pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 1 4 2017

Mr. Raymond L. Wolfe,
Chief Operating Officer
Mercy Behavioral Health
Attn: 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 inspections on February 21, 2017, February 22, 2017 and May 31, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe
Director

Enclosure
License 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 BUDAI	Region: WEST
Legal Entity Name: MERCY BEHAVIORAL HEALTH	
Legal Entity Address: 1200 REEDSDALE STREET, PITTSBURGH, PA 15233	

Certificate(s) of Occupancy

R-4	C-2 LP
05/15/2008	03/25/1986
Borough of Munhall	Labor & Industry

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Staffing Hours

Resident Support: 0 | Total Daily Staff: 7 | Waking Staff: 5

Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

02/21/2017: Flinner-Alman, Lisa; Knee, Donald
02/22/2017: Flinner-Alman, Lisa

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: 15	Number of Residents who:
Number of Residents Served: 7	Receive Supplemental Security Income: 7
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 1
Area:	Have Mental Illness: 7
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	

RECEIVED

MAY 10 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 2/21/17, the resident privacy coding documents were attached to the licensing inspection summaries, dated 4/4/16 and 11/17/16, which were posted on the bulletin board in the dining room. The names of residents #4 and #5 were included in the privacy coding document of the licensing inspection summary, dated 4/4/16, and the names of residents #3 and #6 were included in the privacy coding document of the licensing inspection summary, dated 11/17/16.

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.

This violation was corrected at time of inspection. As the Administrator, I was unaware that the resident's names had been posted on the violation reports, and simply posted them as required. My ignorance of this is the only reason why these were posted with the resident's names available. In the future, I will insure that these names are thoroughly crossed out/blacked out so that the resident names are not visable to people who may look at these reports.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract, dated [redacted]17, for resident #3 was not signed by the administrator or a designee and the resident.

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 resident's signature sheet for this contract was sent to the payee for signature. In general, I make a copy of this, title it as such, and attach the copy to the contract to insure a signature page is attached until the original copy is hopefully returned, signed, from the payee. I, as the administrator, have apparently forgotten to attach a copy before sending it off, as i have for all other contracts. While i have not recieved the return copy from the payee, the copy of the signature sheet has been located and attached to the resident contract. The administrator will follow-up with the payee and attempt to obtain the payee-signed copy.

See attached signature page.

Immediately - The administrator will ensure a fully completed contract is executed within 24 hours of resident's admission to the home.

7/21/17

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: 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
(1) Training that includes a demonstration of job duties, followed by supervised practice.
(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
(3) Initial direct care staff person training to include the following:
(i) Safe management techniques.
(ii) ADLs and IADLs.
(iii) Personal hygiene.
(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
(vi) Implementation of the initial assessment, annual assessment and support plan.
(vii) Nutrition, food handling and sanitation.
(viii) Recreation, socialization, community resources, social services and activities in the community.
(ix) Gerontology.
(x) Staff person supervision, if applicable.
(xi) Care and needs of residents with special emphasis on the residents being served in the home.
(xii) Safety management and hazard prevention.
(xiii) Universal precautions.
(xiv) The requirements of this chapter.
(xv) Infection control.
(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A, hired [redacted]12, and B, hired [redacted]16, have provided unsupervised ADL services; however, neither staff person has completed the Department-approved direct care training course and passing of the competency test.

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.

Both staff have completed the Direct Care Trainings, and these certificates have been located in the respective charts of each staff member, included in the initial training certificates section of their chart. I have attached dated copies of both of them for verification. We have a training plan set up for all new hires, in the form of a datable check list. This training is one of the many that are included on this check list to complete before a staff person begins working on the floor, insuring it's completion before working direct care on site. We will continue to use this initial training check list (which also includes, CPR, First Aid, Med Training, etc.) in the future to insure all initial trainings are completed prior to working with the residents.

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: 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A, B and C did not receive the following required training during the 7/1/15-6/30/16 training year:
- Medication self-administration
- Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- Safe management techniques
- Care for residents with mental illness - The home currently serves 7 residents with a diagnosis of a mental illness.

Also, direct care staff persons A and C did not receive training in care for residents with dementia and cognitive impairments and direct care staff person C did not receive training in infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during the 7/1/15-6/30/16 training year.

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.

Our annual staff training plan has been updated to include these trainings. Trainings have been collected, compiled, and a test has been created for each of the stated trainings above. See attached. These trainings will be presented to staff prior to the end of our training year (ending on June 30, 2017) and will be completed to insure compliance for this year. Going forward, the updated training log (see attached) which is maintained by the site Administrator, will be utilized to insure that the above trainings, along with the other required trainings, are completed on an annual basis. The training log will be dated (as it currently is) with the completion date of each training by each staff member. These logs are presented to the DHS licensing rep at every annual inspection and physical tests for each training (which are signed by the staff completing and dated at time of completion) or sign-in sheet will be placed in each staff person's training folder for verification.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons A, B and C did not receive fire safety training completed by a fire safety expert or by a staff person trained by a fire safety expert during the 7/1/15-6/30/16 training year.

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 Munhall's current fire safety training does not include having a physical fire safety expert available to answer questions, we have contacted several other sites in our agency to partner with them. In the agency we have a current volunteer fireman who is willing to come to the site to be the in-person fire safety expert. In addition, our agencies other two personal care homes have a fire safety expert who is willing to come to the site to perform in-person trainings. Therefore, Munhall Manor, in conjunction with our other two PCH's, will make 3 different fire safety trainings (with in-person fire safety experts) available to our staff throughout the year to insure all staff can complete this training with an expert available for questions after the training and test. The first for our upcoming training year has been set for October 3, 2017 at 2pm. We have a tentative date set up for June 9, 2017 for Munhall Manor to insure compliance/correction for this training year.

Immediately- All staff will receive fire safety training annually from a fire safety expert or by a staff person trained by a fire safety expert.

7/21/17

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 BODAI

Date 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
The home's record of 2016 annual direct care staff training does not include the length of the course for several trainings to include the following:
- Basics of Insulin Administration
- Fire Safety
- Preventing Slips, Trips, and Falls in the Workplace
- LTC Resident Rights
- Emergency Preparedness
- Addressing Behaviors that Undermine a Culture of Safety

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 with the first violation, I, as the adminstrator, take full responsibility for this violation. Our agency has recently switched training agencies, and i was oblivious to the fact that the new agency does not provide the training hours/length of course on the training certificates. The training agency does, however, provide the course length/training hours on their site, and it is listed when an annual "courses completed" listing is printed out. Therefore, a master list of the trainings through this agency will be created from their site, showing the course length/hours of each training. This list will be copied and placed in each staff person's training folder along with the current year's training certificates for verification of course length. As diabetes is done in-person, a statement of course length will be prepared and signed by our diabetes instructor. A copy of this statement will also be placed in each staff person's training folder for course length verification.

* See ATTACHED TRANSCRIPT W/HOURS & CREDITS LISTED

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Filnner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION
On 2/21/17, a container of super duty degreaser, with a manufacturer's label indicating, "If swallowed, call a poison center or doctor/physician if you feel unwell" was stored on the same shelf as a bottle of soy sauce in the basement.

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 has been corrected on site. Maintenance had placed this item in this area as he believed that since it was kitchen related it should be in the "kitchen area" of the basement where other paper goods, kitchen supplies and backstock were stored. [redacted] has been educated that chemicals can not be stored in this area, and has made space in the chemical storage area for these supplies. In addition, signs have been placed in this area as a reminder that chemicals should not be stored in an area where packaged/dry goods for the kitchen are stored as a visual reminder. See attached photo.

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 5/10/17

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

The above plan of correction is approved as of 7/24/17 (Date)

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

Plan of correction implementation status as of 7/24/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 2/21/17, there was a container of Clorox toilet bowl cleaner with a manufacturer's label indicating, "Call poison control center or doctor, if ingested" unlocked and accessible to residents in the common bathroom to the right of the staff office.

Not all residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

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 restroom is locked, as it is the staff restroom. This restroom was left unlocked for use by the auditors. In leaving this door unlocked, I, as the Administrator, was not mindful to check and insure that there were no chemicals left out and available as i was leaving the door unlocked. In the future, a key to the restroom will be given to DHS staff for use of the restroom to insure this violation does not occur again.

As an aside, Munhall Manor does not currently have anyone who is identified as unable to "safely use or avoid poisonous materials," as stated on each resident's DME. This includes resident #1. Resident #1's RASP does however state that [redacted]s to be provided a "safe environment" when around poisonous materials, which is contradictory to [redacted] doctor's statements. The RASP has been updated to reflect his Doctor's indication.

See attached documentation.

(UPDATED RASP FOR RESIDENT #1 ATTACHED TO Pg. 26)

Immediately - All staff will be reeducated on keeping poisons locked.

7/21/17

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 2/21/17, there was a nail, protruding approximately 1", in two sections of the handrail on the exterior emergency staircase, posing a skin tear hazard.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This violation was corrected with inspector present. As two additional violations are in regards to the repair of our fire escape, the building owner was contacted. He agreed that the entirety of the escape should be replaced and will do so in early summer, date TBD.

For the future, an inspection sheet for the fire escape has been created. It will be completed monthly in conjunction with our routine fire extinguisher checks. It identifies checks for sturdiness of the handrails/railing, grip strips for the steps, identification of any loose bolts, protruding nails or screws, and an additional section to note any additional items. A corrections section wraps up the inspection sheet where the issues found are to be stated along with correction method and date of correction. This monthly inspection sheet will be kept in the maintenance binder for review if requested.

See attached report sample.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED

MAY 10 2017

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 2/21/17, there were no emergency telephone numbers to include the nearest hospital and police department on or by the telephone located on the wall in the 1st floor foyer between the filing cabinet and shelving unit.

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 listing, while posted elsewhere in the building, frequently vanishes, as it's believed residents use it to write notes, take phone numbers, etc. In order to curb this, the listing has been framed and screwed into the wall to prevent it from being removed again.

See attached photo.

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 BODAI

Date 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED

MAY 10 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Filnner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

On 2/21/17, there were 2 unsecured sections of the handrail on the exterior emergency stairs. One section moved approximately 1/2" and another section moved approximately 1".

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 previously stated, the entirety of the escape is going to be replaced by the building owner. In the meantime, the two noted sections above were pointed out to the site Administrator by DHS staff. These sections required two of the railing braces to be tightened up, as the bolts had loosened. both of these sections have been tightened up and additional screws have been added to insure stability. In addition, as previously stated, the escape will be checked monthly for safety on several levels. Issues will be noted and corrected with date of correction. This check list will be kept on record in the maintenance binder for review if requested.

See attached before and after pictures.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Filinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
The edges of the five nonskid strips on the top step of the landing at the back exit were lifted and curled approximately 1/4" - 1/2", posing a tripping hazard.

There was no nonskid strip on the second step from the bottom of the exterior emergency stairs.

(Observed 2/21/17)

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.

Again, the entirely of the escape is being replaced in early summer. Until then, all older rubber grip treads have been removed and steps have been painted in outdoor, anti-slip floor paint to insure traction on each step. Ongoing compliance will be verified by monthly checks and issues noted will be identified and corrected, with date and method noted on the monthly check, kept in the site maintenance binder and available for DHS to review.

See attached photo of repair.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/04/2016		

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) MIKE BUDAI

Date 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED

MAY 10 2017

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 2/21/17, the left side of the metal shelf was not secured to the wall. The shelf was located under the mirror in the common bathroom to the right of the staff office.

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 mirror/shelf is in the staff restroom and is not available to the residents, as it is generally locked and as stated on the door for employees only. That being said, the mirror shelf is wobbly. As a shelf is not required, the shelf has been removed as it was part of the mirror and in coming loose is unable to be reattached.

See attached picture.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.101(j)(6) - Each resident shall have the following in the bedroom: A mirror.

2a. DESCRIPTION OF VIOLATION
On 2/21/17, there was no mirror in bedroom #8.

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 resident rearranges [redacted]room daily, and in doing so will take down [redacted] mirror in addition to rearranging furniture. The mirror was in the room, however was placed in the closet.

As the mirror has a wood frame, the mirror was permanently attached to the back of [redacted] door so that [redacted] can not remove it and therefore, compliance is adhered to.

See attached photo.

Immediately - All staff will be reeducated on the items required for each bedroom, and directed to monitor resident rooms as part of their daily duties.

7/21/17

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 5/10/17	

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The lamp was approximately 3' away from the bed in bedroom #2.

The bed in bedroom # 8 did not have a source of lighting that could be turned on/off from bedside.

