



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MONARCH MEADOW LLC
LEGAL ENTITY

To operate MONARCH MEADOW
NAME OF FACILITY OR AGENCY

Located at 490 COOLSPRING STREET, UNIONTOWN, PA 15401
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 32
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 7, 2019 until March 7, 2020,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 449440

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

MAR 06 2019

Mr. Daniel T. Vivian
Administrator
Monarch Meadow, LLC
490 Coolspring Street
Uniontown, Pennsylvania 15401

RE: Monarch Meadow
License #: 449440

Dear Mr. Vivian:

As a result of the Department's Bureau of Human Services Licensing inspection on February 13, 2019, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed violation report were found. All citations specified on the 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.

Your new license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services provider application submission experience. To participate in the online applicant survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Application.

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.

Mr. Daniel T. Vivian

The responses will be reviewed as part of an aggregate of provider applicant responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of each name being capitalized and prominent.

Jacqueline L. Rowe
Director

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: Monarch Meadow		License Number: 44944
Address: 490 Coolspring St, Uniontown, PA 15401		County: Fayette
Administrator: Daniel Vivian		Region: WEST
Legal Entity Name: Meadow Manor LLC		
Legal Entity Address: 490 Coolspring St, Uniontown, PA 15401		
Certificate(s) of Occupancy C-2 LP 11/20/1997 Dept L and I		
Staffing Hours Resident Support: 0 Total Daily Staff: 3 Waking Staff: 2		
Type of Inspection: Initial		BHA Docket Number: Notice: Announced
Reason(s) for Inspection(s) New, Change Legal Entity		
On-Site Inspections Dates and Department Representatives On-Site (2/13/2019: Grace, Desmond		
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: 32 Number of Residents Served: 3 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 3 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44944 - 02/13/2019 - Grace, Desmond
 PCH Name: Monarch Meadow

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 2/13/19 at 11:00 a.m., the rear exit of the home by zone 2 kitchen and activity hallway exits were enclosed by a chain linked fence. However, the two side by side chain linked exit gates located at the end of the walkway were locked with master locks.

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.

Master locks were removed from the fence and discarded in the garbage in front of the inspector during the initial inspection on 2/13/19. All employees at Monarch Meadow, LLC were inserviced that no locks are to be on the gate. The administrator will perform weekly rounds of the facility to check all stairways, hallways, doorways, passageways, egress routes, including the chain link exit gates, to make sure they are unobstructed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DANIEL T VIVIAN administrator</i>	Date <i>3/4/2019</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/4/19
 (Date)

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

Plan of correction implementation status as of 3/4/19
 (Date)

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