



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: November 28, 2016**

Ms. Carol Gross, Executive Director  
Mon Yough Community Services  
500 Walnut Street, 3<sup>rd</sup> 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 October 17, 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		<b>RECEIVED</b>
Certificate(s) of Occupancy I-1 02/23/2016 Borough of White Oak		NOV 22 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 17	Waking Staff: 13
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2016: Garrigan, Laurie; Bedford, Katie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 18	Number of Residents who:	
Number of Residents Served: 17	Receive Supplemental Security Income: 17	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 12	
Area:	Have Mental Illness: 17	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
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 - 10/17/2016 - Garrigan, Laurie  
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 10/13/16, Adult Protective Services investigated an allegation of emotional and verbal abuse of resident #1 by staff persons B and C. Resident #1 reported that staff persons B and C call him/her crazy, talk about his/her incontinence care in front of other residents, state they do not want to wash his/her soiled clothes, and are disrespectful towards the resident. Staff person A, the administrator, was aware of this allegation on 10/13/16; however, staff persons B and C continued to work at another licensed facility owned by the same legal entity. No plan of supervision was submitted or approved by the Department until 10/17/16. Staff persons B and C worked unsupervised from 10/13/16 to 10/17/16, including the following dates and times:

- \* Staff person B-3:00 p.m. to 11:00 p.m. on 10/16/16
- \* Staff person C-3:00 p.m. to 11:00 p.m. on 10/13/16 and 10/14/16

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.

A plan of supervision was submitted & approved on 10/17/16, the date of the partial unannounced inspection. Both staff persons B & C were immediately removed from the home to work at another state licensed personal care home owned by Mon Yough Community Services, under the supervision of a Mental Health Counselor II. Staff persons B & C were not to work one to one or independently with any clients. Staff person B was supervised by a Mental Health Counselor II on the following dates & shifts: 10/16/16, 3pm-11pm; 10/17/16, 3pm-11pm; 10/18/16, 7am-3pm; 10/19/16, 7am-3pm; 10/20/16, 7am-3pm; 10/23/16, 3pm-11pm; 10/24/16, 3pm-11pm; 10/25/16, 7am-3pm; 10/26/16, 7am-3pm; 10/27/16, 7am-3pm. Staff person C was supervised by a Mental Health Counselor II on the following dates & shifts: 10/13/16, 3pm-11pm; 10/14/16, 3pm-11pm; 10/17/16, 3pm-11pm; 10/18/16, 3pm-11pm; 10/19/16, 3pm-11pm; 10/20/16, 3pm-11pm; 10/21/16, 3pm-11pm; 10/24/16, 3pm-11pm; 10/25/16, 3pm-11pm; 10/27/16, 3pm-11pm; 10/28/16, 3pm-11pm. All staff were retrained in resident rights, confidentiality & the agency's Resident Abuse Reporting Policy on 10/18/16.

Additionally the Personal Care Home Administrator & CoAdministrator have assigned Designee responsibilities to the home's Mental Health Counselor II to ensure all regulations for required reporting are completed in a timely fashion in the absence of the Administrator & CoAdministrator.

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

Signature of Legal Entity Representative (Required on EVERY Page) *William Latta*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *William Latta Sr Director of Admin Ops*      Date *11/23/16*

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

The above plan of correction is approved as of 11/23/16 (Date)

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

Plan of correction implementation status as of 11/23/16 (Date)

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