



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 26, 2016

Ms. Carol Gross, Executive Director
Mon Yough Community Services
500 Walnut Street, 3rd Floor
McKeesport, Pennsylvania 15132

RE: Mon Yough Community Services
1109 Long Run Road
White Oak, Pennsylvania 15131
License # 447470

Dear Ms. Gross:

As a result of the Department of Human Services' licensing inspection on August 18, 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 "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: MON YOUGH COMMUNITY SERVICES		License Number: 44747
Address: 1109 LONG RUN ROAD, WHITE OAK, PA 15131		County: Allegheny
Administrator: Jennifer Vogan		Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		
Legal Entity Address: 500 WALNUT STREET 3RD FLOOR, MCKEESPORT, PA 15132		RECEIVED
Certificate(s) of Occupancy I-1 02/23/2016 Borough of White Oak		SEP 12 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 08/18/2016: Park, Beth; Marini, Michael		
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: 18	Number of Residents who:	
Number of Residents Served: 18	Receive Supplemental Security Income: 18	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 15	
Area:	Have Mental Illness: 18	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 44747 - 08/18/2016 - Park, Beth
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home serves 18 residents, requiring a minimum of 54 gallons of emergency drinking water. However, the home has no emergency drinking water on site. The home's contract with the Municipal Authority of Westmoreland County does not include a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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.

Municipal Authority of Westmoreland County Distribution Superintendent, Ron Mellinger, was contacted on 09/06/16 by program supervisor, requesting a new contract that includes the amount of water to be delivered, a guarantee that the water will be delivered immediately upon request, 24 hours-per-day, and a guarantee that the water will be delivered as a priority even in the event of a regional general emergency. The written contract between the Municipal Authority of Westmoreland County and this personal care home will be review annually by the program administration and the Municipal Authority of Westmoreland County Distribution Superintendent. Staff will be retrained on 09/20/16 and annually thereafter regarding emergency preparedness and specifically how to obtain a water supply in the event of an emergency. Please see attached document regarding the home's emergency water supply.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carol K. Gross*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CAROL K. GROSS Ex. Dir* Date *9.12.16*

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

The above plan of correction is approved as of 9/29/16
(Date)

Plan of correction implementation status as of 9/29/16
(Date)

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

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

Violation Report: 44747 - 08/18/2016 - Park, Beth
PCH Name: MON YOUGH COMMUNITY SERVICES

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

One of the home's smoking areas was located directly on the walkway from the parking lot to the front doors. Residents #1 and #2 were observed smoking in this area during the day.

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 issue was rectified on 08/18/16 on the date of inspection. Assistant Supervisor immediately relocated the designated smoking area away from common walkways and exits and at a safe distance from heat sources, hot water heaters and combustible or flammable materials. Assistant Supervisor explained to residents and staff the reason for relocating the designated smoking area and reviewed the program's smoking policy. The smoking policy and smoking area relocation will be reviewed at the staff and resident council meetings on 09/20/16. Ensuring that residents are smoking at least 15 feet from the building, at a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits was added to the shiftly staff duties checklist and will be completed by staff during all assigned shifts. Please see attached document for verification.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *C. R. Gross*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *CHARLES R. GROSS Ex. Dir.* Date *9.12.16*

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

The above plan of correction is approved as of <u>9/29/16</u> (Date)	Plan of correction implementation status as of <u>9/29/16</u> (Date)
The above plan of correction was approved by <u><i>R</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>R</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44747 - 08/18/2016 - Park, Belh
 PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 56 Pa.Code §2600
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The August medication administration record for resident #3 did not include "Poly Glycol Powder, take 17gr in a glass of water as needed" which the resident is prescribed.

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 issue was rectified immediately on 08/18/16, the date of inspection. Program Supervisor printed the Medication Administration Record for resident #3's Polyethylene Glycol / Miralax Powder and included it in the appropriate section of resident #3's August Medication Administration Records. The home's Administrator will review the Medication Administration Records prior to the start each month to ensure the following information is included for each resident: resident's name; drug allergies; name of medication; strength, dosage form; dose; route of administration; administration times; duration of therapy, if applicable; special precautions, if applicable; diagnosis or purpose for the medication, including pro re nata (PRN); date and time of medication administration; and the name and initials of the staff person administering the medications. On 09/06/16, an Administrator Medication Administration Record Review was implemented and will be used each month to document that the MAR is being reviewed. Please see attached document for verification.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Carol Gross*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *CAROL GROSS, Ex. Dir.* Date *9.12.16*

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

The above plan of correction is approved as of <u>9/29/16</u> (Date)	Plan of correction implementation status as of <u>9/29/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented