



MAILING DATE: October 28, 2019

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

RE: Monarch Meadow  
License #: 449440

Dear Mr. Vivian:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 2, 2019, of the above facility, we have determined that your submitted plan of correction is:

Fully implemented and in compliance. Continued compliance must be maintained.

If you need assistance, please contact me at 412-565-5614.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland  
Human Services Licensing Supervisor

Enclosure  
<Licensing Inspection Summary>

# Violation Report

## Facility Information

Name: *MONARCH MEADOW*

Address: *490 COOLSPRING STREET,, UNIONTOWN, PA 15401*

County: *FAYETTE*

Region: *WESTERN*

License Number: *44944*

## Administrator

Name: *Daniel Vivian*

Phone: *(724)550-4159*

Email: *monarchmeadow@outlook.com*

## Legal Entity

Name: *MONARCH MEADOW LLC*

Address: *490 COOLSPRING STREET, UNIONTOWN, PA, 15401*

## Certificate(s) of Occupancy

Type: *C-2 LP*

Date: *11/20/1997*

Issued By: *PA Dept of L&I*

## Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *26*

Waking Staff: *20*

## Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

## Inspection Dates and Department Representative

*10/02/2019 - On-Site: Scott Klein, Cindy Mulick*

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: *32*

Residents Served: *18*

### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

### Hospice

Current Residents: *3*

### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *18*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *8*

Have Physical Disability: *0*

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 ceased to breathe. However, the resident's death was reported to the Department until 10/2/19.

Resident #2 ceased to breath. However, the resident's death was reported to the Department until 10/2/19.

Resident #3 ceased to breath. However, the resident's death was reported to the Department until 10/2/19.

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 2A of 8

*See Attached*

Legal Entity Representative

*[Signature]*  
Signature

*ADMINISTRATOR*  
*Daniel T Vision*      *10-23-19*  
Printed Name and Title      Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 10/23/19 Plan of correction implementation status as of 10/23/19  
(Date) (Date)

Fully Implemented

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

Not Implemented

Facility: Monarch Meadow, LLC

License Number: 44944

Address: 490 Coolspring Street

Uniontown, PA 15401

Phone: 724-550-4159

Administrator: Daniel Vivian 814-288-7807

**§ 2600.16. Reportable incidents and conditions.**

(c) The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Plan of Correction**

Date: 10/18/2019

This violation has occurred due to the new startup of the facility and oversight of this regulation.

Since inspection, reportable incident reports have been submitted for Resident 1, Resident 2, and Resident 3. This was completed on 10/2/19. On 10/4/19, I posted a copy of Reportable Incidents according to 2600.16 (c) in the medication room and also in the office. By 10/4/2019, all staff were in-serviced on regulation 2600.16 (c), as a part of their orientation.


In addition, on 10/4/19, I developed and implemented a Reportable Incident binder that includes a copy of 2600.16(c).

Attached, I have a picture of where I posted the Reportable Incidents and the Reportable Incidents binder.

Daniel T. Vivian, Administrator

  
\_\_\_\_\_

Date: 10-23-19

10/23/19 

65a - FS Orientation 1st Day

Regulations

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.

Description of Violation

Direct care staff person A, whose first day of work was 10/17/18, did not receive orientation on any of the required training topics prior to or on the first day of work.

Direct care staff person B, whose first day of work was 5/1/19, did not receive orientation on any of the required training topics prior to or on the first day of work.

Ancillary staff person C, whose first day of work was 9/9/19, did not receive orientation on any of the required training topics prior to or on the first day of work.

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 Attached*

Legal Entity Representative

*[Handwritten Signature]*  
Signature

*Administrator*  
*Dawn T Vivion* 10-23-19  
Printed Name and Title Date

Facility: Monarch Meadow, LLC

License Number: 44944

Address: 490 Coolspring Street

Uniontown, PA 15401

Phone: 724-550-4159

Administrator: Daniel Vivian 814-288-7807

**§ 2600.65. Direct care staff person training and orientation.**

(a) Prior to or during the first workday, 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.

**Plan of Correction**


Date: 10/18/2019

This violation has occurred due to the new startup of the facility and oversight of this regulation.


Since inspection, all staff have received orientation on all items listed in 2600.65a. This orientation included staff member A, staff member B, and staff member C, completed on 10/4/2019. A copy of the training record and content has been placed in the binder and in the employees' individual record. A training record and binder, labeled "First 40 Hours Orientation" was developed and implemented on 10/4/19 to prevent this from occurring again. A direct care and ancillary staff orientation record and content was developed on 10/4/2019 for all future employees.

I have included a picture of the binder and a copy of the training record and content form 10/4/2019. I have also included a copy of a new employee hired on 10/15/2019 orientation content and training record.

