



SENT VIA EMAIL: mbudai@pittsburghmercy.org
kmumko@pittsburghmercy.org

MAILING DATE: April 23, 2020

Mr. Raymond L. Wolfe
Chief Executive Officer
Mercy Life Center Corporation
Attention: Kimberly Munko
1200 Reedsdale Street
Pittsburgh, Pennsylvania 15233

RE: Mercy Behavioral Health - Munhall Manor
2514 Main Street
Munhall, Pennsylvania 15120
Certificate #: 434730

Dear Mr. Wolfe:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 12, 2020 and April 2, 2020, of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is:
Acceptable - All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Larry Mazza".

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

APR 21 2020

Violation Report

Western Region

Facility Information

Name: *MERCY BEHAVIORAL HEALTH - MUNHALL MANOR*
 Address: *2514 MAIN STREET, MUNHALL, PA 15120*
 County: *ALLEGHENY* Region: *WESTERN*

License Number: *43473*

Administrator

Name: *Michael Budai* Phone: *4124618392* Email: *KMUNKO@PITTSBURGHMERCY.ORG*

Legal Entity

Name: *MERCY LIFE CENTER CORPORATION*
 Address: *1200 REEDSDALE STREET, ATTN: KIMBERLY MUNKO, PITTSBURGH, PA, 15233*

Certificate(s) of Occupancy

Type: *Other* Date: *03/25/1986* Issued By: *L&I*
 Type: *R-4* Date: *05/15/2008* Issued By: *Munhall*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection

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

Inspection Dates and Department Representative

03/12/2020 - On-Site: Michael Marini, Lisa Flinner-Alman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *8* Are 60 Years of Age or Older: *4*
 Diagnosed with Mental Illness: *8* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Influenza Awareness Act, enacted on 11-21-16, requires personal care homes to post the influenza poster in a public place year-round. No influenza poster was posted in the home in accordance with the Influenza Awareness Act.

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 3/12/2020 the inspector found that no copy of the poster was hanging in the site. Site Supervisor was informed and the issue was immediately corrected and the information was posted. As this happens at our site due to residents removing postings for various reasons (anger, something to write on, decompensation, etc.) the site Supervisor has placed this posting in a frame and attached it to the wall in a common area (beside the nurses station/ staff office) to insure it is not removed again. See attached photo labeled "18."

Legal Entity Representative



Signature

MIKE BUSAI, PCHA
Printed Name and Title

4/16/20
Date

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

The above plan of correction is approved as of 4/22/2020
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of _____
(Date)

- Implemented
- Not Implemented

64a - Admin Training

Regulations

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- 1. An orientation program approved and administered by the Department.

Description of Violation


Staff person A, the home's administrator, has not successfully completed the Department-approved orientation program.

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 site Administrator was made aware of this during licensing on 3/12/2020 and after clarification during a call to the regional licensing office, the course was located online and dates of upcoming trainings were noted. As of the writing of this plan of correction, the state is currently under a disaster proclamation and immediately upcoming classes are not available. The site Administrator has tentatively scheduled to attend the course on July 10th at the Bureau of Human Services Licensing office on Stanwix Street. This will be dependant on the lifting of the PA State Disaster Proclamation and dependant on safety and social distancing policy at that time. Should this disaster proclamation last past the training date of July 10, this training will be completed within 90 days of the lifting of the proclamation. A course completion certificate will be provided to licensing after completion. As this is a one-time training, there should be no future concerns regarding this reg.

Legal Entity Representative


Signature


Mike Bozai, PCHA
Printed Name and Title

4/16/20
Date

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 5. Personal care service needs of the resident.

Description of Violation

Direct care staff person B, hired on 5-1-17, and direct staff person C, hired on 9-1-07, did not receive training on the following training topics during the 2019 training year:

- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Personal care service needs of the resident


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.)

At the time of presentation of this issue during exit interview, the site Administrator was unsure of which trainings presented to staff were in correlation with each training topic. In regards to "instruction on meeting needs..." which would be 65f (2), this training cert was erroneously left in the training folder. A copy of the 2018-19 training year sign in sheet has been attached and labeled 65f (2.) In regards to "Personal care service needs...", this would be 65f (5). In the staff charts copies of the training titled "care giving and receiving" were present in the current year training section. Copies of this, along with a short syllabus of the training have been attached and titled 65f (5) for review. Additionally, a copy of our annual staff trainings and their corresponding reg numbers has been attached and titled "65f Trainings" for review. This is our current list of trainings available to staff in relation to the reg they match with.

Munhall will continue to utilize the trainings available to the site in regards to DHS requirements. Should a training no longer be available to the site, another appropriate training will be offered to insure requirements are met.

Legal Entity Representative


Signature


Mike Budai PCHA
Printed Name and Title

4/16/20
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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

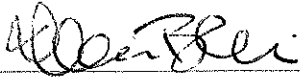
There was a strong odor of urine in bedroom #1. Also, there was a soiled incontinence brief on the floor in the bathroom of bedroom #1.

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.)

