



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

Mr. Raymond L. Wolfe, Chief Operating Officer
Mercy Behavioral Health
Attention: Cheri Richard
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Munhall Manor
2514 Main Street
Munhall, Pennsylvania 15120
License #: 434730

Dear Mr. Wolfe:

As a result of the Department of Human Services' annual licensing inspection on April 4, 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,

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

RECEIVED

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| Violation Report: 43473 - 04/04/2016 - Barlett, Patricia | |
| PCH Name: MUNHALL MANOR | |
| WEST REGION FIELD OFFICE Human Services Licensing | |
| 1. REGULATION 55 Pa.Code §2600 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces. | |
| 2a. DESCRIPTION OF VIOLATION The top step of the fire escape, leading from the second floor to ground level has an 18 inch x 8 inch green plastic covering; however, the plastic is not non-skid and is very slippery. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> | |

The offending step tread on the fire escape was replaced the day following our inspection. Tread used was of the 'grip strip' sandpaper, non-skid. To insure that these strips are properly maintained in the future, we have added the task of a monthly inspection to our regular fire extinguisher checks. Any strips/non-slip pads needing repaired will be done so immediately upon monthly inspection.

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| 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) | | | Date |

| DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE! | |
|---|---|
| The above plan of correction is approved as of <u>5/23/16</u> (Date) | Plan of correction implementation status as of <u>5/23/16</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

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| Violation Report: 43473 - 04/04/2016 - Berlett, Patricia PCH Name: MUNHALL MANOR | WEST REGION FIELD OFFICE Human Services Licensing |
| 1. REGULATION 55 Pa.Code §2600 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. | |
| 2a. DESCRIPTION OF VIOLATION There was an approximate 1/4" accumulation of white lint in the lint trap of the home's clothing dryer. Under the lint trap, inside the dryer unit, there was a ball of grey lint approximately 2-3" in diameter. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> | |

The issue of lint in the trap has been addressed with all staff to stress the importance and reasoning behind insuring the lint is removed after every load, both as a safety/fire issue and a licensing issue. A sign has been placed on the dryer to remind staff to clean it after every load. Munhall's Supervisor will regularly check the trap to insure it's cleanliness and will readdress the issue with staff on an on-going basis should this issue begin to reappear, both with the individual staff creating the issue and with the entire staff as a reminder.

on 5/23/16

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| Violation Report: 43473 - 04/04/2016 - Bartlett, Patricia PCH Name: MUNHALL MANOR | WEST REGION FIELD OFFICE Human Services Licensing |
| 1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed. | |
| 2a. DESCRIPTION OF VIOLATION The following doors stick on three sides making evacuation difficult in the event of an emergency: fire exit door at top of 2nd floor fire exit and fire exit door at top of basement steps. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> | |

A door installer/professional was contacted and has been in Munhall Manor in order to address the issue of the sticking doors. For the door at the top of the fire escape on the second floor, the sides of the wood door were planed down to insure it closes on it's own. The door at the top of the basement steps needed to have it's automatic closer adjusted. The closer was oiled and additional tension was added to insure that when opened it closed again fully on it's own.

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Violation Report: 43473 - 04/04/2016 - Bartlett, Patricia
 PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION
 At 9:00 a.m., residents #1 and #2 were smoking on the right and left sides of the front door about 1 foot from the home's entrance. This is not the home's designated smoking area.

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.

The residents in question have been reminded about the importance/safety/health issue of going to the designated smoking area around the building. They both responded that they did this as they did not want to go out in the rain. I reminded them that there is an overhang around the side of the building to stand under and that rain is not an acceptable reason to not walk around the corner to the designated area. It was suggested to the residents that they purchase an umbrella for instances such as these, and that staff can assist them in obtaining a reasonably priced one when out on a shopping trip with them. Along with this, staff have been asked to be more vigilant when it is raining in checking the entry way outside to watch for smokers and remind them of the appropriate location.

Immediately - staff will monitor for smoking outside the designated smoking area daily and on each shift.

Immediately - The administrator will monitor the house for smoking outside the designated smoking area at least weekly.

5/23/16

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| Violation Report: 43473 - 04/04/2016 - Bartlett, Patricia PCH Name: MUNHALL MANOR | WEST REGION FIELD OFFICE Human Services Licensing |
| 1. REGULATION 55 Pa.Code §2500 2600.252 - Each resident's record must include the following information: (1) through (26) | |
| 2a. DESCRIPTION OF VIOLATION The current photographs for residents #2, #3 and #4 are dated 2/26/14. | |
| 3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> | |

All resident photos have been updated for 2015 as of the time of this writing. In order to better maintain the resident photographs to insure they are in compliance, the date of all on-going photo updates will coincide with their annual rental agreement. An additional line has been added to our signature page on the agreement to have the completing staff sign off that their photo has been updated.

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