(Observed 2/21/17)

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 previously stated, this resident frequently rearranges [redacted] room, therefore it is difficult to insure that a lamp or light of some sort is located within reach of where [redacted] places [redacted] bed. in addition to the lamps in [redacted] room, and additional 3 touch lights have been placed in [redacted] room along the walls so that wherever [redacted] may place [redacted] bed, a light source should be within reach. [redacted] has been reminded that, while we want [redacted] to be comfortable in [redacted] room and set it up in a way [redacted] enjoys, that [redacted] needs to be within reach of a lamp when [redacted] is in [redacted] bed, wherever in [redacted] room [redacted] may want to place [redacted] bed.

See attached photos for placement of additional lighting sources.

Immediately- all staff will be reeducated on the items required in bedrooms, including an operable source of lighting within reach of bedside, and directed to monitor the rooms as part of their daily duties.

7/21/17

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION
On 2/21/17, the emergency evacuation diagrams posted by the front door of the home and by room #8 did not depict the correct orientation to the exits.

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.

It was pointed out that the emergency evacuation diagram next to the front entrance needed to be flipped over to orient it to the location. A copy of the diagram was created with all of the identifying factors "flipped" so that the orientation was correct to the front door. This has replaced the old version.

A copy of the new orientation is attached along with a picture of the replaced/posted diagram.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED

MAY 10 2017

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on [redacted]17. The resident's medical evaluation, signed by the physician on 1/9/17, did not include the date the in-person medical evaluation was completed.

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 document has been returned to the doctor and this incomplete section has been completed and initialled for verification.

See attached.

Immediately - The administrator or designee will review the medical evaluations of all current residents to ensure they are completed in full.

Immediately - All staff involved in completion of medical evaluations will be reeducated on reviewing the entire form for completeness after physician signs it.

7/21/17

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The dinner menu posted was dated 2/16/17 - 2/22/17. The following week's dinner menu was not posted.

There were no lunch menus posted.

(Observed 2/21/17)

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 Munhall Manor is a small site, we have capabilities to store about two weeks of food, which is what our delivery schedule is on. A delivery was made during inspection, and the additional second week was posted. Menus, created by the adminstrator, are usually posted once delivery is made to insure all items needed for the menu are available, so that subsititutions do not need to be made. In the future, all menus will be posted at least two weeks in advance, and the regulation stating that changes need to be posted within 24-hours will be utilized to insure that two weeks are always available to the residents.

The lunch menu, along with other postings, had been removed and went un-noticed by the administrator. It has been replaced and, as with the emergeny number posting, has been framed and attached to the wall. It is a consistent lunch menu, stating a number of sandwich and salad choices of which the residents have on a daily basis.

See attached photo.

Immediately - A designated staff person will ensure that a current menu and menu for the upcoming week is posted in the home.

7/21/17

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED
MAY 10 2017
WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Filnner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
On 2/21/17, there was an unlocked and unattended box of Contac Night Cold + Flu medication on the table to the right upon entering resident #3's unlocked 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.

As a facility who's residents skew considerably younger than traditional PCH's, our residents go out frequently, and on their own, into the community. When they go shopping on their own, they will occasionally bring back items such as cold medicine, and not inform staff.

Residents have since been reminded that all OTC medications need to be given to the staff or nurse, and that they can not be given without written approval from their doctor. Residents, after being reminded, were asked to sign a statement indicating that we have reviewed this information with them. In addition, we have asked our maintenance person, who is frequently the only person who enters every room daily, to be an extra set of eyes on the look out for any unauthorized medication that may come in the building.

Signed sheet attached for review.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED

MAY 10 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

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
On 2/22/17, there was a bottle of eye wash, expired 8/09, in the first aid kit in the home's vehicle used to transport residents.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This kit came as a complete set, and left unopened in our vehicle in the event of an emergency. As i was unaware of the ability for this item to expire, it was unfortunately left in the kit beyond it's expiration. It was removed from the kit at the time of inspection and all other items in the kit have been checked for expiration dates (nothing expired found.) No additional eyewash was purchased for replacement, as it is not required by PCH regulations, and therefore the issue should be fully resolved.

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 BODAI — Date 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/21/17 (Date)

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

RECEIVED

MAY 10 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form, dated [redacted]17, for resident #1 did not include a determination that the needs of the resident can be met by the services provided by 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.

The preadmission screening was partially completed by the social worker at the rehab facility where resident 1 was living prior to [redacted] admission here. I was to finish completing the document after recieving other paperwork, including the DME and I failed to do so. The document has been fully completed and signed.

