

**DEPARTMENT OF HUMAN SERVICES  
RECOMMENDATION FOR CERTIFICATE OF COMPLIANCE**

REGION S <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> W <input checked="" type="checkbox"/>			COUNTY Washington		
NAME OF LEGAL ENTITY Mental Health Association of Washington County			TELEPHONE NO. OF LEGAL ENTITY 724-239-3775		
MAILING ADDRESS OF LEGAL ENTITY					
NAME OF AGENCY/FACILITY MHA Enhanced Personal Care Home			TELEPHONE NO. OF FACILITY 724-239-3775		
ADDRESS OF FACILITY 200 Spring Street, Bentleyville, PA 15314					
TYPE OF CERTIFICATE <input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Revision		EFFECTIVE DATE (CURRENT CERT.) 6/17/21 - 6/17/22		IF PRIVATE <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit	
CERTIFICATE NUMBER 424150	LICENSED CAPACITY 12	CURRENT CENSUS 12	TYPE OF CONTROL <input type="checkbox"/> Public <input type="checkbox"/> Private		

TYPE OF FACILITY AND TYPE OF SERVICE PROVIDED:	
REGULATION CHAPTER AND SERVICE TYPE 55 Pa Code Chapter 2600 - Personal Care Homes	POPULATION SERVED (INDICATE TYPE: Child, Adult, Geriatric, etc.) (PCH-#SSI,#60+,#MH,#ID,#MN) SSI: 11 60+: 8 MI: 12 ID: 0 MN: 0 PD: 0 Hospice: 0
DATES OF INSPECTION 3/10/2022	BEO APPROVAL DATE


RECOMMENDATIONS			
<input checked="" type="checkbox"/> CERTIFICATE RECOMMENDED	TYPE <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Provisional	IF PROVISIONAL <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth	
		SCORE	PERIOD FROM TO
<input type="checkbox"/> NEGATIVE SANCTION	REASON <input type="checkbox"/> Denial <input type="checkbox"/> Non-Renewal <input type="checkbox"/> Revocation <input type="checkbox"/> Voluntary Closure <input type="checkbox"/> Other	EFFECTIVE DATE OF ACTION	

BASIS FOR RECOMMENDATION		

CERTIFICATE OF OCCUPANCY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE 4/20/2006	ISSUING AUTHORITY/TYPE PA Dept of L&I/C2-LP
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LIST ANY RESTRICTIONS TO CERTIFICATE OF COMPLIANCE (If required by program office) N/A
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REVISION OF EXISTING CERTIFICATE OF COMPLIANCE			
ITEM (address, capacity, legal entity, other)	CURRENT	NEW	EFFECTIVE DATE OF CHANGE

SIGNATURE/DATE - STAFF MAKING RECOMMENDATION	SIGNATURE/DATE - PROGRAM OFFICE APPROVAL  4/27/22
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Department of Human Services  
Bureau of Human Service Licensing

April 27, 2022

DAVID JENCO, EXECUTIVE DIRECTOR  
MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY  
71 N MAIN ST 101, LOWER LEVEL  
WASHINGTON, PA, 15301

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

Dear Mr. David Jenco,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jon Kimberland

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *M.H.A. ENHANCED PERSONAL CARE HOME* License #: *42415* License Expiration: *06/17/2023*  
 Address: *200 SPRING STREET, BENTLEYVILLE, PA 15314*  
 County: *WASHINGTON* Region: *WESTERN*

**Administrator**

Name: *Lianne Danko* Phone: *7242393775* Email: *ldanko@mhawashcopa.org*

**Legal Entity**

Name: *MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY*  
 Address: *71 N MAIN ST 101, LOWER LEVEL, WASHINGTON, PA, 15301*  
 Phone: *7242393775* Email: *ldanko@mhawashcopa.org*

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *04/20/2006* Issued By: *PA L&I*

