



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 28 2018

Ms. Carol Gross
Executive Director
Mon Yough Community Services
500 Walnut Street, 3rd Floor
McKeesport, Pennsylvania 15132

RE: Mon Yough Community Services
1109 Long Run Road
White Oak, Pennsylvania 15131
License #: 447470

Dear Ms. Gross:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 44747 - 07/12/2018 - Roser, Ashley PCH Name: MON YOUGH COMMUNITY SERVICES	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION
 Staff person A, the home's administrator, completed only 1.5 hours of annual training during the 2017 training year.

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.

*Response to violation: PCHA/Site Supervisor informed licensing team that full training hours were achieved by current PCHA/Site Supervisor by Department-approved trainings. PCHA/Site Supervisor arrived shortly after the auditors and provided them the above information. The certificate of completed training hours is attached.

*Steps to correct the violation above: On July 16, 2018, PCH co-Administrator was re-educated on regulation 2600.64(c) regarding Department approved administrator trainings. Training was conducted by PCHA/Site Supervisor.

*What specific changes will be made: PCHA/Site Supervisor will review all training certificates once a month to ensure regulatory compliance. PCH co-Administrator will attend all necessary scheduled trainings per year in efforts to be in compliance with above regulation. PCHA/Site Supervisor will notify PCH Administrator of any trainings needed on a monthly basis during supervision and document it.

*What system is in place to ensure no further violations: PCHA/Site Supervisor will routinely ensure that all trainings are recorded and are Department approved trainings prior to attending. Since PCHA/Site Supervisor will be reviewing the trainings monthly and notifying PCH co-administrator during monthly supervisions, including documentation, there will not be any further violations.

Effective date for Plan of Correction: 11.09.18

Immediately: The administrator shall review their training hours quarterly, during each training year, to ensure at least 24 hours of annual training, from a Department-approved source, are received during each training year. Copies of training certificates shall be kept in accordance with 2600.64f. *JM*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Burkley, Dir of Compliance & Regulatory	Date 11/09/18
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The above plan of correction is approved as of <u>11/14/18</u> (Date) <i>JM</i> The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of <u>11/14/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 44747 - 07/12/2018 - Rosar, Ashley
 PCH Name: MON YOUGH COMMUNITY SERVICES

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1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

11/9/2018

Western Region Field Office
 Bureau of Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 A large bag of unlabeled and undated chicken was located in the home's freezer.
 A 10 lb. dented can of GFS fruit cocktail was located in the home's pantry.

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 the violation: On July 12, 2018, immediately upon discovery of the dented can, Dietary staff discarded the can. Similarly, PCHA/Site Supervisor addressed the unlabeled and undated chicken in the freezer. Dietary staff reported that he was working on the chicken when auditors arrived and forget to date/label the bag as he put it back in the freezer to answer a question asked by auditors. Upon being alerted, Dietary staff immediately labeled and dated the bag of chicken.

*Steps to correction violation; On July 16, 2018, PCHA/Site Supervisor met with Dietary staff and reviewed 2600.103 regulation about properly dating food as well as not using/storing dented cans. PCHA/Site Supervisor discussed with Dietary staff the importance of remaining in compliance with Health Department and DHS regulations regarding proper management and handling of food.

*What specific changes will be made: PCHA/Site Supervisor and/or Assistant Supervisor will conduct a bi-monthly walk through of the kitchen in efforts to ensure that food is stored properly as well as dated and labeled as per regulatory guidelines. During this walk through, above parties will also ensure that there are no dented cans or other items prohibited in the kitchen as outlined by regulation 2600.103. See attached sheet.

*When will these changes be made: This change occurred immediately following the licensing visit beginning August 2018. A revised checklist was put into place for the November 2018 walk through.

*What system is in place to ensure no further violations: PCHA/Site Supervisor will ensure that these walk throughs are completed and that efficient and timely remediation will occur. PCHA/Site Supervisor will review the checklist and sign off on it bi-monthly.
 Date Plan of Correction was put in place: August 2018

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rebecca Burkley, M.S. CRP*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Rebecca Burkley, Dir of Compliance & Regulatory Date 11/09/18

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11/9/2018

Violation Report: 44747 - 07/12/2018 - Roser, Ashley
 PCH Name: MON YOUGH COMMUNITY SERVICES
 Western Region Field Office
 Bureau of Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 Multiple staff members indicated they are often notified in advance, via e-mail or verbally, of a scheduled fire drill. The direct care staff notify the alarm company ahead of time and conduct the fire drill after notification to the company.