In the future, all paperwork for incoming residents will be reviewed by our resident placement specialist for accuracy. Unfortunately she was off on leave for this admission and we failed to properly review all documents and make corrections prior to his admission. In the future all required DHS paperwork for new residents will go through our placement specialist who will review for accuracy. All required paperwork will be requested to be in hand at Munhall a week prior to admission so that we can insure all documentation has been completed correctly, fully and accurately.

See attached completed PAS.

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION
The preadmission screening form, dated [redacted]17, for resident #1 does not include the name or signature of the person who completed the form.

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The preadmission screening form was partially completed by the social worker at the rehab facility where this resident resided prior to [redacted]admission here. I was to finish completing the form once the DME was recieved and failed to do so.

Attached is the completed Preadmission Screening. In the future, our resident placement specialist will review all incoming residents documentation prior to admission. Unfortunately she was on leave at the time of resident 1's admission and issues went unnoticed. All documentation will be requested at least 1 week prior to admission to insure Munhall staff have enough time to review and obtain corrections as needed to insure all new admission paperwork required by DHS is accurate and fully completed.

In addition, a check list to insure full completion of admission paperwork has been created to be used in the home once all documentation for a new admission is recieved.

See attached completed Preadmission Screening for Resident 1 and Check List
(Attached to Violation Pg. 23)

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: 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/24/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #1 is not dated. The form was signed by the assessor on 1/16/17; however, the resident was not admitted until [redacted]17.

The initial assessment, dated [redacted]16, for resident #2 is incomplete and does not include an assessment of the resident's personal care need and degree of need in several areas to include the following:

* Eating
* Transferring in/out of bed/chair
* Toileting
* Ambulating
* Personal hygiene
* Securing health care
* Turning and positioning in bed/chair
* Securing and using transportation
* Managing finances
* Caring for personal possessions
* Orientation to time, place, and person
* Irritability
* Agitation
* Communication of needs
* Understanding instructions
* Short term memory and long term memory

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 was to be admitted on [redacted]17, but the admission was delayed. The entire RASP has been redone in order to make corrections noted in another violation. Please see the complete RASP attached to pg. 26 of this report for verification of updated, completed, signed, and dated RASP.

Resident 2's RASP was missing reporting in the "Needs" section of their RASP. This has been corrected and placed in their chart. A copy of the fully completed RASP is attached to this violation for review and verification.

Immediately - All staff involved in completing assessments will be re-educated on required contents and timeframes for completion.

Immediately - The administrator will develop and implement a review system to ensure assesments are timely and complete.

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

Signature of Legal Entity Representative (Required on EVERY Page) — 7/20/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): MIKE BUDAI — Date: 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

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

Plan of correction implementation status as of 7/21/17 (Date)

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

Violation Report: 43473 - 02/21/2017 - Flinner-Alman, Lisa
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The initial undated support plan, signed by the assessor on 1/16/17, for resident #1, admitted [redacted]17, is not completed in its entirety to include the following:

* No plan to meet the resident's needs regarding his/her medical diagnoses to include diabetes, seizures, atrial fibrillation, chronic obstructive pulmonary disease, depression and anxiety
* No description of service need related to behavioral or cognitive need to include irritability, agression, hallucinations, judgment and orientation to time, place and person
* No plan to meet the resident's social and recreational need, frequency or responsible party
* No plan to meet the resident's supervision and mobility needs or responsible party
* No date to when the support plan was finalized

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 occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This RASP Plan was completed by Resident #1's CTT and was not fully reviewed before placing it in the residents chart. Since this audit when the Administrator was made aware of the issue, the RASP has been recreated and all issues stated above have been addressed.

In the future, Munhall Manor's resident placement specialist, who was on leave when resident 1 was admitted, will recieve all paperwork prior to admission to insure it is completed fully and is accurate/all forms match. Munhall staff will request all incoming residents paperwork to be submitted at least 1 week in advance so we have opportunity to review and request changes, obtain signatures, etc. on any paperwork that is not fully completed to DHS requirements.

See completed RASP attached.

Immediately - All staff involved in completing and reviewing support plans will be reeducated on the required contents and timeframes for completion. Support plans will not be completed prior to residents' admission to the home. 7/21/17

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 5/10/17

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

The above plan of correction is approved as of 7/21/17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 7/21/17 (Date)

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