Unfortunately our housekeeping staff was pulled to another site this day and due to staff being "all hands on deck" for the inspection rooms went unchecked for the day. The external maintenance supervisor was made aware of this issue and will insure that our housekeeper comes to the site first thing daily to insure routine issues (such as this one where the resident has incontinence issues) can be addressed before reassigning for the day. In addition, a checklist has been compiled for staff to complete in the event we are without housekeeping for a day due to illness or vacation. this will be completed to insure necessary daily tasks are completed in absense of the housekeeper. It will be assigned and signed off on by the site Supervisor and reviewed upon completion, to be filed in the maintenance binder. See example as attachment 85a.

Legal Entity Representative



Signature

Mike Budai PCHA
Printed Name and Title

4/16/20
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85d - Trash Receptacles

Regulations

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

No lid was present on the trash can in the 2nd floor common bathroom.

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.)

This violation was identified and supervisor was notified on 3/12/20. As one of the residents who utilizes this bath frequently removes the lid and hides it (was located in the bath closet) a new can with a non-removable lid and a foot pedal was purchased for this bath to insure that the lid cannot be removed in the future. See attachment labeled 85d (1) for photo verification. In additional response to this and other maintenance related violations, a weekly check list has been created to identify and correct future maintenance issues. It will be provided weekly to the site Supervisor on Mondays to review and insure corrections are made. Completed check lists will be stored in the Maintenance binder for future review. See completed example attached titled 85d (2).

Legal Entity Representative


[Handwritten Signature]
Signature

Mike Budai, PCHA
Printed Name and Title

4/16/20
Date

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The door at the top of the basement stairs which leads outside was not securely attached to the hinges.

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.)

During inspection the door itself actually split as it was made from layered wood, like a butcher block. As the door is very infrequently used, it is assumed that weather/rain caused the wood to seperate and the door to split. The day after the inspection, 3/13/20, the door and it's hinges were replaced with a steel door to insure future protection from this issue due to weather. See attached image titled 88a for verification of the door's replacement. Exit doors have been included in the previously attached weekly maintenance check list. See attachment 85d (2) for verification this has been added to insure that all doors, going forward, are fully functional and in good repair. In addition, the landlord has decided to replace the door frame for further repair. See attachment 95 (2) for confirmation of this additional repair.

Legal Entity Representative


Signature


Mike Budai, PCHA
Printed Name and Title

4/16/20
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94b - Non-Skid Surface

Regulations

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

A nonskid surface is not present on 5 stairs of the external fire escape.

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.)

This violation is a result of the replacement of the escape and despite multiple attempts to correct the lack of tread with the landlord, went uncorrected. The site Supervisor has gone out and obtained rolls of grip tread and the stairs have covered by the Supervisor with nonskid grip tape. See attached photo titled 94b for photo verification. Additionally, weekly checks of the escape and it's tread has been added to the weekly maintenance check list to insure the tread is in place and in good repair. See attachment titled 85d (2) for inclusion in the weekly check. Additional grip is now available on site to immediately repair any damaged or missing tread in the future.

Legal Entity Representative

Mike Budai
Signature


Mike Budai, PCHA
Printed Name and Title

4/16/20
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95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Approximately 48" of the cover to the left side of the baseboard heater under the window in bedroom #1 is missing, exposing the heat coils. Also, the cover is detached on the right side of the baseboard heater, exposing the heat coils.

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.)

Radiator condition has been a known and ongoing issue. The site has been working with the landlord to replace the unit. The radiator cover in question had all of the parts of the cover in various states of repair. All parts have been fixed and reconnected to the unit to insure proper coverage of the heating element. See picture attached, titled "95" for visual confirmation. In addition, the landlord has agreed to further repair the unit once the state disaster proclamation has been lifted. Work should be completed within 90 days of the removal of the state order. See attachment titled 95 (2) for confirmation from the landlord. Once the unit is repaired/replaced, it should need no other repair. It will be reviewed weekly using the weekly Maintenance Check List (attachment 85d (2)) for any future issues or repairs needed.

Legal Entity Representative

[Handwritten Signature]
Signature


Mike Budai PCHA
Printed Name and Title

4/16/20
Date

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101o - Walls, Floors, Ceilings

Regulations

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

No cover was present on the air vent located in the ceiling near the closet in bedroom #8.

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.)

Once the issue was identified, it was determined that the vent cover was removed due to the room having been repainted and was taken to the basement for cleaning. It was left to dry and was not replaced. The vent cover has been located and reinstalled in the room. See attached photo titled 101o for photo verification. Moving forward, maintenance will be asked on the weekly Maintenance check list to review rooms for any additional issues requiring repair. Vents along with a number of other items have been added to assist in observation and identification of unique issues regarding building maintenance. See attachment titled 85d (2) for inclusion on the weekly check list. As keen observation is key to identification of issues like this one, a visual and written prompt to look for unique issues will help insure violations like this do not occur in the future.

