



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 01 2019

Mr. Raymond L. Wolfe
Chief Executive Officer
Mercy Behavioral Health
Attention: Kimberly Munko
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's Bureau of Human Services Licensing annual inspection on February 6, 2019, 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.

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
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		RECEIVED
R-4 05/15/2008 Dept L & I	LP 03/25/1986 Dept L & I	APR 12 2019
Staffing Hours		Western Region
Resident Support: 0	Total Daily Staff: 7	Waking Staff: 5
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/06/2019: Barry, Courtney		
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 who:	
Number of Residents Served: 7	Receive Supplemental Security Income: 7	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 2	
Area:	Have Mental Illness: 7	
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: 0	
Number of Current Hospice Residents: NA	Have a Physical Disability: 0	
Number of Hospice Residents in past year: NA		

Violation Report: 43473 - 02/06/2019 - Barry, Courtney

PCH Name: MUNHALL MANOR

Western Region

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired on 9/19/16 received initial orientation training at another licensed facility owned by the same legal entity. Staff person A was transferred to this home on 5/1/17; however, there was no documented training in any of the topics under 2600.65a.

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 stated in the violation, staff person A transferred to our site/PCH from another PCH in the agency. Therefore, they came with all necessary initial trainings. While staff person A was trained for our site and made aware of the 2600.65a topics, we did not document this. When this was discovered during licensing, it was recommended that a copy of our initial training log be completed for this staff person, identifying that these topics have been covered. One was created (see attachment A) and added to his staff training file.


Going forward, any transferring staff who arrive with initial/current trainings will have a new hire training form completed to insure compliance in the future.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 Date 4/10/19

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

The above plan of correction is approved as of <u>4/12/19</u> (Date)	Plan of correction implementation status as of <u>4/12/19</u> (Date)
The above plan of correction was approved by  (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43473 - 02/06/2019 - Barry, Courtney

PCH Name: MUNHALL MANOR

Western Region

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Bedrooms #2, #7, and #8 did not have an operable source of lighting that can be turned on/off from bedside. The rooms had lamps; however, they were not within reach from the bedsides.

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.


Bedside lamps have been moved to nightstands beside the beds of rooms 2 and 7, and residents have been made aware of the necessity of their location. Room 8 however is a challenge, as the resident re-arranges his room weekly, making keeping a lamp beside his bed difficult. In order to be in compliance, a headboard was purchased for his bed and a battery-operated touch light was attached to the headboard, insuring the necessary bedside lighting is always available. By being battery operated, there is no worry of cords causing a tripping hazard. See attachment B, C, and D for verification. The batteries will be checked monthly along with fire extinguisher checks.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 43473 - 02/06/2019 - Barry, Courtney

PCH Name: MUNHALL MANOR

Western Region

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The most recent medical evaluation for resident #1 was completed on 8/18/17.

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 resident has been scheduled for appointments to complete her physical a number of times, however will refuse to attend on the day scheduled when we attempt to leave. Upon the finding of this during licensing, we began discussing the importance of the physical to her being able to stay here, and refusal of compliance may result in eviction. While they initially continued to refuse, she eventually agreed to attend and an appointment was scheduled for 4/9/19. The resident did attend this appointment and have their DME completed. See attachment E for verification of compliance.

In the future, we will begin persuing a physical earlier in order to hopefully accomodate any additional refusals and be able to reschedule in the required time frame. The residents CTT (Case Management) has also been made aware and will be attempting to assist us with scheduling and compliance of the resident.

Should this resident continue to refuse appointments for completion of their DME, it may be necessary for Munhall Manor and her CTT team to look into other options such as travelling doctors, finding someone who is willing to come to the site to complete the physical.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/12/2018		
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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 Date 4/10/19

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(Date)

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(Initials)

Plan of correction implementation status as of 4/12/19
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented