

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

February 10, 2023

[REDACTED], NHA
CPSR ASSOCIATES LLC
200 STOOPS DRIVE
MONONGAHELA, PA, 15063

RE: MON VALLEY CARE CENTER
200 STOOPS DRIVE
MONONGAHELA, PA, 15063
LICENSE/COC#: 41816

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/29/2022 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

Facility Information

Name: MON VALLEY CARE CENTER License #: 41816 License Expiration: 02/27/2024
 Address: 200 STOOPS DRIVE, MONONGAHELA, PA 15063
 County: WASHINGTON Region: WESTERN

Administrator

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

Legal Entity

Name: CPSR ASSOCIATES LLC
 Address: 200 STOOPS DRIVE, MONONGAHELA, PA, 15063
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 11/14/2002 Issued By: PA Dept of Health
 Type: Other Date: 11/18/2002 Issued By: Carroll Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 12/29/2022

Inspection Dates and Department Representative

12/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 41 Residents Served: 37
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 10
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

12/29/2022 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/13/2023

01/23/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/09/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/02/2023

Inspections / Reviews *(continued)*

02/03/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/10/2023

02/10/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/09/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 10:20 a.m. home's most current license inspection summary dated 11/8/21 is not posted in a conspicuous and public place in the personal care home.

Plan of Correction

Accept ([redacted] - 02/03/2023)

Upon learning of the violation, on 12/29/22 the administrator immediately had supervisor on duty post the most recent summary in the common area for anyone to review. Administrator reeducated herself on the 2600 3.c regulation on 12/29/22. Going forward, the administrator will ensure that upon receiving a license inspection summary it is posted immediately in a conspicuous and public area available for anyone wishing to view.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented [redacted] - 02/10/2023)

15b Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted] approximately [redacted] direct care staff person A, [redacted], was made aware of an allegation of abuse against direct care staff person B. However, direct care staff person B was not immediately suspended in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and continued to work unsupervised until the end of [redacted] shift at [redacted] on [redacted] and from [redacted] to [redacted] on [redacted].

Plan of Correction

Accept ([redacted] - 02/03/2023)

Upon learning of the allegations made by the disgruntled employees on [redacted], the administrator immediately took action and investigated the allegations with Human Resources present. Pursuant to 35 P.S. 10225.701, the administrator had no reasonable cause to believe these allegations were true- these were merely retaliation by employees who had been reprimanded for their poor job performance. Due to the time of day at which this started, administrator was not able to speak to local Area on Aging until 12/21/22. Upon speaking to them on 12/21/22, in accordance with 35 PS 10225.704 the administrator implemented the supervision plan with staff on 12/22/22.

Suspension of Staff Member B was not implemented due to the lack of reasonable cause. Although not officially noted on the supervision plan, the administrator [redacted] was present with Staff member B on [redacted] and [redacted]. Administrator documented the plan of supervision as instructed, with the sign in sheet (attached). At no point during the investigation was staff member B alone with residents. The administrator has and continues to put the safety and security of the residents first.

Administrator reeducated [redacted] on 2600.15a-d and OAPSA chapter 7 on 1/25/23. Administer educated staff 1/31/23 on resident rights, reporting suspected abuse, and provided staff with contact information and forms needed to make a report. Administrator will conduct training on this topic annually with staff and keep documentation.

15b - Supervisor Plan (continued)

Going forward, if an allegation is made, the administrator will immediately notify the appropriate departments and implement an approved plan of supervision/suspension, and document such in accordance with 35 PS Sections 10225.701-10225.707.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented ([REDACTED] - 02/10/2023)

17 - Record Confidentiality

3. 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 approximately 9:30 a.m. there was a binder labeled "Insulin Sign Off Sheets" sitting unlocked, unattended, and accessible on the round table closest to the administrator's office that contained sign off sheets with the names of residents and the resident's insulins to include resident #1, Humalog, resident #2, Lantus, and resident #3, Toujeo-Solostar.

At approximately 10:23 a.m. the home's medication administration record laptop was found unlocked, unattended, and accessible on the first medication cart sitting outside and to the left of the third floor activity area with open access to resident medication records for resident #4, resident #5, resident #6, resident #2, resident #7, resident #8, resident #9, resident #10, resident #11, resident #12, resident #13, and resident #14.

At approximately 10:25 a.m. the home's Narcotic Accountability binder was found unlocked, unattended, and accessible on the second medication cart sitting outside and to the left of the third floor activity area and contained narcotics count sheets for residents to include resident #9's [REDACTED]

REPEAT VIOLATION 11/8/21 et. al.

Plan of Correction

Accept ([REDACTED] - 02/03/2023)

Administrator had supervisor on duty 12/29/22 immediately remove binders from accessible area and properly secure them. Staff member responsible for the incident received a verbal warning 12/29/22 from the administrator. All staff were reeducated on 1/20/23 on HIPPA and proper resident confidentiality. Going forward, Administrator and/or supervisor on duty will monitor daily and observe staff to ensure procedures and patient confidentiality are adhered to. Administrator will follow up with additional education if necessary during monthly staff meetings.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented ([REDACTED] - 02/10/2023)

183b - Meds and Syringes Locked

4. Requirements

183b - Meds and Syringes Locked (continued)

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 2:58 p.m. a pharmacy card containing fourteen tablets of resident #15's [REDACTED] Tablet – Take one tablet by mouth once daily, was found unlocked, unattended, and accessible in the administrator's office.

REPEAT VIOLATION 11/8/21 et. al.

Plan of Correction

Accept ([REDACTED] - 02/03/2023)

The medication in question was removed from the med cart because it had been discontinued and was scheduled for destruction. It should have been in a locked office inaccessible to anyone except approved staff. Administrator immediately had supervisor on duty 12/29/22 destroy the med per policy and informed staff to lock the office. Administer educated staff 1/20/23 on proper medication storage, safety and confidentiality of residents. Staff member received a verbal warning 12/29/22 and a reminder to not allow unauthorized personal access to the administrators office. Administrator has ensured a sign is placed on office door instructing staff to lock door at all times. Going forward, Administrator/supervisor on duty will continue to monitor staff daily to ensure proper handling of medications and offices are properly locked. Administrator will continue to review policy at monthly staff meetings.

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented ([REDACTED] 02/10/2023)