Legal Entity Representative



Signature

Mike Budai, RCHA
Printed Name and Title

4/16/20
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103f - Refrigerator/Freezer Temps

Regulations

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At 11:16 AM, the stainless-steel freezer in the kitchen measured 12 degrees Fahrenheit. At 2:49 PM, it measured 18 degrees Fahrenheit.

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.)

Upon acknowledgment of the temperature issue, the freezer was turned to the highest setting. As of writing, the freezer remains constant at 0 degrees upon daily checks. As the freezer should not have to be turned to high to maintain this, repair will be contacted to service the unit. Due to the State Disaster Proclamation and this not being considered an emergency situation, maintenance review of the unit will be completed within 2 weeks of the lifting of the proclamation. To insure safety until then, temperatures will be checked and logged daily to insure food safety. Should the temperature read below 0 at off hours, the freezer will be emptied and unused until repair or replacement can be made. See attachment 103f (1) for the in-use temp log. A receipt of the maintenance check/repairs will be sent to licensing upon lifting of the proclamation when a repairman can enter the building. Temperature logs will continue to be in use daily after the repairs to insure proper temp.

Update: Freezer coils were cleaned by Koonse Refrigeration and the unit is fully functional again at it's proper setting as of 4/16/2020.

Legal Entity Representative

[Handwritten Signature]
Signature

Mike Budai, PCHA
Printed Name and Title

4/16/20
Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

132b - Safety Inspection/Fire Drill

Regulations

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 4-27-18.

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.)

As a current observation was unable to be produced, attempts were made to schedule one for the near future with the local FVW. Due to the Covid-19 disaster proclamation, one was unable to be obtained. An observed drill will be conducted within 30 days of the lifting of the proclamation. Signed documentation from the professional will be sent to licensing as soon as it's completed. For the future, the annual "month" for the observation will be added to the site supervisor and maintenance supervisor's Outlook calendar for reminder. Date TBD based on opportunity to complete this year's annual observed drill. The visual calendar reminder as well as including maintenance (has always been the site supervisor's responsibility) will provide additional measures of checks to insure compliance in the future.

Legal Entity Representative

[Handwritten Signature]

Signature

Mike Budai
Printed Name and Title

4/16/20
Date

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(Date)

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

Plan of correction implementation status as of _____ (Date)

- Implemented
- Not Implemented

132f - Alternate Exit Routes

Regulations

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

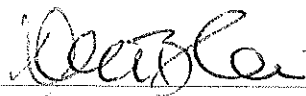
According to resident and staff interviews, the front door is used to evacuate during all fire drills.

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.)

This violation is a result of the site Supervisor not insuring alternative exits are used. Moving forward, a list of months and what exits will be used has been created for each month's drill has been created and inserted in the Supervisor's fire drill folder. It will be reviewed prior to initiating a drill and the door that is not "in use" for this drill will be draped with a fake fire that has been created from fabric. See attached pic titled 132f. Staff and residents have been told about the purpose of this and have been directed to use an alternate route. See attachment titled 132f (2) for a copy of the varied routes to be used and a numerical listing of our doors.

Legal Entity Representative


Signature


Mike BUDAI, PCHA
Printed Name and Title

4/16/20
Date

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132g - Fire Drills Days/Times

Regulations

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely staffs 1 direct care staff person during the night shift; however, the home has not conducted a fire drill with only 1 staff person within the past 12 months.

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 site Supervisor had not thought about the possibility of one staff on during a fire and therefore did not complete a drill with only one staff. In addition to the list to be reviewed regarding door use in the violation above, the number of staff to be used during a drill has also been noted (see attachment 132f 2). Staff will be called out upon beginning the drill requesting who is to help vacate during the drill. As drilled shifts vary monthly, this will also give every shift the opportunity to complete a drill with less or minimum staffing.

Legal Entity Representative


Signature

Mike Puderi, PCHA
Printed Name and Title


4/16/20
Date

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225c - Additional Assessment

Regulations

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

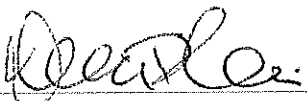
Resident #1's most recent assessment, dated 1-20-20, does not include the degree of assistance the resident requires for numerous personal care needs, including personal hygiene, managing health care, securing health care, doing laundry and securing and using transportation. These sections of the assessment are blank. According to the resident's most recent support plan, dated 1-20-20, the resident requires some type of assistance with these personal care needs.

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.)

Human error is to account for this violation. As the file has no way of marking off the letter/degree and manual circling is required, the RASP was completed but was filed uncircled. Site Supervisor has reviewed all other resident RASPs and has insured they are complete. The RASP in question has been completed and attached, titled 225c for review. Moving forward, RASPs will be completed by one person (signee) and intialled off as checked by another staff member before they are placed in the chart. An additional sheet has been created and will be attached at the back of future RASP's indicating who completed and who obtained resident signature/reviewed for completion. See attachment titled 225c (2) for a copy of this document.

Legal Entity Representative


Signature _____ Mike BUDAI PATA _____ 4/16/20 _____
Printed Name and Title Date

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(Date) (Date)
 Implemented
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(Initials)