

Department of Human Services
Bureau of Human Service Licensing

April 21, 2022

[REDACTED], DIRECTOR CLINICAL SERVICES

RE: UPMC WESTERN BEHAVIORAL
HEALTH AT MON YOUGH
1109 LONG RUN ROAD
WHITE OAK, PA, 15131
LICENSE/COC#: 44747

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/14/2022 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: *UPMC WESTERN BEHAVIORAL HEALTH AT MON YOUGH* License #: *44747* License Expiration: *05/18/2022*
Address: *1109 LONG RUN ROAD, WHITE OAK, PA 15131*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/03/2016* Issued By: *White Oak Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *19* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *02/14/2022*

Inspection Dates and Department Representative

02/14/2022 - On-Site: [REDACTED]

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: *1*

Number of Residents Who:

Receive Supplemental Security Income: *18* Are 60 Years of Age or Older: *11*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *1* Have Physical Disability: *2*

Inspections / Reviews

02/14/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/04/2022*

Inspections / Reviews (*continued*)

04/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/14/2022*

04/13/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/31/2022*

04/21/2022 - Document Submission

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

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At 12:46 p.m., numerous resident records and resident information were unlocked, unattended and accessible at the nurse's station, to include the following:

- *Resident #1's hospice binder, which contained a hospice visit summary, dated 2/7/22, including this resident's diagnoses and date of birth.*
- *A dietary order binder, which included the diet orders for residents #2, #3, and #4.*
- *A pharmacy reorder binder, which included medication reorders for resident #1*

Plan of Correction

Accept

2/14/22, PCH Administrator informed residents 1-4, and resident 1's POA, that resident records and resident information were unlocked, unattended and accessible at the nurse's station, which included:

- *Resident #1's hospice binder, which contained a hospice visit summary, dated 2/7/22, including this resident's diagnoses and date of birth.*
- *A dietary order binder, which included the diet orders for residents #2, #3, and #4.*
- *A pharmacy reorder binder, which included medication reorders for resident #1*

3/11/22, PCH Administrator re-educated all staff on 2600.17 regulation on Record Confidentiality on the requirement to keep all resident records confidential and locked when not in use.

PCH Administrator will conduct weekly walk throughs to ensure all resident records and information is locked in the staff office, within a file cabinet, when not in use. This will take place 4/13/22 through May 31, 2022. As of June 2022, PCH Administrator will conduct monthly walk throughs to ensure all resident records are locked when not in use. Documentation of record confidentiality walk throughs will be kept by PCH Administrator.

Completion Date: 05/31/2022

Document Submission

Implemented

See attached for confidentiality checklist for walk through, training signature documentation

42p - Restraints

1. Requirements

2600.

- 42.p. A resident shall be free from restraints.

Description of Violation

Bilateral half-length bedrails were present on resident #1's bed; however, the resident was unable to demonstrate the ability to use the device.

42p - Restraints (continued)

Plan of Correction**Directed**

By May 31, 2022, PCH Administrator will re-educate all employees of 2600.42.p. regulations stating that A resident shall be free from restraints. Documentation of re-education will be obtained on the date of training and submitted to LIS when completed.

On 4/13/2022, PCH Administrator and medical professionals will review any potential residents that would require restraints and will identify ways to make the resident comfortable and safe without using restraints. If the resident will require restraints, PCH Administrator will research other facilities that will better meet the individuals needs and assist with transitioning the resident out of the PCH.

PCH administrator will keep documentation of all reviews and transitions of care, as needed.

Resident #1 is no longer in the home. LM 4/13/22

DIRECTED: Within 7 days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure no bedrails are placed on a resident's bed who is unable to demonstrate independent use of the bedrails. The system shall include an assessment tool to determine the most appropriate adaptive equipment, such as a bed cane, for residents to use for repositioning and transferring in/out of bed/chair. Documentation of the system shall be kept. Residents who use any adaptive equipment on their beds shall be assessed at least quarterly to ensure safe use of the adaptive equipment. Resident assessments and support plans shall be updated for all residents who use adaptive equipment on their bed. LM 4/13/22

Completion Date: 05/31/2022

Document Submission**Implemented**

Please see attached documentation regarding UPMC's policy on risk assessment, Bedrail Assessment Tool, and word document titled, Resident Bedrail Risk Assessment Outcome
Upon completion of re-education of staff, the training form will be attached and submitted.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 10:10 a.m., there were 3 unlabeled and undated styrofoam plates, which contained leftover pieces of breakfast burritos, present in the dining room refrigerator.

Plan of Correction**Accept**

The following has been implemented to prevent any future citations on regulation 2600.103e:

- On 2/14/22, Upon notification of unlabeled and undated plates in refrigerator were disposed immediately by Administrator.
- On 2/14/22, Dietary Technician and Hot Cook staff informed all employees of the requirement to date, and properly store resident's food.

103e - Left Overs (continued)

- On 3/3/22, Program Administrator re-educated all staff on regulation 2600.103.e regarding food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.
- 4/13/2022, PCH Administrator will conduct weekly refrigerator checks to ensure all left over food is labeled and dated accordingly from 4/13/2022 to May 31, 2022. Beginning in June 2022, PCH Administrator will conduct biweekly refrigerator checks going forward. PCH Administrator will keep documentation of refrigerator checks.

Completion Date: 05/31/2022

Document Submission

Implemented

see attached documentation for training and refrigerator checks form

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The only menu posted in a conspicuous and public place ended on 2/19/22.

Plan of Correction

Accept

2/14/22, Dietary staff posted the 2nd week of menus when notified.

2/21/22, Dietary staff is responsible for posting 2 weeks of menus, every Sunday.

3/1/22, Program Administrator, will ensure that the 2 weeks of menus are posted during the bi-monthly walk through, which has been added to the walk through checklist.

Completion Date: 03/01/2022

Document Submission

Implemented

see attached walk through checklist