



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 17 2019

Ms. Carol Gross  
Executive Director  
Mon Yough Community Services, Inc.  
**Attn: Amber Vash**  
500 Walnut Street  
McKeesport, Pennsylvania 15132

RE: Mon Yough Community Services  
License #: 430030

Dear Ms. Gross:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 11, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 43003 - 12/11/2018 - Hoover, Josh  
 PCH Name: MON YOUGH COMMUNITY SERVICES

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The sidewalk directly opposite the 5th Avenue entrance is eroded and crumbling, creating a depression approximately 3 feet long and 3 inches wide.  
 Several seams on the sidewalk outside of the 5th avenue entrance are eroded and crumbling.  
 The concrete in and around the smoking area contains multiple eroded and crumbling seams, several of which have been patched unevenly, creating bumps and ridges in the concrete.  
 The home serves 2 residents who are diagnosed with total blindness and several residents who utilize canes and walkers for ambulation. The eroded, crumbling, and unevenly patched areas of concrete pose tripping hazards.

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 2600.100  
 - On 12/13/19 Residential Director contacted lease holder to have concrete areas fixed  
 - Lease holder had been informed of the need for the work to be completed previously and had not taken steps to resolve this issue  
 - Lease holder put the job out to bid and the work was completed by Caley Services LLC (See invoice(Attachment 1) and pictures of the completed work(Attachment 2))  
 - To ensure future compliance with the regulation, inspection of exterior walkways and patio areas has been added to supervisory site check to be completed monthly (Attachment 3)  
 - MH residential Director will have weekly conversations with the lease holder to ensure that all regulatory repairs are made in a timely fashion.  
 MH residential director will keep a log of the conversations and any repairs that need to be completed, with an estimated time of completion for repairs.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Rebecca Burkley* 3/25/19

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rebecca Burkley, Director of Compliance & Regulatory Date 03/25/2019

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

|  |   |
|--|---|
| The above plan of correction is approved as of <u>3/28/19</u><br>(Date)  | Plan of correction implementation status as of <u>3/28/19</u><br>(Date)   |
| The above plan of correction was approved by <br>(Initials) | <input checked="" type="checkbox"/> Fully Implemented<br><input type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 43003 - 12/11/2018 - Hoover, Josh  
 PCH Name: MON YOUGH COMMUNITY SERVICES

**1. REGULATION 55 Pa.Code §2600**

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**

During the fire drill conducted on 5/8/2018, there were 25 residents in the home; however, only 24 residents evacuated. The fire drill log indicates that one resident refused to evacuate.

**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 5/13/18 and 5/22/18 follow up fire drills were completed and all residents evacuated at those times
- On 3/19/19 Program Supervisor / PCHA retrained all staff on fire drill procedures(Attachment 4)
- During monthly Resident council meetings, beginning in January 2019 All residents were re-educated by direct care staff on the need to evacuate in a timely fashion for all fire drills as well as thier importance(Attachment 5)
- Evacuation for fire drills is part of the house guidelines (Attachment 6)
- Program supervisor/PCHA and direct care staff will continue to conduct monthly uannounced fire drills and follow established procedures by repeating drills until all residents evacuate
- For the months of January through March 2019 all residents evacuated during the monthly Fire Drill (Attachment 7)
- Program Supervisor/ PCHA will collaborate with all direct care staff monthly regarding MYCS Fire Drill procedures and document these monthly meetings.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/15/2017

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Rebecca Burkley* 3/25/19

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

Rebecca Burkley, Director of Compliance & Regulatory

Date

03/25/2019

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The above plan of correction is approved as of

3/28/19  
 (Date)

Plan of correction implementation status as of 3/28/19  
 (Date)

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

The above plan of correction was approved by

*[Signature]*  
 (Initials)