



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: burkleyr@upmc.edu
mazzafredleynd@upmc.edu
vashal@mycs.org

MAILING DATE: December 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 16, 2019 and October 17, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

12/6/19

Violation Report

Facility Information

Name: *MON-YOUGH COMMUNITY SERVICES*
 Address: *624 LYSLE BLVD., MCKEESPORT, PA 15132*
 County: *ALLEGHENY* Region: *WESTERN*

License Number: 43003

Administrator

Name: *Adam Mayfield* Phone: *4126734315* Email: *mayfieldac@upmc.edu*

Legal Entity

Name: *MON-YOUGH COMMUNITY SERVICES INC*
 Address: *500 WALNUT STREET, ATTN: AMBER VASH, MCKEESPORT, PA, 15132*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/28/2001* Issued By: *Dept of L&I*
 Type: *I-2* Date: *06/25/1999* Issued By: *City of McKeesport*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
 Reason: *Renewal, Incident*

Inspection Dates and Department Representative

10/16/2019 - On-Site: Scott Klein, Cindy Mulick
10/17/2019 - On-Site: Scott Klein, Cindy Mulick
10/24/2019 - Off-Site: Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *27* Residents Served: *27*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *27* Are 60 Years of Age or Older: *12*
 Diagnosed with Mental Illness: *27* Diagnosed with Intellectual Disability: *5*
 Have Mobility Need: *0* Have Physical Disability: *7*

Rebecca Bulding, MS, LBS 12/6/19

20b4 - Use of Funds

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Resident #1 is prescribed Lorazepam, however, staff person A took the resident's medication and replaced it with a mix of Dramamine, Hydrochlorothiazide, and Abilify.

Resident #2 is prescribed Lorazepam, however, staff person A took the resident's medication and replaced it with Dramamine tablets.

Resident #3 is prescribed Gabapentin, however, staff person A took the resident's medication and replaced it with Tylenol over the counter tablets.

Resident #3 is prescribed Clonazepam, however, staff person A took the resident's medication and replaced it with Zantac over the counter tablets.

Resident #4 is prescribed Lorazepam, however, staff person A took the resident's medication and replaced it with Dramamine tablets.

Resident #4, is prescribed Clonazepam, however, staff person A took the resident's medication and replaced it with Meclizine tablets.

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.)

*Staff person A is no longer employed for MYCS MH Residential Lysle Home Place. Staff person A was removed from site on 10/11/2019 and permanently separated from the site on 10/17/2019.

*HealthDirect Pharmacy presented to site on 10/7/2019 to do an intensive audit of the medications to ensure all residents were receiving their accurate medications.

*10/4/2019-10/17/2019 MH Residential Medical Coordinator physically audited the medication cart to ensure accuracy of all resident medications.

*10/7/2019 - Routes for identifying correct pills have been added to med policy, MARs, and pill count sheets (see attached).

*Ongoing since 10/7/2019 there is an additional sign out sheet that has been implemented where staff will sign off stating that they are responsible for med keys and only surrender them after accurate shift pill count has been completed and/or supervisor approval.

See Page 2A of 5

Legal Entity Representative

Rebecca Burkley MS, CSS
Signature

Rebecca Burkley
Printed Name and Title
Director of Compliance & Regulatory

12/6/19
Date

10/16/2019

Facility Information

Name: MON-YOUGH COMMUNITY SERVICES License Number: 43003

Address: 624 LYSLE BLVD., MCKEESPORT, PA 15132

County: ALLEGHENY Region: WESTERN

Violation Report

Regulations 2600.

Additional Plan of Correction:

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 4. Resident funds and property shall only be used for the resident's benefit.
- MYCS contacted pharmacy and paid for all the resident's medication immediately upon notification that medications were missing. Supervisor used his purchasing card to purchase the medications and receipt was obtained and is on file at MYCS.

187.d. The home shall follow the directions of the prescriber.

- MYCS Supervisor and Assistant Supervisor will conduct observations of staff distributing medication to residents 1x/ week for one month, starting week of 12/15/19 through 1/15/20; then the observations will be 2x/month for 3 months, starting 1/16/20 through 3/16/20. Staff observations will be logged along with any feedback to staff.

