



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

Mr. Damian Knauff
Administrator
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's Bureau of Human Services Licensing annual inspection on October 11, 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 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.

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: 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 PA Dept of Health		DEC 27 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/11/2018: Pfaff, Vicki; Graziano, Belinda		
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: 41	Number of Residents who:	
Number of Residents Served: 37	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 37	
Area:	Have Mental Illness: 0	
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: 8	
Number of Current Hospice Residents: 4	Have a Physical Disability: 1	
Number of Hospice Residents In past year: 7		

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Page 2 of 5

Violation Report: 41816 - 10/11/2018 - Pfaff, Vicki
PCH Name: MON VALLEY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

The home provides financial management services to resident #1. The home did not obtain a written receipt for cash disbursements as follows:

- * 11/7/17 - \$14.00
- * 4/3/18 - \$13.17
- * 5/1/18 - \$6.30
- * 6/5/18 - \$11.89.

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.

Resident #1 is physically unable to sign for herself. Her daughter has agreed to sign for her. She signs her mother's initials and her own, as can be seen on the financial transaction page which is attached to this.

Coleen Buchanan
Activities Director
12/18/18

Immediately: The administrator or designated staff person shall review all resident financial records monthly to ensure the home has obtained a written receipt from each resident for cash disbursements at the time of disbursement. 12/28/18 *g*

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Phil Rippe* Date *12-19-18*

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

The above plan of correction is approved as of 12/28/18
(Date)

Plan of correction implementation status as of 12/28/18
(Date)

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

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

Violation Report: 41816 - 10/11/2018 - Pfaff, Vicki
PCH Name: MON VALLEY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.96(c) - The first aid kit must be in a location that is easily accessible to staff persons.

2a. DESCRIPTION OF VIOLATION

At 12:07 p.m., the home's first aid kit was located in the locked medication room. Not all staff are provided keys to 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.

The First Aid kit was relocated to a room that is easily accessible to staff persons - The room is not locked by keys. A first aid box sign was placed by the side of the door.

Jennifer Hutman 12-18-2018

Immediately: All staff persons shall be educated on the location of the first aid kit. 12/28/18

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) *Phyllis Rippe* Date *12-19-18*

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

The above plan of correction is approved as of 12/28/18 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 12/28/18 (Date)

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

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DEC 27 2018

Violation Report: 41816 - 10/11/2018 - Pfaff, Vicki
PCH Name: MON VALLEY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

At 10:50 a.m., the following items were stored on the floor of the walk-in freezer in the home's kitchen:
a 41 lb box of ground beef, an 18 lb box of turkey breast, and a 30 lb box of meat loaf mix.

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.

See Page 4A of 18

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Phil Pignone

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

Phil Pignone

Date *12-14-18*

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

The above plan of correction is approved as of 12/28/18
(Date)

Plan of correction implementation status as of 12/28/18
(Date)

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

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of Correction for 2600.103- Food shall be stored off the floor

On 10/11/18, a 41lb box of ground beef, an 18 lb box of turkey breast and a 30 lb box of meat loaf mix were moved to a shelf in the walk-in freezer. All dietary staff were in-serviced on 10/11 (or their next scheduled shift) regarding the policies/procedures of proper food storage.

An audit to be completed by the Director of Nutrition Services or designee was created to ensure that food is no longer stored on the floor in the walk-in freezer. The audit will be completed daily during the week (Monday-Friday) x 30 days and then twice weekly (on scheduled delivery days after the delivery is put away) for an additional 60 days.

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WEST REGION FIELD OFFICE
Human Services Licensing

DM/DP 12-19-18

12/28/18 *g*

Violation Report: 41816 - 10/11/2018 - Pfaff, Vicki
PCH Name: MON VALLEY CARE CENTER

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 10:27 a.m., the temperature of the refrigerator section of the refrigerator/freezer in the third floor pantry measured 44 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.

IMMEDIATELY a new thermometer was placed in the refrigerator. RCC/RCA will check the temperature daily and record- See attached sheet. If any concerns RCC/RCA will get a new thermometer IMMEDIATELY FROM Diebly Department and place in the refrigerator

Jennifer Hutman 12-18-18

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Phil Depina* Date *12-14-18*

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

The above plan of correction is approved as of <u>12/28/18</u> (Date)	Plan of correction implementation status as of <u>12/28/18</u> (Date)
The above plan of correction was approved by <u><i>J</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>4</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented