



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: September 2, 2016**

Ms. Lynne M. Loesch, Executive Director  
Mental Health Association of Washington County  
575 North Main Street  
Washington, Pennsylvania 15301

RE: M.H.A. Enhanced Personal Care Home  
200 Spring Street  
Bentleyville, Pennsylvania 15314

Dear Ms. Loesch:

As a result of the Department of Human Services' licensing inspection on June 1, 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 black ink that reads "Susie Pollock".

Susie Pollock  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: M H A ENHANCED PERSONAL CARE HOME		License Number: 42415
Address: 200 SPRING STREET, BENTLEYVILLE, PA 15314		County: Washington
Administrator: Kelli Coniglio		Region: WEST
Legal Entity Name: MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY		
Legal Entity Address: 575 NORTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-2 LP 04/20/2006 Dept of L & I		<b>RECEIVED</b>  AUG 23 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/01/2016: Cutter, Jan; Eveges, Joseph		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 12 Number of Residents Served: 12 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: 12 Are 60 Years of Age or Older: 7 Have Mental Illness: 12 Have an Intellectual Disability: 6 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 42415 - 06/01/2016 - Cutter, Jan  
 PCH Name: MHA ENHANCED PERSONAL CARE HOME

AUG 23 2016

WEST REGION FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

On May 14, 2016 at 7:40 a.m., direct care staff person A went into resident #1's bedroom to wake him/her for morning medications. Direct care staff person A observed that the room was in disarray, urine covered the floor and resident #1 had made superficial cuts to his/her wrists with the glass from a broken light bulb. This incident was not reported to the Department until 5/16/2016 at 2:26 p.m.

**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.*

When an incident occurs, all staff will immediately report the incident to the program director after all of the residents involved have been cared for.

The program director has already programmed the personal care home complaint hotline phone number into her cell phone. The program director will call the report in once she has been notified by a staff member, and then she will then complete the report electronically. All reports will be completed within the twenty four (24) hour reporting time frame.

Immediately: The administrator or designated person will review all reportable incidents at least weekly to ensure all reportable incidents or conditions are reported to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). *SW 8/24/16*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *David J. Jurek Exec. Director* Date *8/22/16*

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

The above plan of correction is approved as of <u>8-24-16</u> (Date)	Plan of correction implementation status as of <u>8-24-16</u> (Date)
The above plan of correction was approved by <u>SW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42415 - 06/01/2016 - Cutter, Jan  
PCH Name: M H A ENHANCED PERSONAL CARE HOME

AUG 23 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #1's most recent medical evaluation was completed on 1/30/2015.

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 #1's most recent medical evaluation was completed on 1/30/15. An MA51 was completed on 2/26/16, but the DME was not sent with [redacted] to the EPC. A new MA51 was completed on 5/26/16 (see attached). Upon admission, all MA51 and DME paperwork will be collected by the program director for the chart. The program director will also be responsible to make any future appointments for medical evaluations to be completed on an annual basis.

Within 15 days of receipt of the plan of correction: The administrator will review all resident records to ensure an in-person medical evaluation has been conducted by a physician, physician's assistant, or certified registered nurse practitioner within the last 12 months. The evaluation results shall be documented on the Department-approved Documentation of Medical Evaluation (DME) form. Any resident identified through this review as not having had an in-person medical evaluation completed within the past 12 months, will immediately have an in-person medical evaluation scheduled. *8/24/16*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *David Juno Exec Director*      Date *8/22/16*

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The above plan of correction is approved as of 8-24-16  
(Date)

Plan of correction implementation status as of 8-24-16  
(Date)

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

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

Violation Report: 42415 - 06/01/2016 - Cutter, Jan  
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AUG 23 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1's Hydroxyzine 25 mg take 1 capsule three times a day if needed was discontinued on 4/25/2016; however, the medication was still stored in the medication cart.

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.

To ensure that only current medications are kept at the EPC, the program director implements a checklist for the residential staff to review weekly as of 6/22/16 (see attached). Also, a medication administration review training was held on 6/23/16 for the EPC staff (see enclosed). The sign in sheets are included for 6/23/16 training.

All staff have received the material and are aware that only current medications are to be on site. When a medication is discontinued, it is placed in the bottom drawer of the med cart in a locked box labeled "discontinued medications." These medications are then picked up by the pharmacy.

The Medicine Shoppe also completed a medication area inspection on 6/29/16 and the form is also enclosed.

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

David Jenco Exec. Director

8/22/16

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(Date)

Plan of correction implementation status as of 8-24-16  
(Date)

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

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