



Sent via e-mail: pmripepi@aol.com

MAILING DATE: December 12, 2019

Mr. Damian Knauff
Administrator
CPSR Associates LLC
200 Stoops Drive
Monongahela, Pennsylvania 15063

RE: Mon Valley Care Center
Certificate #: 418160

Dear Mr. Knauff:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 29, 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, appearing to read "L. Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

11/12/2019

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *MON VALLEY CARE CENTER*
Address: *200 STOOPS DRIVE,, MONONGAHELA, PA 15063*
County: *WASHINGTON* Region: *WESTERN*

License Number: *41816*

Administrator

Name: *Phil Ripepi* Phone: *7243101111* Email: *NHA@MONVALLEYCARE.COM*

Legal Entity

Name: *CPSR ASSOCIATES LLC*
Address: *200 STOOPS DRIVE, MONONGAHELA, PA, 15063*

Certificate(s) of Occupancy

Type: *C-1* Date: *11/14/2019* Issued By: *Dept. Of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *46* Waking Staff: *35*

Inspection

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

Inspection Dates and Department Representative

10/29/2019 - On-Site: Michael Marini, Cindy Mulik

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* Residents Served: *37*

Secured Dementia Care Unit

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

Hospice

Current Residents: *9*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *37*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *9* Have Physical Disability: *1*



132d - Evacuation

Western Region Field Office
Bureau of Human Services Licensing

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill on 6-27-19 at 4:00 AM, 37 residents were in the home; however, only 33 residents were evacuated.

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.)

The contact person on each shift will check each room and place evacuation magnets outside of each room to ensure all residents are evacuated. Additionally the facility will conduct additional mandatory training on 12.2.19 about proper fire drill protocol, also reeducating staff on documenting correct number of residents present during drill. All staff conducting the fire drills will also be reeducated on fire drill policies and procedures. Lastly the plant operations manager will review monthly fire drill logs to ensure proper documentation and proper evacuation.

Legal Entity Representative


Signature

Philip D Ripepi
Printed Name and Title

11/21/2019
Date

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

The above plan of correction is approved as of 11/21/19
(Date)

Plan of correction implementation status as of 12/9/19
(Date)

The above plan of correction was approved by FM
(Initials)

Implemented
 Not Implemented

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

Resident #1's glucometer was not calibrated to the current date and time.

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.)

Immediately: Diabetic Trained MAO tech will check #M each glucometer before testing blood sugars on each resident. Praxbaum observer will check each glucometer monthly to ensure each glucometer is correctly calibrated to the current date and time. See attached sign off sheet.

Legal Entity Representative

[Signature]
Signature

Philip Ripedi, PLHA
Printed Name and Title

11/11/19
Date

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

The above plan of correction is approved as of 11/13/19 (Date)

Plan of correction implementation status as of 12/9/19 (Date)

The above plan of correction was approved by #M (Initials)

Implemented
 Not Implemented