



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 23 2017

Ms. Carol Gross,  
Executive Director  
Mon Yough Community Services, Inc.  
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' annual licensing inspection on July 11, 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](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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 44747 - 07/11/2017 - Garrigan, Laurie  
 PCH Name: MON YOUGH COMMUNITY SERVICES

AUG 14 2017

WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.17 - 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

At 9:30 a.m., the lock on the door to the ancillary office across from bedroom #13 was inoperable. Resident information was unlocked, unattended and accessible, to include the following:

- \* 4 boxes of multiple resident progress notes from 2008 to 2015
- \* A green binder labeled, "Controlled substance sheets" for resident's #1, #2, and #3
- \* A black binder labeled, "Purged Quarterly Financials" for resident's #4, and #5

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.*

- Steps to correct the violation described above: The lock on the ancillary office was immediately made operable and locked at the time of inspection. On 7/18/17, the lock to the ancillary office door was re-keyed, rendering it accessible to staff only.
- Who will make the change: PCHA immediately made the lock operable and locked the door at the time of inspection. PCHA completed a request for MYCS Maintenance to re-key the ancillary office door so that it is accessible to staff only. All direct care staff were retrained regarding confidentiality and storage of confidential records. PCHA and Direct Care Staff will routinely ensure that the ancillary office door remains closed and locked at all times.
- When will the change be made: On 7/11/17, the lock to the ancillary office door was made operable and was locked. On 7/14/17, PCHA submitted a request to MYCS Maintenance to re-key to the door lock. On 7/18/17, MYCS Maintenance re-keyed the lock to the ancillary office door. On 7/25/17, all Direct Care Staff were retrained regarding confidentiality and storage of confidential records.
- How will the change be made: The lock on the ancillary office was immediately made operable and locked at the time of inspection on 7/11/17. On 7/18/17, the lock to the ancillary office door was re-keyed, rendering it accessible to staff only.
- What system will be in place to prevent another violation: On 7/25/17, all Direct Care Staff were retrained regarding confidentiality and storage of confidential records. PCHA and Direct Care Staff will routinely ensure that the ancillary office door remains closed and locked.

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)      James Wyler, Sr. Director Clinical & Community Services      Date 8/14/17

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

The above plan of correction is approved as of 9/15/17  
 (Date)

Plan of correction implementation status as of 9/15/17  
 (Date)

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

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

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AUG 14 2017 Page 3 of 5

Violation Report: 44747 - 07/11/2017 - Garrigan, Laurie  
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. No carbon monoxide detectors were present in the home in accordance with The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16. The home uses gas for heat, laundry, water tanks, and cooking.

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.*

- Steps to correct the violation above: On the date of inspection, 07/11/17, PCHA contacted MYCS Maintenance requesting the completion of a site walk-through to determine the locations of the carbon monoxide detectors, in accordance with the Care Facility Carbon Monoxide Alarms Standards Act. MYCS Maintenance arrived on-site at the time of inspection and completed the walk-through with PCHA and BHSL Department Representative, Michael Marini. On 07/12/17, MYCS Maintenance installed all carbon monoxide detectors in accordance with the Care Facility Carbon Monoxide Alarms Standards Act. All carbon monoxide detectors will be tested by PCHA on a monthly basis.

- Who will make the change: On the date of inspection, 07/11/17, PCHA contacted MYCS Maintenance requesting the completion of a site walk-through to determine the locations of the carbon monoxide detectors, in accordance with the Care Facility Carbon Monoxide Alarms Standards Act. MYCS Maintenance arrived on-site at the time of inspection and completed the walk-through with PCHA and BHSL Department Representative, Michael Marini. On 07/12/17, MYCS Maintenance completed the site walk-through and installed all carbon monoxide detectors in accordance with the Care Facility Carbon Monoxide Alarms Standards Act. All carbon monoxide detectors will be tested on a monthly basis to ensure that all devices are operable.

- When will the change be made: Carbon monoxide detectors were installed on 07/12/17 by MYCS Maintenance. All detectors will be tested on a monthly basis to ensure that all devices are operable.

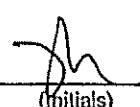
- What system will be in place to prevent another violation: All detectors will be tested on a monthly basis to ensure that all devices are operable.

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

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) James Wyler, Sr., Director Clinical & Community Operations      Date 8/14/17

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The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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Violation Report: 44747 - 07/11/2017 - Garrigan, Laurie  
PCH Name: MON YOUGH COMMUNITY SERVICES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 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 2/17/17, resident #6 was prescribed, Tylenol 325 mg-Take 2 tablets by mouth every 6 hours as needed for 30 days. On 7/11/17, the medication was still present 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.*

- Steps to correct the violation described above: The medication was immediately removed from the medication cart and discontinued in accordance with the agency's medication procedures at the time of inspection on 07/11/17 (Medication Procedures MH-PCH, Page 4, Section O).
- What specific changes will be made: The above mentioned medication was immediately removed from the medication cart and discontinued by PCHA in accordance with the agency's medication procedures (Medication Procedures MH-PCH, Page 4, Section O).
- When will the changes be made: The medication was removed from the medication cart at the time of inspection on 7/11/17.
- How will the changes be made: The medication was removed from the cart at the time of inspection on 7/11/17. PCHA discontinued the medication in accordance with agency medication policy and procedure (Medication Procedures MH-PCH, Page 4, Section O).
- What system is in place to ensure no further violations: PCHA will routinely ensure that all medications are documented and administered as prescribed by the physician. Medical Coordinator and PCHA will review the medication cart and all medication documentation (i.e., Medication Administration Records, Medication Documentation Control Checklists, and physicians' written orders and prescriptions) monthly and more often as needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page) James Wyler, Sr., Director Clinical & Community Operations

Date 8/14/17

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 WEST REGION FIELD OFFICE  
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 Resident #6 and #7's glucometers were not calibrated to the correct time.

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.

- Steps to correct the violation described above: All glucometers were calibrated to the correct time during inspection on 7/11/17.
- Who will make the change: PCHA calibrated all glucometers to the correct time during inspection on 7/11/17.
- When will the change be made: PCHA calibrated all glucometers to the correct time during inspection 7/11/17.
- How will the change be made: According to the glucometer owner's manual, the following steps are taken to calibrate the correct time on the glucometer: Select the OK button and select the language. Use the arrow buttons to change the date and select save. Use the arrow buttons to set the time and select save. The correct date and time will then appear on the home screen. All Direct Care Staff will ensure correct calibration of all resident glucometers prior to blood glucose testing.
- What system will be in place to prevent another violation: PCHA and Direct Care Staff will ensure calibration to the correct time during the use of each of the glucometers. All Direct Care Staff are trained annually regarding diabetes management and the usage of testing supplies.


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) James Wyler, Sr., Director Clinical & Community Operations	Date 8/14/17
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