

Department of Human Services
Bureau of Human Service Licensing

April 2, 2021

██████████ CHIEF EXECUTIVE OFFICER
MERCY LIFE CENTER CORPORATION
1200 REEDSDALE STREET
ATTN: LICENSING/COMPLIANCE
PITTSBURGH, PA 15233

RE: MERCY BEHAVIORAL HEALTH -
MUNHALL MANOR
2514 MAIN STREET
MUNHALL, PA, 15120
LICENSE/COC#: 43473

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jason Williams

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: MERCY BEHAVIORAL HEALTH MUNHALL MANOR **Licen e #:** 43473 **Licen e Expiration Date:** 07/06/2021
Addr e : 2514 MAIN STREET, MUNHALL, PA 15120
County: ALLEGHENY **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 4124618392 **Email:** [REDACTED]

Legal Entity

Name: MERCY LIFE CENTER CORPORATION
Address: 1200 REEDSDALE STREET, ATTN: LICENSING/COMPLIANCE, PITTSBURGH, PA, 15233
Phone: 4124618392 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 8 **Waking Staff:** 6

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/03/2021

Inspection Dates and Department Representative

02/03/2021 - On-Site: [REDACTED]

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:** 3
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

02/03/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/10/2021*

3/25/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *03/29/2021*

3/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *03/29/2021*

4/2/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract, dated 12/31/19, was not signed by the resident.

Plan of Correction

Accept

The resident historically refuses to sign most any document. As we are a mental health facility, this resident believes that they should not be here and that by signing documents they would not be able to leave. We have been told in the past we should note on the document any attempt to obtain a signature, date it and initial with staff attempting. This will be continued. Additionally, attempts to obtain a signature will start at the origin of the document's signing date, with additional attempts made weekly for the first month after the documentation date and monthly after that. All attempts will be dated and initialed by the staff attempting to obtain the resident's signature. All resident charts have been checked for documentation signatures as of this week and all current documentation is appropriately signed. Should any resident in the future also refuse to sign a document, the same standards for attempts and documentation will be used.

As of this writing, this resident still refuses to sign or mark the document. We have discussed this matter with the resident's case management who are trying to assist in obtaining signatures. Munhall staff will continue to work with this resident and their case management to obtain a signature or marking on their documentation utilizing the standard set above.

Completion Date: 03/29/2021

Document Submission

Implemented

As of this writing, this resident continues to refuse. The 2021 contract has been updated with an attempt this week and will continue verification attempts as stated above. See attachment titled "resident 1 signature sheet" for verification of logged attempts.

64a - Admin Training

1. Requirements

2600.

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

Description of Repeat Violation

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

Repeat Violation: 3/12/2020 et al.

Plan of Correction

Accept

This was noted on last year's inspection as well. As we were licensed in 2020 in March, just before the state shut down, I was unable to obtain this training from DHS and as of this POC was informed that they are now available online. I have requested registration for the April 29th class from Michelle Strauser. Upon completion I will place a copy of the certificate in my training folder which is reviewed annually by DHS at our licensing inspection. Once training is completed, a copy can be sent to DHS for immediate review should that be requested.

Completion Date: 04/30/2021

64a - Admin Training (continued)

Document Submission

Implemented

Upon contacting [redacted] the 4/29 course is now full but [redacted] offered and I accepted a place in the 6/24 course. See a screenshot of the email chain between myself and [redacted] in the attachments titled "Training Verification Email" for verification.

91 - Telephone Numbers

1. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers posted on or by the telephone in the first floor hallway.

Plan of Correction

Accept

The telephone numbers are frequently removed by residents to use as note paper as they are posted by the resident phone. In order to rectify this situation, the numbers were framed and hung on the wall, removing the opportunity for people to take the document down for use as note paper. See attached picture for verification. The frame has since been attached to the wall using metal brackets to insure it can not be removed from the wall. A monthly check of this posting will be made by either the site supervisor or maintenance staff along with other monthly site tasks to insure is has not been removed.

Completion Date: 03/29/2021

Document Submission

Implemented

See attached photos titled "Emergency Numbers" and "Emergency numbers with brackets" for verification.

126a - Furnace Inspection

1. Requirements

2600.

- 126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home's furnace has not been inspected by a professional furnace cleaning company or trained maintenance staff person in the past 12 months.

Plan of Correction

Accept

An annual furnace inspection had not been scheduled due to Covid restrictions, an attempt to limit unnecessary visitors into the facility and no functional issues with the unit. After being informed by licensing that this was still required, an appointment was made to have the furnace inspected. Puskar Heating came to the site on Feb. 12, 2021 to complete an annual inspection. Attached is a copy of the bill for verification of completion of services. As these inspections are generally scheduled twice a year by our agency during regular non-Covid times, contact has been made with our vendor to insure these will continue in the future without disruption.

Completion Date: 02/12/2021

Document Submission

Implemented

See attachment titled "Munhall Furnace Check Invoice" for verification.

225c - Additional Assessment

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on 5/16/19.

Plan of Correction

Accept

Upon being made aware of this error, the matter was immediately looked into. As a 2020 assessment was completed and saved on our computer, we searched the facility and found the document un-filed in the office. It has been attached for your review and has been placed in the resident's chart. In an attempt to insure this does not occur again and dates are met in the future, an annual date log has been created and posted in the staff and supervisor offices. It lists the current "in chart" dates of each resident's physical, RASP, and photograph. This document will be reviewed monthly and paperwork requiring updating that month will be assigned to a specific staff member or the supervisor. The job of updating the posted document will fall on the supervisor to insure completion and addition to the chart as well as create accountability for completion from the supervisory level down. See attached copy of this document.

Completion Date: 02/15/2021

Document Submission

Implemented

See attachments titled "resident 2 assessment" parts 1 and 2 and "resident due dates" for verification.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photographs in the records of resident #1 and resident #2 are both dated 6/19/2018.

Plan of Correction

Accept

In addition to the RASP issue above, resident photographs were not updated appropriately due to staff error. In order to correct this, Munhall has decided to update resident photographs on the same annual schedule as other documentation. Current photo dates are now listed on our annual date log as well as physical and RASP dates. The site supervisor will review this document monthly and assign any documents needing updated that month to staff. The site supervisor will be responsible for updating this log and insuring the document's completion and addition to the resident's chart, again adding a level of accountability for their completion through appropriate filing. See attached log. ***Pictures have had resident name, DOB and date of picture added to their "in chart" copies.

Completion Date: 02/15/2021

Document Submission

Implemented

See attachments titled "[redacted] 2021", "[redacted] 2021", and "resident due dates" for verification.