

Department of Human Services  
Bureau of Human Service Licensing

July 28, 2021

[REDACTED]  
MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY  
575 NORTH MAIN STREET  
WASHINGTON, PA 15301

RE: M.H.A. ENHANCED PERSONAL CARE  
HOME  
200 SPRING STREET  
BENTLEYVILLE, PA, 15314  
LICENSE/COCC#: 42415

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

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: *M.H.A. ENHANCED PERSONAL CARE HOME* License #: *42415* License Expiration Date: *06/17/2021*  
Address: *200 SPRING STREET, BENTLEYVILLE, PA 15314*  
County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7242393775* Email: [REDACTED]

**Legal Entity**

Name: *MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY*  
Address: *575 NORTH MAIN STREET, WASHINGTON, PA, 15301*  
Phone: *7242393775* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/01/2004* Issued By: *Dept L & I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *12* Waking Staff: *9*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *03/19/2021*

**Inspection Dates and Department Representative**

*03/19/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *12* Residents Served: *12*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *12* Are 60 Years of Age or Older: *9*  
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

03/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2021*

5/3/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2021*

5/10/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2021*

5/10/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/20/2021*

7/6/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/09/2021*

7/28/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

*The home has not conducted a quality management review within the last year.*

Plan of Correction

Accept

*In order to correct the violation, a quality management review was conducted on March 23, 2021. All items required in regulation 2600.26 were reviewed and minutes were documented. To ensure all future compliance with 26.a., a meeting has been scheduled for next year, March 18, 2022. A quality management review will occur prior to that date if we have any reportable incidents, complaints or grievances or have an inspection. Executive Director and PCH Administrator are responsible for making sure that this review is conducted. An alert has been created in both individuals' calendars to ensure that the meeting is held.*

Completion Date: 03/23/2021

Document Submission

Implemented

*Document attached*

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

*At 11:25 a.m., a 32 oz. clear spray bottle containing a blue liquid with "Windex" handwritten on it in permanent marker, was in the housekeeping closet in hallway #2. The original product labeling was not on the bottle.*

Plan of Correction

Accept

*In order to correct the violation, PCH Administrator discarded the clear spray bottle containing the blue liquid with Windex handwritten on it, immediately, during the inspection. The PCH Administrator retrained all staff on storage of poisonous materials at our April 29th staff meeting. In order to ensure future compliance with 82.a., it has been added to our shift duties, checklist. All staff are responsible for making sure that poisonous materials are stored in their original, labeled containers. PCH Administrator will continue to retrain staff, upon hire and annually regarding storage of poisonous materials.*

Completion Date: 04/29/2021

Document Submission

Implemented

*Document attached. Updated with notes. Also attached the staff meeting sign-in sheet to verify attendance and to signify they participated in the training regarding all four violations.*

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## 141b1 - Annual Medical Evaluation (continued)

**Description of Violation**

Resident #1 current medical evaluation was completed on [REDACTED] and there was no documentation in the resident's record, from the resident's physician, indicating that the medical evaluation could be postponed to a later date.

Resident #2 current medical evaluation was completed on [REDACTED] and there was no documentation in the resident's record, from the resident's physician, indicating that the medical evaluation could be postponed to a later date.

Resident #3 current medical evaluation was completed on [REDACTED] and there was no documentation in the resident's record, from the resident's physician, indicating that the medical evaluation could be postponed to a later date.

Resident #4 current medical evaluation was completed on [REDACTED], and there was no documentation in the resident's record, from the resident's physician, indicating that the medical evaluation could be postponed to a later date.

**Plan of Correction****Accept**

In order to correct the violation, appointments were scheduled to have medical evaluations completed for all residents. Resident 1 is scheduled for [REDACTED], 2021, Resident 2 is scheduled for [REDACTED], 2021, Resident 3 had completed on [REDACTED] 2021 and Resident 4 is scheduled for [REDACTED], 2021. In the meantime, PCH administrator will request that resident medical charts are reviewed and a statement is made as to when the resident will be seen. To ensure all future compliance with 141.b.1., PCH supervisor created a spreadsheet with dates that all resident DME's are due. A copy of this spreadsheet has been placed in the staff office, in the med. room and in the Administrator's office. In addition, all completed DME's will be scanned into our EHR system, tabula pro, and an alert will be given when the due date is approaching.

Completion Date: 05/20/2021

**Document Submission****Implemented**

Document attached. Attached Spreadsheet

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

Resident #1 was prescribed Humalog Kwikpen 100 units/ml- inject 2 units subcutaneous with meals at 8:00 a.m., 12:00 p.m., and 4:00 p.m., plus the following sliding scale: <90= 0 units, 90-150=2 units, 151-200=5 units, 201-250=8 units, 251-300=11 units, 301-350=14 units, 351-400=18 units.

On 3/12/21 resident #1 was administered 7 units at 9:07 a.m., 4 units at 11:54 a.m., and 10 units at 5:00 p.m. However, at 7:37 p.m., the resident's blood sugar reading was 277 and the resident was administered 13 additional units not accompanied by a meal.

187d - Follow Prescriber's Orders (continued)

**Plan of Correction**

**Accept**

*In order to correct the violation, Executive Director and PCH Administrator interviewed the staff on duty on March 12th, 2021. Both staff members were reminded to follow the directions of the prescriber. To ensure future compliance with 187.d., all staff received a memo on how to mark and document an error in the MAR. Staff were also directed to have only one staff member supervise medication administration per shift. A staff meeting was held on April 29th in order to review the violation, reiterate the memo and remind staff to follow all directions from the prescriber. PCH Supervisor is responsible for continued medication administration training for all med. trained staff.*

**Completion Date:** 04/29/2021

**Document Submission**

**Implemented**

*Document attached*