



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SENT VIA EMAIL: burkleyr@upmc.edu
grosscm@upmc.edu

MAILING DATE: April 20, 2020

Ms. Carol Gross
Executive Director
Mon Yough Community Services
500 Walnut Street, 3rd Floor
McKeesport, Pennsylvania 15132

RE: Mon Yough Community Services
1109 Long Run Road
White Oak, Pennsylvania 15131
License #: 447470

Dear Ms. Gross:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 4, 2020, 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

3/26/2020

Violation Report

Western Region Field Office
Bureau of Human Services Licensing

Facility Information

Name: *MON YOUGH COMMUNITY SERVICES*
 Address: *1109 LONG RUN ROAD,, WHITE OAK, PA 15131*
 County: *ALLEGHENY* Region: *WESTERN*

License Number: *44747*

Administrator

Name: *Joe Arvay* Phone: *4126758900* Email: ~~*GROSSCR@UPMC.EDU*~~ *Zellefrowcj@upmc.edu*

Legal Entity

Name: *MON YOUGH COMMUNITY SERVICES INC*
 Address: *500 WALNUT STREET, 3RD FLOOR, MCKEESPORT, PA, 15132*

Certificate(s) of Occupancy

Type: *I-1* Date: *02/23/2016* Issued By: *Borough of White Oak*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection

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

Inspection Dates and Department Representative

02/04/2020 - On-Site: Michael Marini, Courtney Barry

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *18* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *1*

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 8. Frequency of administration.

Description of Violation

Resident #1 is prescribed Amlodipine 10mg-Take 1 tablet by mouth once a day; however, resident #1's February 2020 medication administration record indicates Amlodipine 10mg-Take 1 tablet twice a day.

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 2/4/2020, program supervisor corrected resident #1's medication administration record (MARs) to reflect the accurate dosage of Amlodipine 10mg- take 1 tablet by mouth once a day.

Starting in March, program supervisor will review all MARs to determine accuracy between the physician's orders and the MARS. Program supervisor will date and initial that the MARS was reviewed for accuracy.

Type text here

By the end of March, program supervisor will inform all MYCS staff to double check the physician's orders against the documentation on the MARs. Program supervisor will obtain a sign in sheet that this was reviewed with all staff.

Legal Entity Representative

Rebecca Burkley

Signature

Rebecca Burkley, Director of Compliance/Regulatory 3/27/2020

Printed Name and Title

Date

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

The above plan of correction is approved as of 3/27/2020
(Date)

Plan of correction implementation status as of 4/13/2020
(Date)

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

- Implemented
- Not Implemented