**Staffing Hours**

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

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *03/10/2022*

**Inspection Dates and Department Representative**

*03/10/2022 - On-Site: Vicki Siegert*

**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: *11* Are 60 Years of Age or Older: *8*  
 Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**03/10/2022 - Full**

Lead Inspector: *Vicki Siegert* Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2022*

**04/20/2022 - POC Submission**

Inspections / Reviews (*continued*)Reviewer: *Jon Kimberland*Follow-Up Type: *POC Submission*Follow-Up Date: *04/21/2022*

## 04/26/2022 - POC Submission

Reviewer: *Jon Kimberland*Follow-Up Type: *Document Submission*Follow-Up Date: *05/02/2022*

## 04/27/2022 - Document Submission

Reviewer: *Jon Kimberland*Follow-Up Type: *Not Required*

25c6 - Refunds

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

The contract for resident #1, completed 1/22/19, does not indicate the home's refund policy, including refunds of admission fees and refunds resulting from resident's death. This section on page 4 of 9 only lists the name of the resident's designated person.

Plan of Correction

In order to immediately correct the violation, resident #1 will sign an updated contract, to indicate our refund policy, including refunds of admission fees and refunds resulting from resident's death, on page 4 of 9. In order to prevent this violation from occurring in the future, no section will be left blank, sections will read "N/A" if nothing applies. Assistant Administrator will complete the resident contract with all new residents and Program Administrator will review for completeness.

Completion Date: 04/18/2022

Plan of Correction

Accept

In order to immediately correct the violation, resident #1 signed an updated contract, to indicate our refund policy, including refunds of admission fees and refunds resulting from resident's death, on page 4 of 9. Assistant director will check all current resident contracts to ensure accuracy and completeness. In order to prevent this violation from occurring in the future, no section will be left blank, sections will read, "N/A" if nothing applies. Assistant Administrator will complete the resident contract with all new admissions and Program Administrator will review for accuracy and completeness.

Completion Date: 05/06/2022

Document Submission

Implemented

See Attached.

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 2/26/22, there were 12 residents present in the home. However, from 11:00 p.m. on 2/26/22 through 7:00 a.m. on 2/27/22, there were no staff present in the home trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction

In order to immediately correct this violation and prevent it from happening in the future, Program Administrator will ensure that when completing the schedule, at least one staff scheduled per shift is trained in first aid and CPR, denoted by a "C" next to their last name on the schedule. One of the staff members were already sent to receive her CPR certification, 3/25/22 and the other is scheduled for May 4th. After May 4th, all staff in the home will have a current first aid and CPR certification. Assistant Administrator will track all CPR certifications on a spreadsheet and will register all staff to be trained, one month prior to expiration.

Completion Date: 05/04/2022

## 63a - First Aid/CPR Training (continued)

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

*In order to immediately correct this violation and prevent it from happening in the future, Program Administrator will ensure that when completing the schedule, at least one staff scheduled per shift is trained in first aid and CPR, denoted by a "C" next to their last name on the schedule. Assistant Administrator will review the schedule, every two weeks, when new schedules are posted, for accuracy and will ensure that if there is a call off of the CPR trained staff, the replacement is certified if the other staff on schedule is not, in order to stay in compliance. Both staff members were sent to receive their CPR certification, 3/25/22 and 4/25/22. All direct care staff in the home are currently certified in first aid and CPR. Assistant Administrator will track all CPR certifications on a spreadsheet and will register all staff to be trained, one month prior to expiration.*

**Completion Date:** 04/25/2022

**Document Submission****Implemented**

*See Attached.*

## 65i - Training Record

**1. Requirements**

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**Description of Violation**

*The home does not have documentation specifying that direct care staff person A, hired 6/9/21, and direct care staff person B, hired 11/11/21, received orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.*

**Plan of Correction**

*In order to immediately correct this violation, staff person A and staff person B were retrained on all orientation topics and signed off on a checklist created by Program Administrator. In order to prevent this from happening in the future, a packet with this checklist has been created for all new hires and is to be used moving forward. Program Administrator or Assistant Administrator must sign off. A copy will be kept in each staff training record and Assistant Administrator will keep a folder containing all staff new hire orientation packets.*

**Completion Date:** 04/18/2022

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

*In order to immediately correct the violation, staff person A and staff person B were retrained on all orientation topics and signed off on a checklist created by the Program Administrator. Assistant Administrator will review all current staff training files to ensure that all current staff were trained properly. Any staff that does not have this checklist complete will be retrained and sign off on the checklist. In order to prevent this from happening in the future, the checklist will be utilized for all new hires and is to be used moving forward. Program Administrator or Assistant Administrator must sign off. A copy will be kept in each staff training record and a copy will be kept by the Assistant Administrator.*

**Completion Date:** 05/06/2022

65i - Training Record *(continued)***Document Submission****Implemented***See Attached.*

## 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**

*At 10:40 a.m., the list of telephone numbers on the hand set of the cordless resident phone located in the living room was partially torn and worn off. The telephone numbers for the nearest hospital, poison control, and personal care home complaint hotline were not legible.*

**Plan of Correction**

*In order to immediately correct this violation, a new list of emergency telephone numbers was printed and placed on the back of the portable phone. In order to continue to comply with this regulation, a list was also framed and hung on the wall, next to the phone.*

**Completion Date:** 04/18/2022**Plan of Correction****Accept**

*In order to immediately correct this violation, the old, worn number was removed that day and was replaced. A list was also placed on the wall near the handset. In order to continue to comply with this regulation, Assistant Administrator will check every phone, monthly, to ensure that the lists are still in place and able to read.*

**Completion Date:** 03/10/2022**Document Submission****Implemented***See Attached.*

## 102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

**1. Requirements**

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

**Description of Violation**

*At 10:10 a.m., there was no handrail/grab bar in the shower stall in common restroom #122.*

**Plan of Correction**

*In order to correct this violation, two grab bars were installed in the shower stall in common restroom #122. All staff will make sure that the hand rails are in good repair, in all four bathrooms, moving forward, as part of regular home maintenance.*

**Completion Date:** 04/14/2022**Plan of Correction****Accept**

*In order to immediately correct this violation, two grab bars were installed in the shower stall in common restroom #122. Assistant Administrator will make sure that all handrails in showers are checked monthly to ensure that they are in place, secure and in good repair, as part of regular home maintenance.*

**Completion Date:** 03/10/2022

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface *(continued)***Document Submission****Implemented***See Attached.*

## 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 9:42 a.m., the following undated, opened items were in the freezer compartment in the kitchen located in the personal care home:*

- \* A bag of fish sticks*
- \* A one-fourth full bag of chicken tenders*
- \* Seven bread sticks*
- \* A one-half full bag of chicken nuggets*

*At 9:50 a.m., there were four unlabeled, undated 1 gallon Ziploc bags filled with pulled pork in the chest freezer in the main food preparation kitchen located in the long term structured residence (LTSR) building next to the personal care home.*

**Plan of Correction**

*In order to immediately address this violation, staff will receive a memo regarding labeling and dating leftover food and will be asked to sign off to certify that the memo was read and understood. In order to stay in compliance with this regulation, reminders will be given at quarterly staff meetings and the midnight staff will check the refrigerator and freezers, nightly to ensure that all food has been labeled and dated and discard, if not. This will be added to their shift duties sheet.*

**Completion Date:** 04/22/2022

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

*In order to immediately address this violation, all unlabeled food was thrown away that day. Staff received a memo regarding labeling and dating leftover food and signed off to certify that the memo was read understood. In order to stay in compliance with this regulation, staff will be educated on this regulation at quarterly staff meetings and the midnight shift will check the refrigerator and freezers, nightly to ensure that all food has been labeled and dated and discard, if not. This has been added to their shift duties sheet.*

**Completion Date:** 04/22/2022

**Document Submission****Implemented***See Attached.*