



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

Mr. Damian Knauff, PCHA  
CPSR Associates LLC  
200 Stoops Drive  
Monongahela, Pennsylvania 15063

RE: Mon Valley Care Center  
Certificate #: 418160

Dear Mr. Knauff:

As a result of the Department of Human Services' annual licensing inspection on October 19, 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,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: MON VALLEY CARE CENTER		License Number: 41816
Address: 200 STOOPS DRIVE, MONONGAHELA, PA 15063		County: Washington
Administrator: Damian Knauff		Region: WEST
Legal Entity Name: CPSR ASSOCIATES LLC		
Legal Entity Address: 200 STOOPS DRIVE, MONONGAHELA, PA 15063		RECEIVED
Certificate(s) of Occupancy C-1 11/14/2002 Dept of Health		FEB 01 2018 WEST VIRGINIA HEALTH OFFICE (Registration & Licensing)
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 41	Waking Staff: 31
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/19/2017: Summers, Vicky; Winters, Lynn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 41	Number of Residents who:	
Number of Residents Served: 36	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 36	
Area:	Have Mental Illness: 1	
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: 5	
Number of Current Hospice Residents: 1	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 7		

Violation Report: 41816 - 10/19/2017 - Summers, Vicky  
PCH Name: MON VALLEY CARE CENTER

FEB 01 2018

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
Resident #1's medical evaluation was completed on 7/2/16. Another medical evaluation was not completed until 8/13/17.

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.

*the attached PCC will immediately implement the attached form to monitor that resident's annual DME's are completed and returned in the time frame of regulation 2600.141(b) after their annual face to face appointment with their PCP*  
*A medical evaluation shall immediately be scheduled for any resident who has not had one completed within the past year as identified through the newly implemented tracking system.*  
*ms 2/9/18*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Damian Kwaiec RN/PCA*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Damian Kwaiec*      Date *1/30/18*

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

The above plan of correction is approved as of 2/9/18  
(Date)

Plan of correction implementation status as of 2/9/18  
(Date)

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

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