



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 15 2019

Mr. David Jenco  
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 Mr. Jenco:


As a result of the Department's Bureau of Human Services Licensing annual inspection on June 29, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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  
Violation Report



Violation Report: 42415 - 06/29/2018 - Barone, Barbara  
 PCH Name: MHA ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's assessment and support plan (RASP), dated 4/30/18, indicates the resident requires some physical assistance with toileting. The RASP also indicates staff will monitor and assist the resident with changing her brief. However, on 6/26/18 at approximately 7:15 AM, staff person A refused to assist resident #1 with putting on an adult brief, despite the resident's pleas for assistance, and had the resident take her soiled brief to the dumpster. Resident #1 has a diagnosis of chronic obstructive pulmonary disease (COPD), had a heart attack and is experiencing weakness, requiring the use of a walker. Her bedroom is at the opposite end of the hallway from the door leading to the outside dumpster.

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.

To ensure compliance with a home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan, administrator provides memos to all staff whenever a resident receives a support plan update due to significant change or annual update. Administrator also had all staff complete the following trainings: Resident rights, Adult Protect Services and Mandatory Reporting, and Resident Care. These trainings were completed by all staff and sent to Mrs. Barbra Barone as well as the memo indicating that staff are updated when a resident significant change occurs.

Immediately, then at least bi-weekly for 3 months: The administrator shall interview at least 3 residents to ensure they are receiving assistance with activities of daily living as indicated in their assessment and support plan and are treated with dignity and respect. Documentation of interviews shall be kept and reviewed at Quality Management meetings.



 2/22/19

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) <u>David Tenen Executive Director</u>	Date <u>11/2/18</u>
---	---------------------

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

The above plan of correction is approved as of <u>2/22/19</u> (Date)	Plan of correction implementation status as of <u>2/22/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress  <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42415 - 06/29/2018 - Barone, Barbara  
 PCH Name: M H A ENHANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

Resident #1's RASP, dated 4/30/18, indicates the resident requires some physical assistance with toileting. The RASP also indicates staff will monitor and assist the resident with changing her brief. However, on 6/26/18 at approximately 7:15 AM, staff person A refused to assist resident #1 with putting on an adult brief, despite the resident's pleas for assistance, and had the resident take her soiled brief to the dumpster. This made the resident feel helpless and worthless. Resident #1 has a diagnosis of COPD, had a heart attack and is experiencing weakness, requiring the use of a walker. Her bedroom is at the opposite end of the hallway from the door leading to the outside dumpster.

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.

To ensure compliance with a resident shall be treated with dignity and respect, Administrator had all staff complete the following trainings: Resident rights, Adult Protect Services and Mandatory Reporting, and Resident Care. All staff completed the identified trainings and these trainings were faxed to Mrs. Barone on 7/2/2018. [REDACTED], our Executive Director, conducted an investigation and discussed his finding with Mrs. Barone and Mrs. Winters indicating that staff [REDACTED] did not follow the Support Plan as indicated but did not act in a maliciously manor. [REDACTED] findings indicated [REDACTED] did not act under malicious intent. It was found that staff were trying to motivate resident [REDACTED]. The findings were discussed with Mrs. Barone and Mrs. Winters whom were in agreement with [REDACTED] investigation report.

Immediately, then at least bi-weekly for 3 months: The administrator shall interview at least 3 residents to ensure they are receiving assistance with activities of daily living as indicated in their assessment and support plan and are treated with dignity and respect. Documentation of interviews shall be kept and reviewed at Quality Management meetings.

 2/22/19


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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

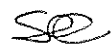
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) David Janic Executive Director	Date 11/2/18
--	--------------

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

The above plan of correction is approved as of 2/22/19  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 2/22/19  
 (Date)

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

November 02, 2018

Western Region Field Office  
Bureau of Human Services Licensing

Violation Report: 42415 - 06/29/2018 - Barone, Barbara  
PCH Name: MHA ENHANCED PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
There was an inoperable mechanical air blower in the shower room in hallway #1 and there were no paper towels, individual cloth towels or other sanitary means of hand drying in this 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.

Paper towels are provided in every restroom on a daily basis as a means of a back up to the electronic hand dryers. Administrators monitor that paper towels are restocked on a daily basis to ensure compliance.

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

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

The above plan of correction is approved as of 2/22/19  
(Date)

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

Plan of correction implementation status as of 2/22/19  
(Date)

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

Violation Report: 42415 - 06/29/2018 - Barone, Barbara  
 PCH Name: MHA ENHANCED PERSONAL CARE HOME

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 3:10 PM, the temperature of the freezer of the three compartment kitchen cooler/freezer was 26 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.*

To ensure compliance with food requiring refrigeration that shall be stored below 40 degrees F. Frozen foods shall be kept at or below 0 degrees F, Administrator monitors refrigerator and freezer temperatures on a daily log, as attached. Repair services came into look at the refrigerator and freezer and new gaskets were placed on the freezer to ensure complaint temperatures. Temperatures are consistent in the morning to meet compliance standards. In the afternoon, freezer temperatures are compliant but sometimes change due to food preparation and door opening. If compliant temperatures become non-compliant, Administrator will purchase a new freezer.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

07/12/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

Dustin Jenko Executive Director

Date

11/2/18

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


The above plan of correction is approved as of 2/22/19  
 (Date)

Plan of correction implementation status as of 2/22/19  
 (Date)

The above plan of correction was approved by

  
 (Initials)

Fully Implemented

Partially Implemented - Adequate Progress 

Partially Implemented - Inadequate Progress

Not Implemented