



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 17, 2017

Mr. Raymond L. Wolfe, Executive Director
Mercy Behavioral Health
Attention: Anne Spontak
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

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

Dear Mr. Wolfe:

As a result of the Department of Human Services' licensing inspection on November 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: MUNHALL MANOR		License Number: 43473
Address: 2514 MAIN STREET, MUNHALL, PA 15120		County: Allegheny
Administrator: Michael Budal		Region: WEST
Legal Entity Name: MERCY BEHAVIORAL HEALTH		WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233		
Certificate(s) of Occupancy R-4 05/15/2008 Borough of Munhall		
Staffing Hours	Total Daily Staff: 8	Waking Staff: 6
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Partial		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 11/17/2016: Garigan, Laurie; Mazza, Larry; Quinn, Suzanne		
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: 16 Number of Residents Served: 8 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: 0 Are 80 Years of Age or Older: 2 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0

RECEIVED

DEC 22 2016

Page 2 of 4

Violation Report: 43473 - 11/17/2016 - Garrigan, Laurie
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION
At 9:30 a.m., multiple black spots, which appeared to be mold, covered a 14" x 8" section of the wall at the head of resident #1's bed.

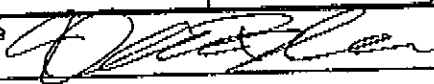
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The room where the spot was discovered has had the spot bleached, scrubbed, primed and fully repainted. Attached is a picture of the repaired wall behind the bed where the offending area was located. As this spot was believed to have been caused by the residents head rubbing on the wall, and as this resident maintains [redacted] room and bedding on [redacted] own, maintenance/housekeeping at Munhall Manor will complete monthly (or weekly as identified) checks of this room where the resident's head may come in contact with the wall. The spot will be wiped down with disinfectant wipes to insure that no further incidents such as this occur. Should the spot become worn again, Munhall Maintenance will re-prime and paint the spot again to insure it's cleanliness and appropriateness.

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)

MIKE BUDAI

Date 12/22/16

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

The above plan of correction is approved as of


1/4/17
(Date)

Plan of correction implementation status as of

1/4/17
(Date)

The above plan of correction was approved by


(Initials)

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

DEC 22 2016

Page 3 of 4

Violation Report: 43473 - 11/17/2016 - Garrigan, Laurie PCH Name: MUNHALL MANOR	WEST REGION FIELD OFFICE Human Services Licensing
1. REGULATION 55 Pa.Code §2600 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	
2a. DESCRIPTION OF VIOLATION At 9:22 a.m., two unlabeled, used bars of soap were at the sink in the shared bathroom in resident #2's bedroom.	
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.	
<p>As Murihall Manor does not provide bar soap (instead utilizing wall pump systems for hand soap, body wash and hand sanitizer,) any bar soap has been purchased by residents themselves. In order to alleviate any issues over who's soap is who's in this shared bathroom, brand new soap dishes have been provided to these residents. The soap dishes have been clearly labeled with their first names and initials so that any bar soap left in the the shared bathroom can be easily identified. Additional soap trays have been purchased in case someone were to lose or break theirs, and the two residents using the shared bathroom have been asked to inform staff should their tray/container be lost or broken.</p> <p>A picture has been attached of the new labeled containers.</p> <p><i>Immediately: A designated staff person shall inspect the home weekly to ensure all bar soap is clearly labeled with each resident's name.</i></p> <p style="text-align: center;"><i>11/4/17</i></p>	
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) <i>MUAE PODAI</i>	Date <i>12/22/16</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>11/4/17</i></u> (Date)	Plan of correction implementation status as of <u><i>11/4/17</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

DEC 22 2016

Violation Report: 43473 - 11/17/2016 - Garrigan, Laurie
PCH Name: MUNHALL MANOR
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

At 10:08 a.m., a white bath towel was on the back of a chair in the home's outside designated smoking area.

At 10:09 a.m., resident #2 was observed by an agent of the Department smoking outside the front door near a "no smoking" sign. The home's designated smoking area is on the concrete pad in the rear of the home.

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.

As the weather gets cold we find that residents are, for obvious reasons, less and less inclined to go far from the door and over to the appropriate smoking area. Signs have been placed by all external doors indicating that smoking is not allowed in that area, and staff make every attempt to check for violators when poor weather occurs to remind and redirect people to the appropriate area for smoking. The resident in question was reminded of the appropriate smoking area and how smoking near the door has negative implications on the home (mess, potential fire, odor, Health Code violations, etc.)

Munhall Staff will continue to be diligent and check doors for potential violators, reminding them of the rules and redirecting them to the smoking area. All residents have been individually reminded of the appropriate smoking location and have been asked to refrain from smoking near home entrances.

Immediately: Any resident observed smoking outside of designated smoking areas in accordance with the home rules shall be notified, in writing, of a home rule violation. Documentation of notification shall be maintained in the resident's record. 1/4/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MIKE BUDAI Date 12/22/16

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

The above plan of correction is approved as of 11/4/17 (Date)

Plan of correction implementation status as of 11/4/17 (Date)

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

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