Rebecca Burkley, Director of Compliance & Regulatory

12/11/19

Rebecca Burkley 12/11/19

12/12/19




20b4 - Use of Funds *(continued)*

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

The above plan of correction is approved as of 12/12/19 Plan of correction implementation status as of 12/12/19
(Date) (Date)

Fully Implemented

The above plan of correction was approved by 
(Initials)

Not Implemented

Rebecca Bullock MS, CSS 12/16/19

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home's policy for the safe storage, access, security, distribution and use of controlled substances and prescription medication states that staff checks label against medication chart and follows the 5 R's of the medication monitoring process:

- 1. Right individual
- 2. Right medication
- 3. Right dosage
- 4. Right time
- 5. Right route

However, on 10/1/19, staff person A documented the administration of resident #1's 1mg Lorazepam tablet on the home's narcotics count sheet and medication administrator record after knowingly replacing the resident's prescribed medication with a mixture of Dramamine, Hydrochlorothiazide, and Abilify.

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.)

*On 10/3/2019 medication was reordered for affected residents.

*Staff person A is no longer employed for MYCS MH Residential Lysle Home Place. Staff person A was removed from site on 10/11/2019 and permantely separated from the site on 10/17/2019.

*HeathDirect Pharmacy presented to site on 10/7/2019 to do an intensive audit of the medications to ensure all residents were receiving their accurate medications.

*10/4/2019-10/17/2019 - MH Residential Medical Coordinator phyiscally audited the medication cart to ensure accuracy of all resident medications.

*10/7/2019 - Routes for identifying correct pills have been added to med policy, MARs, and pill count sheets (see attached).

*Ongoing since 10/7/2019 there is an additional sign out sheet that has been implemented where staff will sign off stating that they are responsible for med keys and only surrender them after accurate shift pill count has been completed and/or supervisor approval.

*10/11/2019 Supervisory Team and Medical Coordinator complete (3) medication audits per week of the med cart to ensure safe storage, access and implementation.

Legal Entity Representative

Signature: *Rebecca Burkley MS, CBS*

Printed Name and Title: *Rebecca Burkley*
Director of Compliance & Regulatory

Date: *12/6/19*

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The above plan of correction is approved as of 12/12/19
(Date)

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

Fully Implemented

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

Not Implemented

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Lorazepam 1mg tablets by mouth twice daily for anxiety. However, this medication was not administered to resident #1 the evening of 10/2/19 and the morning of 10/3/19.

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.)

- *10/3/2019 - Resident #1 medications were reordered to ensure that he would be receiving the correct medications.
- *10/3/2019 - 911 was contacted and an official police report was filed with the McKeesport Police.
- *10/3/2019 - Lysle Home Place Administrator spoke with Resident #1 and his treatment team to ensure that his wellbeing was being upheld. Also, Resident #1 prescriber will monitor for potential behavioral abnormalities.
- *10/4/2019 - All affected residents' emergency contacts and treatment teams were made aware of the medication diversion incident by the Administrator.
- *10/4/2019 - Administrator made APS and Agency on Aging abuse reports.
- *The workflows that were implemented for the previous two POCs apply here as well (refer to POC for violation 1 and 2).
- *10/11/2019 - UPMC Fraud Investigation team turned over evidence of the medication diversion incident to the State's Attorney General Office for further review.

See Page 5A of 5

Legal Entity Representative





 Signature _____ Printed Name and Title _____ Date 12/16/19

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Additional Plan of Correction:

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

4. Resident funds and property shall only be used for the resident's benefit.

- MYCS contacted pharmacy and paid for all the resident's medication immediately upon notification that medications were missing. Supervisor used his purchasing card to purchase the medications and receipt was obtained and is on file at MYCS.

187.d. The home shall follow the directions of the prescriber.

- MYCS Supervisor and Assistant Supervisor will conduct observations of staff distributing medication to residents 1x/ week for one month, starting week of 12/15/19 through 1/15/20; then the observations will be 2x/month for 3 months, starting 1/16/20 through 3/16/20. Staff observations will be logged along with any feedback to staff.

Rebecca Burkley, Director of Compliance & Regulatory

12/11/19



Rebecca Burkley 12/11/19

12/12/19

