



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 23 2018

Ms. Becky Burkley
Director of Compliance
Mon Yough Community Services, Inc.
Attn: Amber Vash
500 Walnut Street
McKeesport, Pennsylvania 15132

RE: Mon Yough Community Services
License #: 430030

Dear Ms. Burkley:


As a result of the Department of Human Services' annual licensing inspection on December 15, 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: MON YOUGH COMMUNITY SERVICES		License Number: 43003
Address: 624 LYSLE BLVD, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Adam Mayfield		Region: WEST
Legal Entity Name: MON YOUGH COMMUNITY SERVICES INC		
Legal Entity Address: 500 WALNUT STREET, MCKEESPORT, PA 15132		
Certificate(s) of Occupancy C-2 LP 04/24/2001 Labor and Industry		RECEIVED FEB 26 2018 WEST NEWTON FIELD OFFICE Home Care Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/15/2017: Roser, Ashley; Summers, Vicky		
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: 27 Number of Residents Served: 27 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: 27 Are 60 Years of Age or Older: 11 Have Mental Illness: 27 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 2	

Violation Report: 43003 - 12/15/2017 - Roser, Ashley
 PCH Name: MON YOUGH COMMUNITY SERVICES

WEST NEWTON HILLS OFFICE
 Human Services Department

1. REGULATION 56 Pa.Code §2800

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

The home did not evacuate all residents to the designated meeting place away from the building during the following drills:
 *5/10/17 at 12:00 a.m., the home had 25 residents; however, only 24 residents evacuated
 *6/14/17 at 2:00 p.m., the home had 25 residents; however, only 24 residents evacuated.

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 violation 2600.132 (h):

- On 1/09/18, Program supervisor/PCHA retrained all staff on fire drill procedures, see attached
- During monthly residential council meetings, beginning February 2018, the Program Supervisor/ PCHA, and direct care staff will re-educate all residents on importance of fire drills, see attached.
- Program supervisor/PCHA, and direct care staff will continue to conduct monthly fire drills until all residents evacuate
- For the months of December 2017 and January 2018, all residents evaluated the fire drills, see attached
- Program supervisor/PCHA will collaborate with all direct care staff monthly regarding MYCS fire drill procedure, see attached

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rebecca Burkley*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Rebecca Burkley, Director of Compliance

Date *2/23/18*

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

The above plan of correction is approved as of <u>2/26/18</u> (Date)	Plan of correction implementation status as of <u>2/26/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

WEST HESSON COUNTY OFFICE
Human Services Licensing

Violation Report: 43003 - 12/15/2017 - Roser, Ashley
PCH Name: MON YOUGH COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #1's Systane Eye Drop-Instill 1 drop into both eyes twice daily as needed, was opened on 4/1/17; however, according to the manufacturer's instructions, this medication expires 28 days after opening.

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 violation 2600.183(e):

- Program supervisor/PCHA immediately worked to obtain a new bottle of Systane eye drops for resident; a new prescription was obtained from Dr. Fontana, which took approximately 1 week.
- In December 2017, Program supervisor/PCHA received a list of Eye Drop Expiration Guidelines from Precision Care, see attached
- On 1/9/18, program supervisor/PCHA trained all direct care staff on the regulations regarding proper ordering, disposal, and expiration of eye drops. A list of medicated eye drops and disposal criteria were also reviewed at this time, see attached
- During medication administration and during monthly medication audits, all eye drop expiration dates will be checked by all direct care staff

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca Burkley

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

Rebecca Burkley, Director of Compliance

Date

2/23/18

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(Date)

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[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented