

Department of Human Services  
Bureau of Human Service Licensing

November 3, 2022

[REDACTED]  
MON-YOUGH COMMUNITY SERVICES INC  
[REDACTED]  
[REDACTED]

RE: UPMC WESTERN BEHAVIORAL  
HEALTH AT MON YOUGH  
624 LYSLE BLVD.  
MCKEESPORT, PA, 15132  
LICENSE/COC#: 43003

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2022, 10/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

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 #:** 43003      **License Expiration:** 09/18/2023  
**Address:** 624 LYSLE BLVD, MCKEESPORT, PA 15132  
**County:** ALLEGHENY      **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** MON-YOUGH COMMUNITY SERVICES INC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C 2 LP      **Date:** 03/28/2001      **Issued By:** Labor and Industry  
**Type:** I 2      **Date:** 06/25/1999      **Issued By:** City of McKeesport

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 26      **Waking Staff:** 20

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 10/13/2022

**Inspection Dates and Department Representative**

10/12/2022 On Site [REDACTED]  
10/13/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 27      **Residents Served:** 26

**Secured Dementia Care Unit**

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

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 25      **Are 60 Years of Age or Older:** 15  
**Diagnosed with Mental Illness:** 26      **Diagnosed with Intellectual Disability:** 7  
**Have Mobility Need:** 0      **Have Physical Disability:** 0

## Inspections / Reviews

10/12/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/27/2022*

10/25/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/01/2022*  
Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *10/31/2022*

10/26/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *11/01/2022*  
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *11/04/2022*

11/03/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *11/01/2022*  
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 resident-home contract, dated [REDACTED]/22, was not signed by the resident until [REDACTED]/22. Resident #1 was admitted to the home on [REDACTED]/22.

## POC Submission

Directed ([REDACTED] 10/26/2022)

Administrators and supervisors will re-educate themselves on the 2600 regulations pertaining to rent agreement 25.b by 10/24/2022. (DIRECTED: Documentation of the education shall be kept. [REDACTED] 10/26/22). Administrator will ensure that all proper paperwork is ready to be signed prior/ on first day of admission and will utilize a preadmission process checklist (see attached). The pre-admission checklist will be implemented on 11/1/2022. (DIRECTED: Copies of the completed pre-admission checklists shall be kept in each resident's record. LM 10/26/22). Supervisors will continue to conduct 6 random monthly chart audits effective 10/26/2022. By 11/1/2022 supervisors will also conduct chart reviews for all residents to ensure that the rent agreement is dated and signed in the client records.

Directed Completion Date: 11/01/2022

Implemented ([REDACTED] 11/01/2022)

## 101j7 - Lighting/Operable Lamp

## 2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

## Description of Violation

On [REDACTED] at [REDACTED] AM, resident #2's bedside light was inoperable.

REPEAT VIOLATION: 06/16/2021

## POC Submission

Directed ([REDACTED] - 10/26/2022)

On [REDACTED]/22 a new light bulb was placed into resident 2's bedroom by assistant supervisor at the time of inspection. As of 10/21/22 there will be daily room checks completed (see attached) by staff to ensure there are working bedside lamps/ no burnt-out light bulbs. In addition, weekly room checks will continue to be conducted by staff (see attached) and biweekly checklists conducted by supervisors (see attached) this documentation will be kept at the front desk and will be available for all direct care staff. Any issues with resident's bedrooms found while conducting room checks will be documented and corrected by the staff/supervisor immediately,

DIRECTED: Within 10 calendar days of receipt of the plan of correction: All staff persons shall be educated that an operable lamp or other source of lighting that can be turned on at bedside shall be present within reach of each resident's bed. Documentation of the education shall be kept. [REDACTED] 10/26/22).

Directed Completion Date: 10/26/2022

Implemented ([REDACTED] - 11/01/2022)

103f - Refrigerator/Freezer Temps

3. Requirements

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

On 10/12/22 at 10:29 AM, the temperature in the 1st floor dining room refrigerator was 42 degrees Fahrenheit. At 2:36 PM, the temperature in the 1st floor dining room refrigerator was 41 degrees Fahrenheit.

REPEAT VIOLATION: 6/16/2021

POC Submission

Directed (████) 10/26/2022)

On 10/13/22 the refrigerator was checked by site supervisor and inspector and found to be at 38 degrees Fahrenheit. Supervisors/Staff will check the temperature of the refrigerator/ freezer once each shift starting 10/25/2022 and document the temperature on a check sheet (see attached). (DIRECTED: Documentation of all refrigerator/freezer temperatures shall be kept. █████ 10/26/22. Staff will report any temperature issues to Supervisor s or maintenance and any issues with the temperature shall be taken care of immediately. Supervisor will educate staff on this process by 10/25/2022. (See attached) (DIRECTED: Documentation of the education shall be kept. LM 10/26/22).

Directed Completion Date: 10/26/2022

Implemented (████) - 11/03/2022)

126a - Furnace Inspection

4. 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 most recent furnace inspection was conducted on 10/13/22; however, the previous furnace inspection was conducted on 6/26/19.

POC Submission

Accept (████) - 10/26/2022)

At time of inspection 10/12/22, a purchase order was submitted to Germack Heating and Cooling to schedule an appointment for them to conduct a routine furnace inspection (see attached). Furnace inspection will be completed annually, and a tracking spreadsheet will be completed by administrative assistant for this location annually (see attached). This has been added to supervisor checklist for routine monthly walkthroughs (see attached).

Licensee's Plan Completion Date: 10/26/2022

Implemented (████) 11/01/2022)

131f - Fire Extinguisher Inspection

5. Requirements

2600.

**131f - Fire Extinguisher Inspection (continued)**

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Description of Violation**

On 10/12/22, the following fire extinguishers, located in the kitchen, have not been inspected by a fire safety expert since May, 2021:

- The class K fire extinguisher next the door near the hand sink
- The fire extinguisher near the walk-in freezer

**POC Submission****Directed (████) 10/26/2022)**

On 10/12/22 the kitchen manager of senior care was made aware of the listed fire extinguishers being out of date through a discussion with the site supervisor and investigator. As of 10/12/22 supervisors will meet with Senior Care's kitchen manager and administrator monthly regarding 131.f. All other fire extinguishers in the home have been inspected by ABCO fire in 3/2022. Site Supervisor keeps a list of on-site fire extinguishers and keeps up with their inspection through scheduling with ABCO fire Co annually. (DIRECTED: By 11/1/22: The site supervisor shall re-inspect the home to ensure all fire extinguishers in the home are present on the current list, including the fire extinguishers located in the home's kitchen. The list shall include the date each fire extinguisher was most recently inspected and approved by the fire safety expert. The list shall be reviewed at least quarterly to ensure each fire extinguisher is inspected and approved by a fire safety expert at least annually. █████ 10/26/22) (See attached) As of 10/12/2022 program supervisor informed Senior Care kitchen manager to have the fire extinguishers inspected by 11/1/2022.

DIRECTED: Within 24 hours of receipt of the plan of correction: At least one fire extinguisher, that has been inspected and approved by a fire safety expert within the past year, shall be placed in the home's kitchen. █████  
10/26/22

Directed Completion Date: 11/01/2022

**Implemented (████) - 11/03/2022)****224a - Preadmission Screen Form****6. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #2 was admitted to the home on █████/21; however, resident #2's preadmission screening was completed on █████/21, which exceeds 30 days prior to admission.

**POC Submission****Directed (████) 10/26/2022)**

Administrator and supervisors will hold a re-education on the 2600 regulations pertaining to rent agreement 224a (DIRECTED: The re-education shall be completed by 11/1/22 with all staff persons involved in the admission process. Documentation of the education shall be kept. █████ 10/26/22). An administrator will ensure that all

**224a - Preadmission Screen Form (continued)**

proper paperwork is ready to be signed prior/on first day of admission and will utilize a preadmission process checklist which will include the requirements for the pre-admission checklist (see attached). (DIRECTED: The new checklist shall be implemented by 11/1/22. Copies of the completed pre-admission checklists shall be kept in each resident's record. [REDACTED] 10/26/22). Supervisors will then ensure that during random monthly chart audits that the pre-submission checklist is signed 30 days prior to admission. By 11/1/22, Supervisors will review all resident records to ensure that there is a completed preadmission screening that is signed within 30 days of admission. By 11/1/22, resident #2, will have a new preadmission screening completed by supervisor. (DIRECTED: A copy of the new preadmission screening for resident #2 shall be kept in resident #2's record. [REDACTED] 10/26/22).

**Directed Completion Date:** 11/01/2022

**Implemented** [REDACTED] 11/01/2022)