - 02/08/2016 - Pfalt, Vicki  
 PCH Name: MON YOUGH COMMUNITY SERVICES  
 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 56 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 § 2800.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 On 2/6/16, the first aid kit in the home's which is used to transport residents did not contain scissors, eye coverings, breathing shield and a thermometer.

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 time of inspection, one of three agency vehicles were missing the following items; Scissors, eye coverings, breathing shield, & Thermometer. These items were purchased and placed in the First Aid kit on the day of inspection. A checklist for all site based & mobile First Aid kits, is implemented (See Attached #3) and is completed on a monthly basis to ensure that all necessary items are contained in all First Aid kits. If any items are missing or need replaced, Administrators / Designees will ensure all items are provided for immediately.

Within 30 days of receipt of the plan of correction: All staff persons transporting residents will be educated on the requirement of a first aid kit in the vehicle that includes all of the required contents in accordance with regulation 2600.96. Documentation of training will be kept. 8-18-16

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) Adam Mastfield Administrative Supervisor      Date 8/16/16

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