Daniel T. Vivian, Administrator



Date: 10-23-19


10/23/19 

65a - FS Orientation 1st Day *(continued)*

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The above plan of correction is approved as of 10/23/19 Plan of correction implementation status as of 10/22/19  
(Date) (Date)

Fully Implemented

The above plan of correction was approved by   
(Initials)

Not Implemented

## 65b - Rights/Abuse 40 Hours

**Regulations**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

Direct care staff person A, hired 10/17/18, did not receive training on any of the required training topics within the first 40 scheduled work hours.

Direct care staff person B, hired 5/1/19, did not receive training on any of the required training topics within the first 40 scheduled work hours.

Direct care staff person C, hired 9/9/19, did not receive training on any of the required training topics within the first 40 scheduled work hours.

**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 5A of 8

*See Attached*

**Legal Entity Representative**

  
Signature

ADMINISTRATOR  
Daniel T Vivian  
Printed Name and Title

10-23-19  
Date

Facility: Monarch Meadow, LLC

License Number: 44944

Address: 490 Coolspring Street  
Uniontown, PA 15401  
Phone: 724-550-4159

Administrator: Daniel Vivian 814-288-7807

**§ 2600.65. Direct care staff person training and orientation**

(b) Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- (4) Reporting of reportable incidents and conditions.

**Plan of Correction**

Date: 10/18/2019


This violation has occurred due to the new startup of the facility and oversight of this regulation.

Since inspection, all staff, including staff A, B, and C, have had orientation according to and meeting all aspects of 2600.65b. This was completed on 10/4/2019. A training record was developed and implemented on 10/4/2019, as well as a binder labeled, "First 40 hours Orientation" to prevent this from occurring again.

Direct care staff and ancillary staff training and record has been developed and implemented on 10/4/2019 for all future employees. A copy of the training record and content has been placed in the binder and in all employees' records.

I have included a picture of the binder, copy of the training record, and content from 10/4/2019. I have also included a copy of a new employee hired on 10/15/2019 orientation content and training record.

Daniel T. Vivian, Administrator



Date: 10-23-19

10/23/19



65b - Rights/Abuse 40 Hours (continued)

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(Date) (Date)

The above plan of correction was approved by   Fully Implemented  
(Initials)  Not Implemented

65c - Ancillary Staff Orientation

Regulations

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person C, whose first day of work was 9/9/19, did not have a general orientation to his/her specific job functions.

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 7A of 8

See Attached

Legal Entity Representative

  
Signature


ADMINISTRATOR  
Dawn I. Vinton  
Printed Name and Title

10-23-19  
Date

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The above plan of correction is approved as of 10/23/19  
(Date)

Plan of correction implementation status as of 10/23/19  
(Date)

The above plan of correction was approved by   
(Initials)

Fully Implemented

Not Implemented

Facility: Monarch Meadow, LLC

Address: 490 Coolspring Street  
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Phone: 724-550-4159

Administrator: Daniel Vivian 814-288-7807

**§ 2600.65. Direct care staff person training and orientation**

(c) Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

**Plan of Correction**

Date: 10/18/2019

This violation has occurred due to the new startup of the facility and oversight of this regulation.

Since inspection, a training record and content for orientation was developed and implemented on 10/4/2019. The orientation was for Ancillary Staff and included Ancillary Staff C. Training was developed according to the contents of 2600.65c, as well as a binder labeled "First 40 Hours Orientation" to prevent this violation from happening again.

A Direct Care Staff and Ancillary Staff orientation training record and contents have been developed and implemented on 10/4/2019 for all future employees. A copy of the training record and content has been placed in the binder of the employees' records.

I have included a picture of the binder and a copy of the training record and content from 10/4/2019. I have also included a copy of the orientation content and training record from the new employee hired on 10/15/2019 .

Daniel T. Vivian, Administrator



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Date: 10-23-19



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**§ 2600.225. Initial and annual assessment.**

(a) A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Plan of Correction**

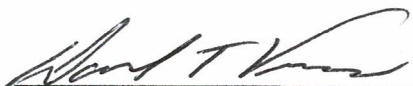
Date: 10/18/2019

This violation has occurred due to the new startup of the facility and oversight of this regulation.

Since inspection, Resident 5 assessment and support plan has been completed, a copy has been included with the Plan of Correction. To prevent this situation from occurring again, a checklist of all content needed in resident's record, according to 2600.225, have been placed in all residents' records, this is now the first page of all residents' records. This checklist was developed and implemented on 10/5/2019. We have also developed and implemented a second checklist of timelines needed to be met, to ensure the assessment is completed within 15 days of admission. This was implemented on 10/5/2019.

I have included a copy of both checklists and a photo of the residents record with checklists placed.

Daniel T. Vivian, Administrator



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Date: 10-23-19

10/23/19 