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.

*Response to violation: In regard to violation listed under subset of 2600.132, monthly fire drills are conducted as per the regulations. There was an identified staff person that was responsible for calling the alarm company in efforts to have the system put in "test mode" while the drill was being conducted.

*Steps to correct the violation: During the July 2018 staff meeting, PCHA/Site Supervisor discussed regulation 2600.132. At this time, PCHA/Site Supervisor indicated that staff would no longer be contacting the alarm company prior to the fire alarm. Going forward, PCHA/Site Supervisor and/or Assistant Supervisor will be the only staff aware of the impending fire drill and will thus, be the only individuals calling the alarm company. See attached sheet.

*What specific changes will be made: Beginning with 8/2018 fire drill, direct care staff will no longer assist in facilitation of the fire drill. Rather, it will be the sole responsibility of the PCHA/Site Supervisor.

*When will changes be made: August 2018 Fire Drill.


*What system is in place to ensure no further violations: PCHA/Site Supervisor and/or Assistant Supervisor will ensure that direct care staff are not aware of the monthly fire drill, and direct care staff will not reach out to the alarm company.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Burkley, MS LBS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Burkley, Dir of Compliance & Regulatory Date 11/09/18

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11/9/2018

Violation Report: 44747 - 07/12/2018 - Roser, Ashley PCH Name: MON YOUGH COMMUNITY SERVICES	Western Region Field Office Bureau of Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 The following sections of resident #1's medical evaluation, dated 2/22/18, were updated after the in-person evaluation with the resident's physician: Dietary needs, ability to use or avoid poisonous materials and the addition of a diagnosis of Vitamin D deficiency. However, the updates do not indicate if a registered nurse or licensed practical nurse contacted the person who performed the evaluation, received permission to correct the medical evaluation and did not documented the date, time and person spoken to on the medical evaluation next to the corrections.

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.

*Response to the violation: In regard to resident #1's Medical Evaluation, the corrections that were illustrated on the form were completed prior to the resident's admission to the home and by the treating staff at her inpatient facility. Attempts were made to reach the stated individual in efforts to have an addendum added to the form to state the above; however, the staff was no longer employed at the inpatient facility.

*Steps to correct the violation: MA-51 and DME's are no longer accepted by the home's admission team if there are corrections made to the document without proper signatures, date and time or correction. This procedure was put in place with admissions after July 12, 2018.

*What specific changes will be made: Immediately following site inspection on 7/12/2018, PCHA/Site Supervisor and Medical Coordinator will review all DME and MA-51 submissions to ensure that the forms are completed in their entirety and are correct. When and if changes are necessary, the form will be sent back to treating professional for corrections and/or changes. These forms will not be accepted until the forms are in alignment with the above regulation.

*What system is in place to ensure no further violations: PCHA/Site Supervisor and Medical Coordinator will meet each month to review any MA-51 and/or DME that is due in efforts to ensure the document is completed accurately and has the proper signatures and/or corrections.

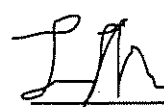

Date of Plan of Correction: July 12, 2018

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Burkley, Dir of Compliance & Regulatory	Date 11/09/18
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11/9/2018

Western Region Field Office

Bureau of Human Services Licensing

Violation Report: 44747 - 07/12/2018 - Roser, Ashley
 PCH Name: MON YOUGH COMMUNITY SERVICES

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 labeled with the resident's name.

The blood sugar readings on resident #2's glucometer do not match the resident's glucometer reading log on the following dates/times:

Date	Glucometer	Glucometer log
* 7/3/18	256	252
* 7/2/18	321	256

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 the violation: Regarding resident #2's label missing from glucometer. Once discovered by the auditors a new label was attached immediately on 7/12/2018. In regard to the recording error on the glucometer, PCHA/Site Supervisor educated direct care staff on the importance of proper handling/storage of the glucometers as well as the importance of accurately recording the resident's blood sugar levels.

*When will the change be made: PCHA/Site Supervisor immediately corrected the above situation during the inspection on 7/12/2018.

*What specific changes will be made: PCHA/Site Supervisor reviewed with staff the importance of recording accurate readings of the residents. All direct care staff will ensure correct documentation going forward. Reviewed with staff July 2018.

*What system is in place to ensure no further violations: PCHA/Site Supervisor and direct care staff will ensure that documentation is recorded correctly, and all resident's medical equipment will be labeled/stored properly. All Direct Care staff are trained in the proper recording of resident's medication and are observed doing so every six months.

Date of Plan of Correction: 7/12/18

Immediately: A designated staff person shall review all resident MAR's monthly to ensure all blood sugar readings are documented and accurate in accordance with the residents' glucometers. *IM*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Burkley, M. IBS*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Burkley, Dir. of Compliance & Regulatory Date 11/09/18

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The above plan of correction was approved by *IM* (Initials)

Plan of correction implementation status as of 11/14/18 (Date)

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

Violation Report: 44747 - 07/12/2018 - Roser, Ashley
 PCH Name: MON YOUGH COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

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 Bureau of Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Aspirin-81mg; however, the resident's July 2018 medication administration record (MAR) does not include the number of tablets prescribed.

Numerous resident July 2018 MAR's, including residents #1 and #2, do not include the routes of medication administration or frequency of administration for numerous medications.

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: At the time of the inspection and notification, a medication count indicated that resident #1 did receive the above medication; therefore, was a recording error. PCHA/Site Supervisor educated direct care staff on the importance of following the medication administration directions properly as to minimize recording errors. The MARs were updated to include "route" for every medication, and at the bottom of the MAR indicates any further instructions. See attached sheet.*

**What specific changes made: Assistant Supervisor immediately during inspection on 7/12/2018 conducted a pill count to ensure that resident #1 received above medication. During August 2018 staff meeting, PCHA/Site Supervisor educated direct care staff on the importance of following the medication administration directions as to not incur recording errors. On August 1, 2018, the updated MARs went into effect for every resident.*

**What system is in place to ensure no further violations:*

Ongoing education will be done by Medical Coordinator on the importance of following proper medication administration procedures.

Date of Plan of Correction: August 1, 2018 for MARS update; August 21, 2018 at staff meeting

Immediately: A designated staff person shall review all resident MAR's monthly to ensure all items specified in 2600.187a are present on each resident MAR. *JH*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Rebecca Burkley, Dir, CBS</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Rebecca Burkley, Dir of Compliance & Regulatory	11/09/18

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Violation Report: 44747 - 07/12/2018 - Roser, Ashley
 PCH Name: MON YOUGH COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #2 is prescribed Senna 8.8 mg-Take 3 tablets by mouth every Monday and Thursday; however, the medication was not initiated by the staff person who administered the dose on 7/9/18.
 Numerous resident July 2018 MAR's, including residents #1 and #2, do not include the times of medication administration for numerous medications.

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: At the time of the inspection and notification, a medication count indicated that #2 resident did receive above medication; therefore, was a recording error. PCHA/Site Supervisor met with staff who administered the medications on 7/13/18 and educated staff on the importance of following the medication directions accurately to avoid recording errors.
 Changes made: Immediately upon notification on 7/12/18 and again during staff supervision on 7/13/18. Assistant Supervisor immediately conducted a pill count during the inspection on 7/12/18 to ensure the resident #2 did in fact take the above medication. During August 2018 staff meeting, PCHA/Site Supervisor educated direct care staff of the importance of following medication administration directions to prevent errors. On 11/12/18 the MARs was updated to include "route" and "time" for every medication. In addition, there is a space at the bottom of the MARs for additional instructions. On November 20, 2018, all direct care staff will be educated on the updated MARs, which will be implemented on December 1, 2018 see attached.

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Immediately: A designated staff person shall review all resident MAR's monthly to ensure the date and time of medication administration, along with the initials of the staff person administering medications are present. *JM*

WEST REGION FIELD OFFICE
 Human Services Licensing

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Burkley MS UR*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Burkley, Dir. of Compliance & Regulatory Date 11/13/18

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Plan of correction implementation status as of 11/14/18 (Date)

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- Partially Implemented - Adequate Progress *JM*
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