



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 21 2017

Ms. Lynne M. Loesch
Executive Director
Mental Health Association of Washington County
575 North Main Street
Washington, Pennsylvania 15301

RE: M.H.A. Enhanced Personal Care Home
200 Spring Street
Bentleyville, Pennsylvania 15314
Certificate #: 424150

Dear Ms. Loesch:

As a result of the Department of Human Services' annual licensing inspection on July 12, 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,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: M H A ENHANCED PERSONAL CARE HOME		License Number: 42415
Address: 200 SPRING STREET, BENTLEYVILLE, PA 15314		County: Washington
Administrator: Kelly Coniglio		Region: WEST
Legal Entity Name: MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY		
Legal Entity Address: 575 NORTH MAIN STREET, WASHINGTON, PA 15301		
Certificate(s) of Occupancy C-2 LP 04/20/2006 L&I		RECEIVED SEP 22 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/12/2017: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 12 Number of Residents Served: 12 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: 9 Are 60 Years of Age or Older: 8 Have Mental Illness: 12 Have an Intellectual Disability: 5 Have a Mobility Need: 3 Have a Physical Disability: 0	

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SEP 22 2017

Violation Report: 42415 - 07/12/2017 - Marini, Michael
PCH Name: M H A ENHANCED PERSONAL CARE HOME

WEST VIRGINIA STATE BOARD OF LICENSING
Division of Services Licensing

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

At 11:00 AM, the license inspection summary dated 8-30-16 was posted on the bulletin board with the associated resident privacy coding document included with it. The privacy coding document included resident #1's name.

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 document in violation was immediately removed and placed in a secure, locked area unavailable for public viewing.

In the future, the Administrator will thoroughly inspect all documents prior to posting in the common area's.

All resident records shall be kept confidential in a secure, locked designated area.

Upon request, only then will the confidential records be made available to authorized personnel.

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)

David Jenco Executive Director

Date 9/21/17

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

The above plan of correction is approved as of

10/20/17
(Date)

Plan of correction implementation status as of

10/20/17
(Date)

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

The above plan of correction was approved by

BB
(Initials)

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SEP 22 2017

Violation Report: 42415 - 07/12/2017 - Marini, Michael
PCH Name: M H A ENHANCED PERSONAL CARE HOME

WEST VIRGINIA LEGISLATIVE OFFICE
Charleston, West Virginia

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person A was hired 8-13-15 and the criminal history background check of staff person A dated 8-11-15 was returned, "Request under review" and the home failed to complete it.

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 staff person in violation was immediately taken off the schedule pending completion of the Criminal History background check.
Future employees will not be scheduled until until background checks are completed. Pending background checks under review, will be followed up by Administrative Personnel within the recommended time.

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) Date

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

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SEP 23 2017

Violation Report: 42415 - 07/12/2017 - Marini, Michael
 PCH Name: MHA ENHANCED PERSONAL CARE HOME

WEST REGIONAL OFFICE
 Home Services Licensing

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

The home's training year is 7-1 to 6-30. Staff person A, who was hired on 8-13-15, and staff person B, who was hired on 9-1-14, did not complete medication self-administration training in training year 2016-2017.

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 annual required training was completed by staff persons A and B following the violation. The Administrator has implemented an annual training schedule for all staff. The Administrator will track and log all required trainings upon completion. Staff person's not in compliance with the required annual trainings, will be removed from the schedule pending completion of the training requirements.

*Please see attached documents

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) Date

David Jenco Executive Director 9/21/17

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 (Initials)

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OCT 17 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42415 - 07/12/2017 - Marini, Michael
PCH Name: M H A ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
The home's three-day water supply was stored on the floor in the boiler room.

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.

Violation 2600.103(d) was corrected.
The Home's three-day water supply was placed on a shelving unit off of the floor.
*Picture attached
EPC midnight staff will check water supply, monthly, to ensure a 3 day water is present and shelving unit is in good working condition, off of the floor.
EPC midnight staff will routinely check food supply to ensure storage is proper and off of the floor.

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

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 10/17/17

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OCT 17 2017

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Violation Report: 42415 - 07/12/2017 - Marini, Michael
PCH Name: MHA ENHANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the break room chest freezer.

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.

Violation 2600.103(f) was corrected immediately.
A thermometer was placed in the freezer. Temperature is documented daily.
EPC Director will discuss violations at the next MHA Quality Management meeting on January 30, 2018. The importance of proper food storage and thermometer placement will be reviewed for the residential programs.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/30/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

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

David J. ... EPC Director

10/17/17

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OCT 17 2017

Page 7 of 7

Violation Report: 42415 - 07/12/2017 - Marini, Michael
PCH Name: MHA ENHANCED PERSONAL CARE HOME

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 #2's glucometer was not set to the current date and 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.

Violation 2600.185(a)

A new glucometer was purchased for resident # 2. The new glucometer was calibrated with the correct date and time.

The Administrator has implemented an additional check for medication trained staff when monitoring and documenting blood glucose readings.

In addition to documenting blood glucose readings at the designated day and time, the medication training staff will also document the correct date and time observed on the glucometer.

*See attached documents

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(Initials)