



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

Mr. Raymond L. Wolfe
Chief Executive Officer
Mercy Behavioral Health
Attention: Cheri Richard
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Munhall Manor
2514 Main Street
Munhall, Pennsylvania 15120
Certificate #: 434730

Dear Mr. Wolfe:

As a result of the Department of Human Services' Licensing annual licensing inspection on February 12, 2018, 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: 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		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="font-size: 18px; margin: 0;">MAR 15 2018</p> <p style="font-size: 14px; margin: 0;">WEST REGION FIELD OFFICE Human Services Licensing</p> </div>
R-4	C-2 LP	
05/15/2008	03/05/1986	
Munhall Borough	L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/12/2018: Hoover, Josh		
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: 16 Number of Residents Served: 8 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: 8 Are 60 Years of Age or Older: 3 Have Mental Illness: 8 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 43473 - 02/12/2018 - Hoover, Josh
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in 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.

*As copies of the 2600 regs are taken off the posting board, the site was only in possession of one copy, which was located in the supervisor's office.

*An additional copy was obtained from our DHS Representative and a copy was posted publicly while the Representative was on-site.

*Additional copies will be obtained at the time of this violation report drop-off at DHS offices. This will insure that, should an additional posted copy be removed, additional copies are available to insure posting.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

MIKE BOSAI, PCH

Date 3/15/18

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

The above plan of correction is approved as of 3/20/18
(Date)

[Handwritten Initials]

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

Plan of correction implementation status as of 3/15/18
(Date)

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

Violation Report: 43473 - 02/12/2018 - Hoover, Josh
PCH Name: MUNHALL MANOR

MAR 15 2018

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 9:35a.m., food particles, including popcorn, tortilla chops and other crumbs and detrius covered at least half of the carpeting in 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.

*Munhall has housekeeping services Monday through Friday, 7am-3pm. As this issue was discovered at 9:35, housekeeping had not entered the room yet after the weekend. Room checks generally begin at 10am to insure all residents are left undisturbed while sleeping. This however does not excuse the issue at hand in this violation.

*To insure this does not occur again over a weekend, a shift-based room check has been implemented, whereas each shift on the weekend will do a visual check on each resident room to insure cleanliness and adequate supplies as the room deems necessary. Each shift will report via a checklist that checks have been completed and note any issues.

*Any general housekeeping issue (such as the issue stated in the violation) will be addressed immediately. Residents will also be asked to report any housekeeping issue to staff immediately to assist in assuring rooms are clean.

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, PCHA

Date

3/15/18

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Violation Report: 43473 - 02/12/2018 - Hoover, Josh
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 9:37a.m., the hot water temperature in the 2nd floor shared bathroom measured 134.0 degrees Fahrenheit. At 12:54p.m., the temperature measured 141.2 degrees Fahrenheit.

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 our building has numerous rooms that are far away from the hot water tank, it is necessary to turn the hot water up in the building during cold winter months to insure that all rooms have hot water available to them.

*Because of this need, the hot water in the one bathroom that is connected to the main building's water temperature read high.

*Per DHS Rep recommendation, an anti-scald faucet has been ordered to insure that proper anti-scald temperatures are not exceeded.

*As this is a special order item, it will not be delivered until the week of March 19-23. Therefore, water temps have been adjusted at the hot water tank to insure this room does not exceed the 120 degree limit.

*Water temps at the sink in question have been checked daily at various times to insure readings are not biased due to hot water being used for clothes washing, kitchen uses, or showers.

*Additionally, site maintenance will complete water temp checks for this bathroom daily to insure the regulation of 120 Degrees or less is met until our anti-scald faucet has arrived and is installed.


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
Mike Budai, RHA 3/15/18

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(Date)

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(Initials)

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(Date)

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Violation Report: 43473 - 02/12/2018 - Hoover, Josh
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
At approximately 9:34a.m., there was no screen in the opened window 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 particular resident frequently removes [redacted] screen for various reasons, and unfortunately it was located in an unrepairable state.

*Per DHS Rep recommendation, a removable "accordion-style" screen has been purchased and placed in [redacted] room so that [redacted] can remove and insert the screen as [redacted] feels.

*A new screen for the window has been ordered and is to be delivered within the month (March 2018.)

*The accordion-style screen will stay in this room upon arrival and installation of [redacted] fitted window screen. Should the resident continue to remove and/or damage the fitted screen, the accordion screen will be available to the resident to insert to insure compliance until the screen can be replaced/repaired again.


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 3/15/18
MIKE BUDAI, PCHA

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MAR 15 2018

Violation Report: 43473 - 02/12/2018 - Hoover, Josh
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

The top drawer of the nightstand closest to the door in bedroom #8 was missing a front panel. The panel was leaning against the nightstand.

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.

*Drawer face/panel has been repaired. A photo has been attached to verify compliance.

*Munhall's Site Supervisor has requested that building maintenance/housekeeping's direct Supervisor (separate from Site Supervisor) complete a building walk-through and inspection to confirm expectations of site safety, repair, and cleanliness. Weekly walk-throughs will continue for a period of 6 months (or as deemed necessary) to insure that all maintenance issues are addressed and repaired/responded to accordingly and appropriately.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/21/2017	
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Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) MIKE BUDAI, PCH Date 3/15/18

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(Initials)

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Violation Report: 43473 - 02/12/2018 - Hoover, Josh
PCH Name: MUNHALL MANOR

MAR 15 2018

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

At approximately 9:45 a.m., the temperature of the kitchen freezer measured 31 degrees Fahrenheit.
The chest freezer in the basement of the home did not contain a thermometer.

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.

*Freezer, upon notification of temperature from the DHS Licensing Rep, was turned up to bring the temperature to the appropriate level.

*An inspection of the unit the day following the inspection revealed a build-up of dust on the condenser. This dust was cleared with a vacuum and the freezer condenser now runs unrestricted and is cooling at the appropriate temperature.

*A daily temperature log has been placed on the freezer door and will be completed daily on overnight shift, to insure that the freezer has not been opened recently and therefore an accurate temperature can be logged. Should the temp read above 0 degrees, staff completing the check will inform the Site Supervisor and Maintenance immediately so that cleaning or repair can be conducted to insure accurate food storage temperature.

*A thermometer was installed in the basement drop-in freezer while the inspector was on site. To insure continued compliance, a thermometer check will be completed weekly along with the aforementioned maintenance walk-through stated on page 7.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date *3/15/18*
MIKE BODAI, PCHA

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Violation Report: 43473 - 02/12/2018 - Hoover, Josh
PCH Name: MUNHALL MANOR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The most recent fire safety inspection and fire drill conducted by a fire safety expert was on 4/20/2016.

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 2017 safety inspection has not been located. As site supervisor, I am unsure as to when and by whom from our fire department conducted this inspection and drill. At best this is a lost document or is a scheduling error on my part. Either way this is unacceptable as I strive to have appropriate documentation for all DHS needs completed and filed appropriately upon any inspection. Therefore:

*Beginning immediately, the scheduling of our annual observed inspection and drill has been added to our quarterly Quality check. As these observed drills/inspections have all occurred in April, I have set January to be confirmation of scheduling of the fire department visit on our quarterly Quality Checks, and April as confirmation that the drill and observation have occurred and documentation has been properly filed. As additional agency Supervisors and Staff assist in quarterly checks and sign off on completion, I will have a second set of eyes on my paperwork to insure compliance and completion.

*A copy of this amended Quarterly Check has been attached for review.

Handwritten: Fire inspection scheduled for April 11, 2018. The administrator will send documentation of this fire safety inspection and fire drill conducted by a fire safety expert to the Department by April 12, 2018.
Signature: [Handwritten Signature] 3/15/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
MIKE BUDAI, PEHA 3/15/18

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Violation Report: 43473 - 02/12/2018 - Hoover, Josh
PCH Name: MUNHALL MANOR

MAR 15 2018

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 5/23/2017, is blank in the fields of health status and cognitive functioning.

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 whom this DME belonged to had an upcoming appointment with [redacted] PCP at the time of inspection, scheduled for 2/21/28.

*This resident's DME accompanied them to their PCP appointment on 2/21 along with Munhall's site Nurse. The situation was explained with the completing Physician and they corrected this oversight, dating and initialing it. A copy of this corrected DME has been attached for review.

*Site Supervisor will review all future DME's upon their return, along with the site Nurse, to insure all sections have been completed.

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 3/15/18

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(Initials)

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